



Issue Brief

“Choice” in Health Care: What Do People Really Want?

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ABSTRACT: Proposals to expand the individual health insurance market and promote health savings accounts are intended to provide consumers with more “choice.” The types of choices people prefer, however, are not well understood. This analysis of survey data finds that having a choice of health care providers matters more to people than having a choice of health plans. Dissatisfaction among adults with no choice of providers was more than twice as high as among those with no choice of plan. Moreover, a large majority of Americans who have had experience with employer-based health insurance believe that employers do a good job of selecting quality plans. Two of three preferred an employer-selected set of plans over an employer-funded account that they would use to find coverage on their own. Thus, policymakers should be cautious about embracing the individual market and health savings accounts as a way to improve satisfaction in the system.

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Background

The term “choice” is ubiquitous in U.S. health policy and politics. Choice—or the restriction of it—is a powerful ideological tool. It underpins arguments against price regulation as well as private insurance-based market solutions. In practice, choices are made at a number of levels of the health system: whether to seek care; what types of care to seek and when; which health care providers to see; what benefits to prioritize in selecting a health plan; and which plan to join. Disentangling which choices people and policymakers want is a difficult task.

Recently, some have advocated increasing choice throughout public policy as part of an “ownership society” initiative. In health insurance, such proposals aim to move people from an employer-based system to the individual insurance market by providing tax credits and tax breaks for health insurance purchased independent of employment. In addition, they would

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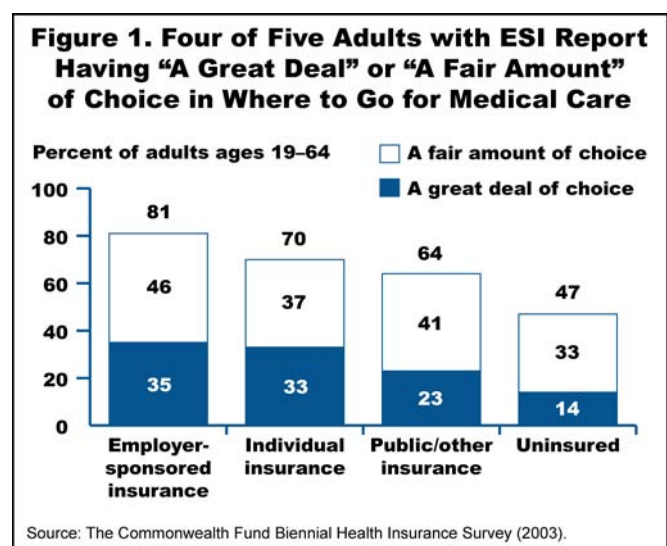
increase government subsidies for health savings accounts—tax-preferred savings accounts linked to high-deductible health insurance plans. The rationale behind the set of policies is that they provide individuals with a greater choice of insurance plans and increased control of where and how to spend their health care dollars. This should, proponents argue, increase quality and reduce costs as well as promote satisfaction.

Using data from The Commonwealth Fund Biennial Health Insurance Survey, a nationally representative survey of 3,293 working-age adults (ages 19 to 64), this study assesses attitudes toward choice and the employer-based health insurance system ([see page 12 for complete study methodology](#)). It finds that choice of providers appears to matter more to people than choice of health plans. Furthermore, respondents expressed confidence in employers' role in selecting health plans—even when they were not enrolled in an employer-sponsored plan—and two of three adults preferred an employer-selected set of health plans to an employer-funded account to be used for purchasing health insurance in the individual market.

Choice of Health Care Providers

One of the most basic choices in the health system is where to go for medical care. More than two of five (43%) working-age adults reported that they have at least a fair amount of choice in where to go for care (Table 1). Thirty percent reported having a great deal of choice.

The perceived extent of choice varied by type of health insurance: 81 percent of those with employer coverage said they had at least a fair amount of choice, compared with 70 percent of those with individual insurance (Figure 1). In fact, the proportion of individually insured people reporting “not too much” or “no choice” in where to go for care (27%) was considerably higher than among those with employer coverage (17%) and similar to that of publicly insured adults (33%). It is not clear why those with individual insurance see themselves as having limited choice in where to go



for care. Among publicly insured adults, it is probable that Medicaid's widespread use of managed care, as well as some access problems stemming from relatively low reimbursement rates, contributes to their perception that they have little choice about where to go for care.

Lacking insurance altogether, however, appears to be what matters most. The uninsured were the least likely to report they had choices about where to go for care: 23 percent reported that they had no choice and 27 percent reported not too much choice. Even after adjusting for income in multivariate analysis, adults without insurance were still significantly less likely than those with public or private coverage to have a fair amount or great deal of choice in where to go for care (results not shown). Lack of choice in health care providers is one of the reasons why the uninsured are so often unable to obtain timely and appropriate care.²

Having higher income, like having health insurance, increases access to a choice of providers. Among working-age adults, 81 percent of those with income of \$60,000 or more reported having a fair amount or great deal of choice, compared with 63 percent of those with income below \$20,000 (Table 1).

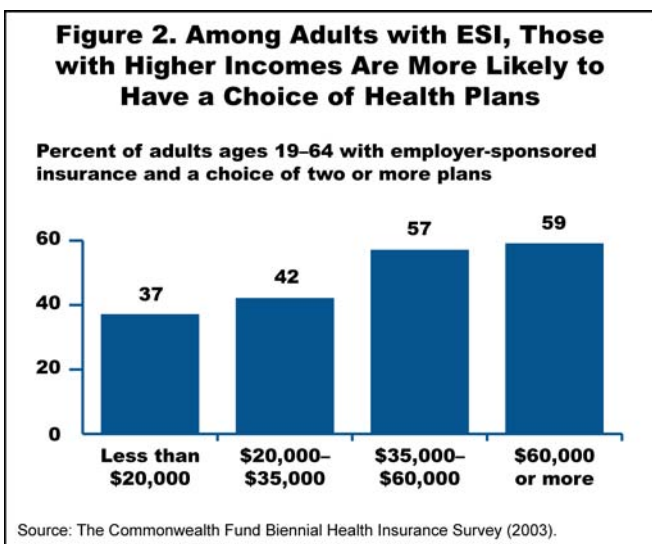
Finally, people in fair or poor health were more likely than those in good health to report

limited or no choice in where to seek care (39%), 28 percent of those with chronic illnesses perceived such limitations.

Choice of Health Plans

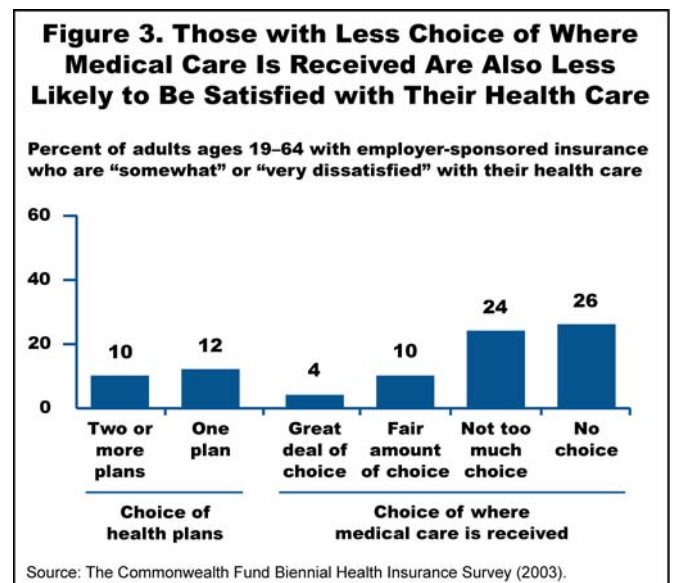
The survey also asked working-age adults with employer-sponsored insurance about the number of plan options that they had. Fifty-three percent of those with employer coverage reported that they could choose from at least two health plans (Table 2).³ The proportion of respondents with this choice increases with income: 37 percent of those with annual income below \$20,000 reported having a plan choice, compared with 59 percent of those with income at or above \$60,000 (Figure 2). While low-income adults are disproportionately employed by small firms (which are less likely than large firms to offer a choice of health plan), multivariate analysis shows that low-income adults with employer coverage are still less likely to have a plan choice—even after accounting for size of employer (data not shown).

Firm size also matters. Twice as many people with insurance through large firms (500 or more employees) had a choice of plan compared with those insured through businesses with fewer than 100 employees (69% vs. 35%) (Table 2). This disparity between large and small firms held even after adjusting for income (data not shown).



Which Matters More—Plan or Provider Choice?

At the heart of the debate over choice in health care is a basic question: What matters more, choice of doctor or choice of plan? To answer the question, this study examined the perceived quality of health care received in the last 12 months by working-age Americans who were covered under an employer-sponsored plan. The analysis found that those who had a limited choice of where to go for care were more dissatisfied than those with few plan choices. About 12 percent of adults with no choice of plan were dissatisfied with the quality of care, compared with 26 percent of those with no choice of provider—meaning the rate of dissatisfaction for those with limited provider choices was more than twice that for those with limited plan options (Figure 3). Respondents who reported “not too much choice” in where to go for care resembled those with no choice: 24 percent were somewhat or very dissatisfied, about six times higher than the reported level of dissatisfaction among those with a great deal of choice (4%). This all suggests that satisfaction with care is more closely associated with the ability to choose providers than the ability to choose health plans.

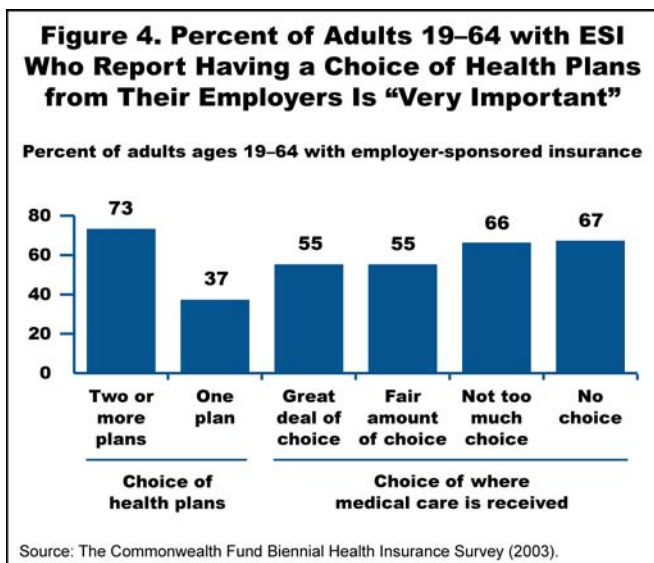


Importance of Choice to Those with Employer Coverage

The survey also asked participants with employer-sponsored insurance how important it is to have a

choice of health plans. Fifty-seven percent responded that it is very important that employers offer more than one plan (Table 3); this proportion was about the same regardless of respondents' income level or health status.

However, adults' levels of satisfaction and current health plan options did appear to affect the value they placed on having a choice of health plans. More than 70 percent of those who were somewhat or very dissatisfied with their quality of care thought that having a choice of health plans is very important, compared with 56 percent of those who were very satisfied with care (Table 3). Similarly, 67 percent of those who had no choice of where to go for care thought choice of plans is very important, compared with 55 percent of those who had a great deal of choice (Figure 4). Yet, only a minority of respondents with only one plan choice (37%) thought having plan choices is very important. Twenty-eight percent said that having employers offer such a choice is, to them, not too important or not important at all.



Confidence in Own Ability to Select Plans

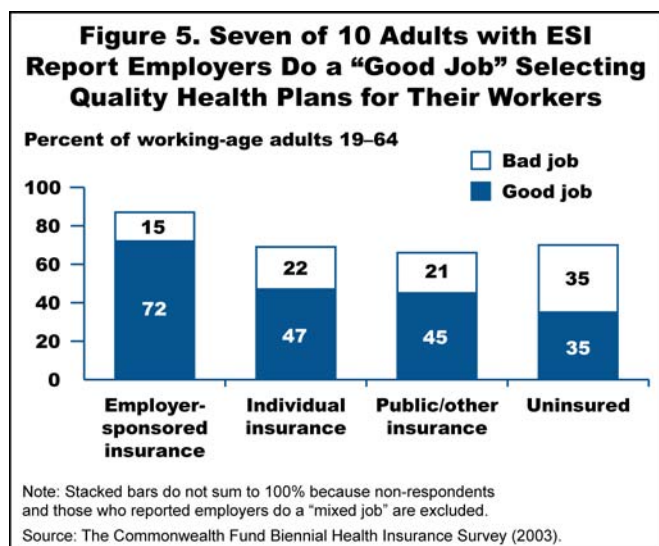
A central belief among advocates of the non-group market and health savings accounts is that individuals are better than employers at choosing health plans. But how confident are people in choosing a health plan on their own, with no help

from their employer? According to the survey, three-quarters of Americans with employer-sponsored coverage (74%) were very or somewhat confident in their ability to make their own health plan choices, with no significant differences noted by income level or chronic disease status (Table 4). Although those who were very dissatisfied with the quality of their care felt it very important that their employer offered them a choice of plan (71%), they were no more likely than those who were very satisfied to report confidence in finding a health plan on their own (75%).

Confidence in Employers Selecting Plans

The study next assessed views regarding employers' performance in selecting quality health insurance plans. Among respondents with employer-sponsored insurance, nearly three of four (72%) reported that their employers did a good job of selecting quality health insurance plans (Table 4, Figure 5). This was especially true among those with two or more plan choices (77%) and with a great deal of choice of where to go for care (81%). However, even among those with no choice of where to go for care and no choice of plan, a higher percentage thought that employers did a “good job,” rather than a “bad” or “mixed” job, of selecting health options for workers. People who reported being very dissatisfied with care were the only group in which a majority reported that employers did a mixed or bad job of choosing health plans (58%).

Among working-age adults with all types of insurance, seven of 10 of those with employer coverage reported that employers do a good job of selecting insurance (72%) (Figure 5). Yet, twice as many of those with individual market coverage said that, in their experience, employers did a good job than said employers did a bad job selecting insurance (47% vs. 22%). This suggests that people covered in the individual market either did not have an employer coverage option or chose the individual market for reasons other than dissatisfaction with employer plan selection. A similar proportion of people in public programs thought

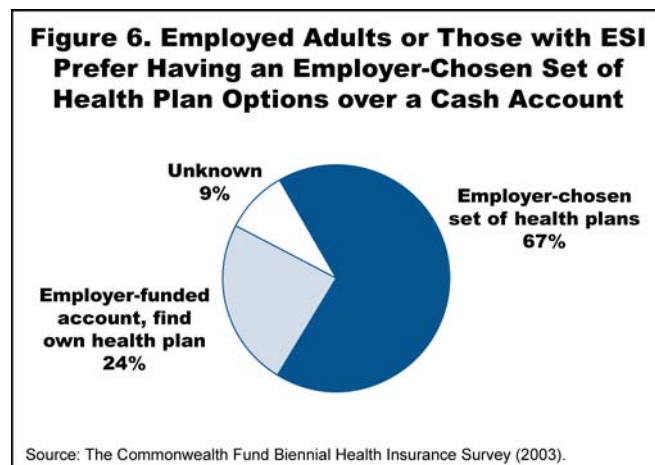


that employers did a good job of choosing insurance (45%). Uninsured respondents who had some experience with employer coverage were split, with equal numbers reporting that employers did a good and bad job in selecting plans (35%). This last finding is hardly surprising, since 80 percent of the working uninsured are employed by firms that do not offer coverage or are not eligible for employer coverage (e.g., because they work part-time or are new employees).⁴

Employer-Selected Plans or Employer-Funded Accounts?

The survey asked working adults and those with employer coverage whether they would rather have their employer offer a set of health plan options or fund a health account that they could use to find a plan on their own. Two-thirds of all respondents preferred the employer-selected set of health plans over the individual market approach (Table 5, Figure 6). This preference persisted even among those who had no choice of provider (53%), were very dissatisfied with care (53%), and gave employers a mixed or bad review when it came to selecting a set of health plan choices (57%). Political party affiliation did not matter either: 69 percent of Republicans and 67 percent of Democrats said they prefer employer-chosen plans. Among workers with individual market coverage, slightly more preferred employer-chosen plans

than health accounts (46% vs. 43%). Only among publicly insured respondents was there a slight preference for employer-funded accounts (46% vs. 44%).



Discussion

This study adds to the research on the nature of choices in the U.S. health system. An earlier survey found the ability to choose doctors or hospitals was the most important type of choice to patients, with 84 percent of respondents identifying this as very or extremely important.⁵ Meanwhile, another survey found the same rate of dissatisfaction among people with no plan choices in a traditional plan as among those with multiple plan choices in managed care plans requiring primary care gatekeepers (29%).⁶ Similarly, the proportion of adults who were somewhat or very dissatisfied with plan or patient care was the same (14%) among those in managed care with a choice of plans as in fee-for-service with no choice.⁷ Plan dissatisfaction, moreover, was twice as high among managed care enrollees who did not have a choice of fee-for-service compared with those who had such an option.⁸ This suggests that choice in health care involves a complex set of preferences and contexts.

Surveys also suggest that while people value choices in health care, they also support the current employer-based system of health insurance. One study found that people base decisions about jobs partly on health benefits, with three-fourths saying

they would rather keep their employer coverage than cash out the benefit.⁹ A different survey found that 90 percent of Americans supported some type of employer requirement to offer health insurance.¹⁰ And employers themselves support their role in the health insurance system: in one study, 59 percent said they thought it was very important that they provide health coverage to their employees or contribute to that cost.¹¹ Employers' ability to sustain health benefits, however, is being eroded. If current trends continue, by 2008 the average *Fortune* 500 company's health costs will exceed its profits.¹²

This study's findings provide a new perspective on how people value certain types of choices and the employer system as a whole. A much larger proportion of people with limited provider choice than with limited health plan choice are dissatisfied with their care. Not surprisingly, people with low incomes or with no health insurance reported having fewer choices. But, notably, people insured through the individual market felt more limited than those with employer coverage in terms of choices over where to go for medical care. This suggests that the type of choice that people most desire—where to go for care—may not be met by policies that promote a shift from employer-based coverage to individual market insurance.

The study also found a strong level of support for employers' role in the system, even among those dissatisfied with or excluded from the system. More of those with individual insurance reported that employers did a good job, rather than bad job, of selecting quality health insurance plans. The majority of those who reported no choice of providers or plans had a positive view of employers' performance. Severing the link between employment and major benefits like health insurance may not be supported by the public.

Finally, the survey revealed that two of three working-age Americans preferred an employer-selected set of plans to the principal policy alternative under consideration: employer-funded health savings accounts. This predilection for employer-

selected plans was found regardless of political affiliation. Based on these findings, policymakers should think twice about moving away from the employer-based system and toward health savings accounts and the individual market.

NOTES

- ¹ G. W. Bush, *President's Remarks at the 2004 Republican National Convention* (Washington, D.C.: The White House, 2004).
- ² Institute of Medicine, *Care Without Coverage: Too Little, Too Late* (Washington, D.C.: National Academies Press, 2003).
- ³ This is less than the Kaiser/Hospital Research and Educational Trust, *Health Benefits 2004* estimate of 65 percent of covered workers who report having a choice of plans. This could result from the inclusion in The Commonwealth Fund survey adult dependents who may have fewer choices than single workers.
- ⁴ B. Garrett, *Employer-Sponsored Health Insurance Coverage: Sponsorship, Eligibility and Enrollment Patterns in 2001* (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, July 2004).
- ⁵ EBRI, "Choice in Health Care," Fact Sheet from the Health Confidence Survey (Washington, D.C.: Employee Benefit Research Institute, September 2002).
- ⁶ A. A. Gawande, R. J. Blendon, M. Brodie et al., "Does Dissatisfaction with Health Plans Stem from Having No Choices?" *Health Affairs* 17 (September/October 1998): 184–94.
- ⁷ K. Davis and C. Schoen, *Managed Care, Choice, and Patient Satisfaction* (New York: The Commonwealth Fund, August 1997).
- ⁸ K. Davis, K. S. Collins, C. Schoen, and C. Morris, "Choice Matters: Enrollees' Views of Their Health Plans," *Health Affairs* 14 (Summer 1995): 99–112.
- ⁹ R. Helman, M. Greenwald, and P. Fronstin, "Public Attitudes on the U.S. Health Care System: Findings from the Health Confidence Survey," *EBRI Issue Brief No. 275* (Washington, D.C.: Employee Benefit Research Institute, 2004).

¹⁰ C. L. Schur, M. L. Berk, and J. M. Yegian, “Workers’ Perspectives on Mandated Employer Health Insurance,” *Health Affairs* Web Exclusive (March 17, 2004): W4-128–W4-135.

¹² The McKinsey Quarterly, “Will Health Benefit Costs Eclipse Profits?” Chart Focus Newsletter (New York: McKinsey, September 2004), http://www.mckinsey.com/newsletters/chartfocus/2004_09.htm.

¹¹ S. R. Collins, C. Schoen, M. M. Doty, and A. L. Holmgren, *Job-Based Health Insurance in the Balance: Employer Views of Coverage in the Workplace* (New York: The Commonwealth Fund, March 2004).

Table 1. Perceived Choice of Where Medical Care Is Received
Base: Adults ages 19–64

	Assessment of choice in where one goes for medical care				
	Great deal of choice	Fair amount of choice	Not too much choice	No choice	Don’t know/Refused
Total in millions (estimated)	51.4	73.3	29.0	15.1	3.3
Percent distribution	30%	43%	17%	9%	2%
Insurance coverage					
Employer-sponsored insurance	35**	46	13	4	1
Individual insurance	33	37	22	5	4
Public/Other insurance	23	41	19	14	4
Uninsured	14	33	27	23	4
Income					
Less than \$20,000	20**	43	22	13	3
\$20,000–\$34,999	25	41	20	11	3
\$35,000–\$59,999	32	45	15	7	1
\$60,000 or more	41	40	13	5	0
Health					
Excellent, very good, or good health	32**	43	16	7	34
Fair or poor health	21	39	21	18	2
Chronic conditions					
One or more chronic conditions	30**	41	17	11	1
None	30	44	17	7	2
Satisfaction with quality of care					
Very satisfied	46**	40	9	3	1
Somewhat satisfied	23	49	19	7	1
Somewhat dissatisfied	12	46	32	9	1
Very dissatisfied	8	22	28	42	1
Did not receive health care in past 12 mos.	18	38	22	16	6

Note: Rows may not sum to 100% because of rounding.

** Denotes significant differences in amount of choice or satisfaction across categories at $p \leq .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 2. Choice of Health Plans Among Adults with Employer-Sponsored Insurance
Base: Adults ages 19–64 with employer-sponsored insurance

	Choice of plans			Assessment of choice in where one goes for medical care				
	One plan	Two or more plans	Unknown	Great deal of choice	Fair amount of choice	Not too much choice	No choice	Unknown
Total in millions (estimated)	48.3	58.6	2.9	38.8	50.6	14.7	4.7	1
Percent distribution	44%	53%	3%	35%	46%	13%	4%	1%
Income								
Less than \$20,000	57**	37	6	25**	51	19	3	2
\$20,000–\$34,999	54	42	4	34	46	13	7	1
\$35,000–\$59,999	42	57	1	34	47	13	4	1
\$60,000 or more	39	59	1	43	42	11	4	0
Firm size								
Less than 20 employees	60**	35	5	34	47	12	6	1
20–99 employees	61	35	3	41	45	10	4	0
100–499 employees	51	48	1	37	42	16	3	2
500 or more employees	29	69	1	34	48	13	4	1

Note: Rows may not sum to 100% because of rounding.

** Denotes significant differences in amount of choice across categories at $p \leq .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 3. Importance of Having Employers Offer a Choice of Plans
Base: Adults ages 19–64 with employer-sponsored insurance

	Importance of employer offering more than one health plan			
	Very important	Somewhat important	Not too important/ Not important at all	Unknown
Total in millions (estimated)	62.5	28.9	17.0	1.4
Percent distribution	57%	26%	16%	1%
Income				
Less than \$20,000	57	31	11	1
\$20,000–\$34,999	60	25	14	1
\$35,000–\$59,999	57	27	16	1
\$60,000 or more	58	25	17	1
Health				
Excellent, very good, or good health	57	26	16	1
Fair or poor health	60	26	13	2
Chronic conditions				
One or more chronic conditions	58	25	15	1
None	56	27	16	1
Satisfaction with quality of care**				
Very satisfied	56	25	18	1
Somewhat satisfied	55	30	14	1
Somewhat dissatisfied	73	20	5	2
Very dissatisfied	70	14	16	0
Did not receive health care in past 12 months	49	29	18	4
Choice of where to go for medical care**				
Great deal choice	55	25	18	1
Fair amount of choice	55	28	16	1
Not too much choice	66	24	9	1
No choice	67	20	9	4
Choice of plans**				
One plan	37	33	28	2
Two or more plans	73	21	5	0

Note: Rows may not sum to 100% because of rounding.

** Denotes significant differences in importance of employer offering choice of plans across categories at $p \leq .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 4. Confidence in Choosing Health Plans
Base: Adults ages 19–64 with employer-sponsored insurance

	Confidence in choosing health plan with no employer help				Employers' performance in selecting quality health insurance plans			
	Very confident	Somewhat confident	Not too confident	Not at all confident	Unknown	Good job	Bad job/ Mixed job	Unknown
Total in millions (estimated)	39.4	41.6	19.4	8.3	1.2	79.5	26.5	3.8
Percent distribution	36%	38%	18%	8%	1%	72%	24%	3%
Income								
Less than \$20,000	31	42	20	5	2	72*	24	4
\$20,000–\$34,999	34	39	16	10	1	68	31	2
\$35,000–\$59,999	31	41	19	8	1	71	26	3
\$60,000 or more	43	34	16	6	0	75	21	4
Health								
Excellent, very good, or good health	36*	38	18	7	1	74**	23	3
Fair or poor health	38	39	12	10	2	61	33	6
Chronic conditions								
One or more chronic conditions	35	39	16	9	1	67**	29	4
None	37	37	19	7	1	76	21	3
Satisfaction with quality of care								
Very satisfied	41*	34	17	7	1	80**	17	4
Somewhat satisfied	29	43	19	8	1	71	25	3
Somewhat dissatisfied	33	42	17	8	0	57	41	3
Very dissatisfied	40	31	16	11	1	39	58	3
Did not receive health care in past 12 months	36	36	15	9	4	65	27	8
Choice of where to go for medical care								
Great deal choice	41*	35	15	8	1	81**	16	3
Fair amount of choice	34	39	19	6	1	73	25	3
Not too much choice	30	40	21	9	0	55	38	7
No choice	41	33	13	13	0	51	46	3
Choice of plans								
One plan	37	37	17	7	1	67**	31	2
Two or more plans	35	38	18	8	1	77	19	4

Note: Rows may not sum to 100% because of rounding.

* Denotes significant differences in employees' confidence or employers' performance in selecting plans across categories at $p \leq .05$.

** Denotes significant differences in employees' confidence or employers' performance in selecting plans across categories at $p \leq .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

Table 5. Preference for Employer-Selected Plans or Employer-Funded Accounts
Base: Adults ages 19–64 employed or with employer-sponsored insurance

	Employer-chosen set of health plans	Employer-funded account, find plan on your own	Unknown
Total in millions (estimated)	94.5	33.4	12.5
Percent distribution	67%	24%	9%
Insurance coverage**			
Employer-sponsored insurance	74	19	7
Individual insurance	46	43	11
Public/other insurance	44	46	10
Uninsured	45	35	19
Income**			
Less than \$20,000	53	35	12
\$20,000–\$34,999	67	22	11
\$35,000–\$59,999	72	23	6
\$60,000 or more	73	21	6
Health			
Excellent, very good, or good health	68	23	8
Fair or poor health	59	26	15
Chronic conditions			
One or more chronic conditions	69	23	8
None	66	24	10
Choice of where to go for medical care**			
Great deal of choice	73	19	8
Fair amount of choice	69	22	8
Not too much choice	58	32	10
No choice	53	34	13
Satisfaction with quality of care**			
Very satisfied	71	21	8
Somewhat satisfied	71	23	6
Somewhat dissatisfied	60	31	9
Very dissatisfied	53	37	10
Did not receive health care in past 12 months	51	28	21
Employers’ performance in selecting quality health insurance plans**			
Good job	74	20	7
Bad job or mixed job	57	35	8
Political party			
Republican	69	24	7
Democrat	67	24	8
Independent/Other	67	24	9

Note: Rows may not sum to 100% because of rounding.

** Denotes significant differences in preferences across categories at $p \leq .01$.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

SURVEY METHODOLOGY

[The Commonwealth Fund Biennial Health Insurance Survey](#) was conducted by Princeton Survey Research Associates International from September 3, 2003, through January 4, 2004. The survey consisted of 25-minute telephone interviews in either English or Spanish. It was conducted among a random, nationally representative sample of 4,052 adults ages 19 and older, including 3,293 adults ages 19–64, living in the continental United States, with an oversample of low-income adults to allow for refined analyses. To make the results representative of all adults ages 19 and older living in the continental United States, the data are weighted by age, sex, race/ethnicity, education, household size, geographic region, and telephone service interruption using the U.S. Census Bureau’s 2003 Annual Social and Economic Supplement. The 50 percent survey response rate was calculated consistent with standards of the American Association for Public Opinion Research.

The results described in this study have several limitations. Because the survey was about a wide range of topics, only a few of its questions focused on choice. Second, this analysis uses “satisfaction with the quality of care in the past 12 months” as a surrogate for satisfaction with the delivery system. Third, the results were produced using bivariate, descriptive analysis rather than regression analysis (except where noted); therefore, some of the variables’ relationships with the choice variables could be affected by others (e.g., low-income people are more likely to be uninsured; being uninsured may matter more than being low-income, but the effects here are not isolated).

ABOUT THE AUTHOR

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