

The Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey

DELIVERY SYSTEM INNOVATION AND IMPROVEMENT

July 2010

Introduction

The Commonwealth Fund Health Care Opinion Leaders (HCOL) Survey was conducted by Harris Interactive® on behalf of The Commonwealth Fund and *Modern Healthcare*, with responses from a broad group of 225 innovators and opinion leaders in health policy, health care delivery, and finance. This was the 22nd study in a series of surveys designed to highlight leaders' perspectives on the most timely health policy issues facing the nation. This survey focused on health delivery system innovation and improvement in the United States.

Health care opinion leaders were identified by The Commonwealth Fund, *Modern Healthcare*, and Harris Interactive as individuals who are experts and influential decision-makers within their respective industries.

About the Respondents

Respondents represent a broad range of employment positions and professional settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' places of employment please refer to Table 11):

- *Academic/Research Institutions (55%)**
- *Business/Insurance/Other Health Care Industry (27%)**; including health insurance, pharmaceutical, other industries/businesses, and health care improvement organizations.
- *Health Care Delivery (24%)**; including medical societies or professional associations, allied health societies or professional associations or organizations, hospital or related professional associations or organizations, hospitals, nursing homes/long-term care facilities, clinics, and physician or other clinical practices.
- *Government/Labor/Consumer Advocacy (10%)**; including government, labor, and consumer advocacy.**

* Percentages add to more than 100 as respondents were able to give more than one answer.

** Respondents in these industries were combined due to the small sample sizes of the individual groups.

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**TABLE 1
BARRIERS TO GROWTH**

“In your view, how significant are the following barriers to growth of population-based, accountable care systems?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Current financial interests and incentives of health care providers, suppliers, and other stakeholders	n=	224	123	55	60	22
	Extremely significant/ Very significant	93	93	91	93	95
	Extremely significant	64	69	56	72	55
	Very significant	29	24	35	22	41
	Somewhat significant	6	6	9	7	5
	Not significant	1	1	0	0	0
	Not sure	0	0	0	0	0
Lack of financial incentives for integration	n=	224	124	55	59	22
	Extremely significant/ Very significant	86	85	95	87	82
	Extremely significant	45	48	49	41	32
	Very significant	41	36	45	46	50
	Somewhat significant	11	12	4	7	18
	Not significant	4	3	2	7	0
	Not sure	0	0	0	0	0
Lack of alignment of public and private payer policies and practices	n=	225	124	55	60	22
	Extremely significant/ Very significant	75	73	87	77	77
	Extremely significant	39	38	44	42	41
	Very significant	36	35	44	35	36
	Somewhat significant	18	20	9	17	23
	Not significant	5	5	4	5	0
	Not sure	2	2	0	2	0
Patient preference for open access to providers and services	n=	224	123	55	60	22
	Extremely significant/ Very significant	51	48	53	50	59
	Extremely significant	13	9	20	12	14
	Very significant	39	39	33	38	45
	Somewhat significant	38	41	35	42	36
	Not significant	10	11	13	8	5
	Not sure	0	0	0	0	0

TABLE 1 (CON'T)
BARRIERS TO GROWTH

“In your view, how significant are the following barriers to growth of population-based, accountable care systems?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Availability of technical assistance to undergo necessary transformation	n=	225	124	55	60	22
	Extremely significant/ Very significant	52	51	55	53	55
	Extremely significant	14	12	16	12	18
	Very significant	38	39	38	42	36
	Somewhat significant	32	28	31	32	32
	Not significant	14	17	15	15	5
	Not sure	3	4	0	0	9
The way in which providers are currently trained	n=	225	124	55	60	22
	Extremely significant/ Very significant	61	64	60	57	50
	Extremely significant	24	28	16	18	14
	Very significant	37	35	44	38	36
	Somewhat significant	32	32	27	30	45
	Not significant	7	3	13	13	5
	Not sure	0	1	0	0	0
Culture of physician autonomy	n=	225	124	55	60	22
	Extremely significant/ Very significant	71	71	67	67	73
	Extremely significant	30	26	33	32	45
	Very significant	41	45	35	35	27
	Somewhat significant	26	25	27	28	23
	Not significant	3	4	5	5	5
	Not sure	0	0	0	0	0

**TABLE 2
REFORM MODELS**

“Overall, how effective do you feel each of the following reform models will be in moving the U.S. health system towards population-based, coordinated accountable care?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
Patient-centered medical homes with shared resources and services	n=	222	122	53	60	22
	Extremely effective/ Very effective	39	38	58	35	41
	Extremely effective	11	11	25	8	9
	Very effective	28	26	34	27	32
	Somewhat effective	48	49	35	52	41
	Not effective	8	9	4	10	18
	Not sure	4	4	2	3	0
Accountable care organizations	n=	225	124	55	60	22
	Extremely effective/ Very effective	54	49	58	55	50
	Extremely effective	13	12	16	17	14
	Very effective	41	37	42	38	36
	Somewhat effective	29	27	25	32	27
	Not effective	9	14	7	10	14
	Not sure	8	10	9	3	9
Integrated delivery systems	n=	224	124	55	60	22
	Extremely effective/ Very effective	64	69	67	60	68
	Extremely effective	22	27	24	25	36
	Very effective	42	42	44	35	32
	Somewhat effective	25	21	24	27	23
	Not effective	8	8	9	12	0
	Not sure	3	2	0	2	9
Networks or partnerships among organizations delivering services across the continuum	n=	224	124	55	59	22
	Extremely effective/ Very effective	40	42	49	39	45
	Extremely effective	8	10	15	12	14
	Very effective	31	32	35	27	32
	Somewhat effective	46	43	42	48	36
	Not effective	11	14	7	10	9
	Not sure	3	2	2	2	9

**TABLE 3
STRATEGIES**

“Policymakers have proposed several levers to foster accountability, coordination and integration among providers who are responsible for providing care to a given population of patients. Please rate the effectiveness of the following strategies.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Require providers to practice in accountable care systems subject to meeting eligibility requirements and inclusion criteria	n=	224	123	55	60	22
	Extremely effective/ Very effective	33	33	27	32	50
	Extremely effective	7	6	4	5	9
	Very effective	26	28	24	27	41
	Somewhat effective	34	34	35	35	23
	Not effective	26	25	33	28	9
	Not sure	7	7	5	5	18
Give providers financial incentives to practice in accountable care organizations	n=	224	123	55	60	22
	Extremely effective/ Very effective	65	64	78	58	59
	Extremely effective	21	19	36	17	14
	Very effective	43	45	42	42	45
	Somewhat effective	27	27	18	33	32
	Not effective	5	6	2	8	5
Require patients to join accountable care systems	n=	223	123	54	59	22
	Extremely effective/ Very effective	34	31	28	35	23
	Extremely effective	10	7	8	12	5
	Very effective	24	24	21	23	18
	Somewhat effective	29	29	40	27	41
	Not effective	32	35	30	30	27
Give patients financial incentives to join accountable care systems	n=	225	124	55	60	22
	Extremely effective/ Very effective	51	51	58	47	55
	Extremely effective	10	10	18	10	0
	Very effective	41	41	40	37	55
	Somewhat effective	36	33	33	42	32
	Not effective	10	13	9	10	9
Not sure	3	3	0	2	5	

**TABLE 3 (CON'T)
STRATEGIES**

“Policymakers have proposed several levers to foster accountability, coordination, and integration among providers who are responsible for providing care to a given population of patients. Please rate the effectiveness of the following strategies.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Provide special payment arrangements to accountable care systems	n=	223	122	55	60	22
	Extremely effective/ Very effective	65	69	76	65	55
	Extremely effective	26	28	38	27	23
	Very effective	39	41	38	38	32
	Somewhat effective	26	23	18	32	23
	Not effective	5	6	4	3	14
	Not sure	3	2	2	0	9
Provide infrastructure support to spur development of accountable care organizations	n=	223	122	55	60	22
	Extremely effective/ Very effective	50	48	60	50	32
	Extremely effective	17	19	15	23	9
	Very effective	33	30	45	27	23
	Somewhat effective	41	41	36	42	64
	Not effective	8	10	4	8	0
	Not sure	1	1	0	0	5

**TABLE 4
DEVELOPMENT OF NATIONAL ACCREDITATION SYSTEM**

“Some policymakers have advocated for an accreditation process for accountable care systems. Please indicate the degree to which you support or oppose developing a national accreditation system for such organizations.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

			Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		Total %	%	%	%	%
Please indicate the degree to which you support or oppose developing a national accreditation system for such organizations.	n=	224	123	55	60	22
	Strongly support/ Support	63	62	62	58	82
	Strongly support	22	26	18	20	23
	Support	41	36	44	38	59
	Neither support nor oppose	20	21	15	23	9
	Oppose/ Strongly oppose	13	11	20	12	9
	Oppose	9	10	15	8	5
	Strongly oppose	3	2	5	3	5
	Not sure	4	6	4	7	0

**TABLE 5
PRIMARY CARE FOUNDATION FOR ACOs**

“Some experts have advocated requiring a strong primary care foundation for accountable care organizations (ACOs). Please indicate the degree to which you support or oppose establishing standards for primary care capacity as a condition for qualifying for ACO payment.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

	Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy	
		%	%	%	%	%
	n=	221	122	53	58	21
Please indicate the degree to which you support or oppose establishing standards for primary care capacity as a condition for qualifying for ACO payment.	Strongly support/ Support	77	80	74	67	95
	Strongly support	46	47	55	43	43
	Support	31	34	19	24	52
	Neither support nor oppose	12	10	15	19	0
	Oppose/ Strongly oppose	10	10	11	10	5
	Oppose	7	8	9	7	5
	Strongly oppose	2	2	2	3	0
	Not sure	1	0	0	3	0

**TABLE 6
CONCERN OVER MARKET POWER AND DOMINANCE**

If, as the Affordable Care Act envisions, the nation moves towards population-based, accountable care systems, how much of a concern is market power and dominance?

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy	
	Total %	%	%	%	%	
	n=	224	123	55	60	22
If, as the Affordable Care Act envisions, the nation moves towards population-based accountable care systems, how much of a concern is market power and dominance?	Very concerned/ concerned	74	79	76	70	73
	Very concerned	37	35	40	37	27
	Concerned	38	44	36	33	45
	Neither concerned nor unconcerned	13	10	11	15	18
	Unconcerned/ Very unconcerned	8	8	11	7	5
	Unconcerned	7	6	11	3	5
	Very unconcerned	2	2	0	3	0
	Not sure	5	2	2	8	5

**TABLE 7
PUBLIC UTILITY REGULATION OF ACO PAYMENT RATES**

“To safeguard against undue market power, would you favor or oppose public utility regulation of ACO payment rates where there is insufficient market competition?”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
					%	%
	n=	223	123	54	60	22
To safeguard against undue market power, would you favor or oppose public utility regulation of ACO payment rates where there is insufficient market competition?	Strongly support/ Support	56	66	48	47	73
	Strongly support	21	26	9	18	32
	Support	35	40	39	28	41
	Neither support nor oppose	14	13	15	17	14
	Oppose/ Strongly oppose	21	12	31	23	9
	Oppose	13	9	19	15	5
	Strongly oppose	8	3	13	8	5
	Not sure	9	9	5	13	5

**TABLE 8
ACO EXEMPTIONS**

“Please indicate the degree to which you support or oppose exempting ACOs from the following requirements in exchange for meeting performance, reporting/disclosure, and accreditation standards.”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Anti-trust and other legal barriers to coordinating care or sharing cost information	n=	224	123	55	59	21
	Strongly support/ Support	62	53	80	59	67
	Strongly support	25	20	40	25	14
	Support	37	33	40	34	52
	Neither support nor oppose	13	18	2	10	14
	Oppose/ Strongly oppose	19	20	16	24	14
	Oppose	10	12	7	14	5
	Strongly oppose	9	8	9	10	10
Not sure	7	9	2	7	5	
Provider scope of practice act laws	n=	223	122	55	60	22
	Strongly support/ Support	56	55	60	48	68
	Strongly support	26	27	31	23	27
	Support	30	28	29	25	41
	Neither support nor oppose	14	14	7	17	14
	Oppose/ Strongly oppose	19	19	27	27	14
	Oppose	10	10	13	17	9
	Strongly oppose	9	9	15	10	5
Not sure	10	12	5	8	5	

**TABLE 9
IMPORTANCE OF AFFORDABLE CARE ACT PROVISIONS**

“The U.S. Department of Health and Human Services will need to implement numerous provisions of the Affordable Care Act. In setting priorities for Secretarial attention, please rate the importance of each of the following strategies in the short term (next 1 to 2 years).”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Development of ACO metrics of performance for which ACOs will be held accountable	n=	224	123	55	60	22
	Very important/ Important	88	85	91	97	91
	Very important	31	28	40	43	32
	Important	57	56	51	53	59
	Neither important nor unimportant	8	10	7	2	5
	Unimportant/ Very unimportant	4	5	2	2	5
	Unimportant	3	3	2	0	5
	Very unimportant	1	2	0	2	0
	Not sure	0	1	0	0	0
Establishment of ACO eligibility criteria for shared savings payment under Medicare	n=	223	123	55	59	22
	Very important/ Important	74	72	80	75	73
	Very important	27	25	35	31	18
	Important	47	47	45	44	55
	Neither important nor unimportant	15	16	13	15	18
	Unimportant/ Very unimportant	5	5	5	5	5
	Unimportant	4	5	4	2	5
	Very unimportant	1	0	2	3	0
	Not sure	5	7	2	5	5
Increasing transparency and public reporting on quality of care, resource use and costs for physicians, hospitals, and health care organizations	n=	224	123	55	60	22
	Very important/ Important	81	83	80	82	91
	Very important	38	40	27	40	64
	Important	44	43	53	42	27
	Neither important nor unimportant	16	13	15	18	9
	Unimportant/ Very unimportant	3	3	5	0	0
	Unimportant	2	2	5	0	0
	Very unimportant	1	2	0	0	0
	Not sure	0	1	0	0	0

TABLE 9 (CON'T)
IMPORTANCE OF AFFORDABLE CARE ACT PROVISIONS

“The U.S. Department of Health and Human Services will need to implement numerous provisions of the Affordable Care Act. In setting priorities for Secretarial attention, please rate the importance of each of the following strategies in the short- term (next 1 to 2 years).”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Creation of a Patient-Centered Outcomes Research Institute to set a national research agenda and conduct comparative clinical effectiveness research	n=	224	123	55	60	22
	Very important/ Important	75	78	84	72	73
	Very important	31	28	33	38	45
	Important	44	50	51	33	27
	Neither important nor unimportant	17	14	7	22	23
	Unimportant/ Very unimportant	7	7	9	7	5
	Unimportant	4	5	5	3	5
	Very unimportant	2	2	4	3	0
Not sure	0	1	0	0	0	
Alignment of the Office of the National Coordinator for Information Technology funding and technical assistance to support the development of population-based accountable care systems	n=	222	122	54	60	22
	Very important/ Important	72	73	70	75	59
	Very important	23	21	33	25	27
	Important	49	52	37	50	32
	Neither important nor unimportant	19	18	26	15	27
	Unimportant/ Very unimportant	5	5	2	7	5
	Unimportant	3	2	0	5	5
	Very unimportant	2	2	2	2	0
Not sure	4	4	2	3	9	
Establishment of the CMS Innovation Center and launch of innovative payment pilots	n=	221	121	55	58	22
	Very important/ Important	80	80	87	79	82
	Very important	45	42	53	45	41
	Important	34	38	35	34	41
	Neither important nor unimportant	14	14	4	16	9
	Unimportant/ Very unimportant	6	5	9	5	9
	Unimportant	5	5	7	2	9
	Very unimportant	1	0	2	3	0
Not sure	0	1	0	0	0	

TABLE 9 (CON'T)
IMPORTANCE OF AFFORDABLE CARE ACT PROVISIONS

“The U.S. Department of Health and Human Services will need to implement numerous provisions of the Affordable Care Act. In setting priorities for Secretarial attention, please rate the importance of each of the following strategies in the short term (next 1 to 2 years).”

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Establishment of the Independent Payment Advisory Board	n=	224	123	55	60	22
	Very important/ Important	67	72	60	67	68
	Very important	32	38	22	28	32
	Important	34	34	38	38	36
	Neither important nor unimportant	16	15	15	22	14
	Unimportant/ Very unimportant	14	8	22	7	18
	Unimportant	9	3	15	5	18
	Very unimportant	5	5	7	2	0
	Not sure	4	4	4	5	0

TABLE 10
TYPE OF EMPLOYMENT

"How would you describe your current employment position?"
Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 225 respondents

	%
Researcher/professor/teacher	33
CEO/president	31
Physician	22
Policy analyst	17
Management/administration	16
Consultant	13
Dean or department head	4
Consumer advocate	4
Health care purchaser	4
Foundation officer	4
Other health care provider (not physician)	3
Policymaker or policy staff (state)	2
Lobbyist	2
Policymaker or policy staff (federal)	1
Regulator	0
Investment analyst	0
Retired	8
Other	5

TABLE 11
PLACE OF EMPLOYMENT

"Which of the following best describes the place or institution for which you work
or if retired last worked?"

Note: Percentages may not add up to 100 percent due to rounding or no response.

Base: 224 respondents

	%
Academic and Research Institutions	55
Medical, public health, nursing, or other health professional school	25
Think tank/healthcare institute/policy research institution	19
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	7
Medical publisher	1
Government	3
Staff for a state elected official or state legislative committee	1
Non-elected state executive-branch official	1
Professional, Trade, Consumer Organizations	21
Medical society or professional association or organization	7
Hospital or related professional association or organization	5
Health insurance and business association or organization	4
Labor/consumer/seniors advocacy group	3
Allied health society or professional association or organization	2
Health Care Delivery	18
Hospital	7
Physician practice/other clinical practice (patient care)	7
Health insurance/managed care industry	6
Clinic	4
Nursing home/long-term care facility	1
Other Industry/Business Settings	20
Health care consulting firm	9
Health care improvement organization	8
CEO, CFO, benefits manager	4
Accrediting body and organization (non-governmental)	2
Other	4

Please note that respondents may fall into more than one of these categories.

About Harris Interactive

Harris Interactive is one of the world's leading custom market research firms, leveraging research, technology, and business acumen to transform relevant insight into actionable foresight. Known widely for the Harris Poll and for pioneering innovative research methodologies, Harris offers expertise in a wide range of industries including healthcare, technology, public affairs, energy, telecommunications, financial services, insurance, media, retail, restaurant, and consumer package goods. Serving clients in over 215 countries and territories through our North American, European, and Asian offices and a network of independent market research firms, Harris specializes in delivering research solutions that help us—and our clients—stay ahead of what's next. For more information, please visit www.harrisinteractive.com.