

**THE COMMONWEALTH FUND**  
**INTERNATIONAL PROGRAM IN HEALTH POLICY & INNOVATION**

**Suggested Project Themes for Harkness Fellowships in Health Care Policy**



*The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.*

**Overview**

The United States provides some of the best medical care in the world, yet a growing body of evidence indicates the system falls short. Although national health spending is significantly higher than the average rate of other industrialized countries, the U.S. is the only such country that fails to guarantee universal health insurance. In addition, the quality of care is highly variable and delivered by a system that too often is poorly coordinated, driving up costs, and putting patients at risk. With rising costs straining family, business, and public budgets, access to care deteriorating and variable quality, improving health care performance is a matter of national urgency.

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act – a comprehensive set of reforms to expand access, reduce the cost of care, and improve system performance. Significant insurance reforms in the Affordable Care Act include new health insurance market rules, the creation of state-based insurance exchanges, affordability provisions for low- and middle-income families, individual and employer insurance mandates, and the creation of a federal long-term care insurance program. System reforms in the Affordable Care Act include an increased investment in primary care, a new advisory board and innovation center to enact payment reforms, the creation of a federal institute for comparative effectiveness research, investments in outcomes measurement and public reporting, and a shared savings program to incentivize “accountable care organizations” with responsibility for providing quality care for a defined population. In addition, the 2009 American Recovery and Reinvestment Act made a significant investment in health information technology (HIT), providing physician and hospital incentives for “meaningful use,” creating regional HIT extension to provide technical assistance, and funding “Beacon Communities” to demonstrate how HIT can improve health system performance.

Now that comprehensive health reform has arrived, the enormous challenge of implementing the various provisions will dominate the health care landscape for the next several years. The Commonwealth Fund is dedicated on assisting the Administration, Congress, state governments, providers, businesses, and patients realize the full potential of reform to improve health system performance.

The Fund's work is grouped into four clusters:

- [Delivery System Improvement and Innovation](#)
- [Health Reform Policy](#)
- [Health System Performance Assessment and Tracking](#)
- [International Health Policy and Innovation](#)

Through supporting independent research on health care issues and making grants to improve health care practice and policy, the Fund aims to promote a high performing U.S. health care system.

### **Suggested Project Themes**

Applicants are strongly encouraged to submit proposals based on original ideas that fall within the scope of the Commonwealth Fund's mission to support a high performance health care system. The Fund particularly encourages proposals pertaining to issues related to health reform and implementation. If data is readily available from their home country, applicants may also choose to undertake cross-national comparisons.

Proposed projects should fit within the Fund clusters. Below are descriptions of the clusters and examples of Fund-supported project areas and recent publications. Also included are examples of Harkness Fellowship project topics done in these areas. (To view Harkness Fellowship publications related to their projects, click on the project titles to link to the Harkness Fellow's webpage.)

## Delivery System Improvement and Innovation

### DELIVERY SYSTEM IMPROVEMENT AND INNOVATION.

Several of The Commonwealth Fund's research programs are focused on systemic improvements to the delivery of health care in the United States. Together, these programs are advancing the broad adoption of promising approaches for getting patients the best-quality care possible and assuring payers that they are receiving good value for their health care dollars.

Of special interest to the Fund are delivery system models capable of providing patient-centered, population-based, high quality, coordinated care. Projects supported by these programs are intended to inform health care leaders and policymakers at the local, state, and national levels about promising ways of using new and existing resources to overcome barriers and stimulate delivery system improvements.

Priority areas include:

- Patient-Centered Medical Homes
- Accountable care systems
- Reducing readmissions
- Long-term care quality and transitions of care
- Vulnerable populations

Commonwealth Fund programs focusing on Delivery System Innovation and Improvement include: health system quality and efficiency; patient-centered coordinated care; and long-term care quality improvement.

***Health System Quality and Efficiency:*** The [Program on Health System Quality and Efficiency](#) aims to improve the quality and efficiency of health care in the United States, with special emphasis on fostering greater coordination and accountability among all entities involved in the delivery of health care.

*Current examples of Fund-supported work*

- [“Preventing Readmissions with Improved Hospital Discharge Planning”](#)
- [“Profiles of Innovation in Health Care Delivery”](#)
- [“What Distinguishes Top-Performing Hospitals in Acute Myocardial Infarction Mortality Rates?”](#)
- [“Measuring Efficiency: The Association of Risk-Adjusted Hospital Costs and Quality of Care”](#)
- [“Accountable Care Organizations: Accountable for What, to Whom, and How?”](#)
- [“STAAR Publications and Materials: How To Guides, Issue Briefs”](#)

## Delivery System Improvement and Innovation

*Patient-Centered Coordinated Care Program:* The [Program on Patient-Centered Coordinated Care](#) sponsors activities aimed at improving the quality of primary health care in the United States, including efforts to make care more centered around the needs and preferences of patient and family.

*Current examples of Fund-supported work*

- [“Providing Underserved Patients with Medical Homes: Assessing the Readiness of Safety-Net Health Centers”](#)
- [“A Nationwide Survey of Patient-Centered Medical Home Demonstration Projects”](#)
- [“How Physician Practices Could Share Personnel and Resources to Support Medical Homes”](#)
- [“Structuring Payment for Medical Homes”](#)

*Picker/Commonwealth Fund Long-Term Care Quality Improvement:* The [Program on Picker/Commonwealth Fund Long-Term Care Quality Improvement](#) aims to improve the quality of post-acute and long-term care services and supports, create linkages among them, and integrate this care with other health care services to serve patients better.

*Current examples of Fund-supported work*

- [“Improving Quality in Long-Term Care”](#)
- [“Culture Change in a For-Profit-Nursing Home Chain: An Evaluation”](#)
- [“Lessons from a Health Information Technology Demonstration in New York Nursing Homes”](#)
- [“Factors Associated with Potentially Preventable Hospitalization in Nursing Home Residents in New York State: A Survey of Directors of Nursing”](#)

### **Harkness Projects Related to Delivery System Improvement and Innovation**

- [Implementing the Patient-Centered Medical Home Model For Chronic Disease in Small Medical Practices: The Role of Practice Culture and Physician Leadership](#)
- [The Effect of Implementing an Electronic Health Record On Nursing-Sensitive Patient Outcomes and Nurse Decision Making](#)
- [Counterheroism, Common Knowledge, and Ergonomics: Concepts from Aviation That Could Improve Patient Safety](#)
- [Chronic Disease Self Management Programs: Scope of Programs and What Works for Whom in the U.S.?](#)
- [Hearing the Patients’ Voice: Barriers to Using Patient Survey Data in Quality Improvement](#)
- [Tackling Health Disparities in the U.S.: A Study of Health Care Organizational Strategies](#)

## Health Reform Policy

### HEALTH REFORM POLICY

Several of The Commonwealth Fund's research programs work on health reform policy options at the federal, state, and local levels. Together, these programs foster the identification, development, evaluation, and dissemination of policy solutions that have the potential to expand Americans' access to affordable, high-quality, efficient health care, while also reducing growth in health spending. In much of this work, there is particular emphasis placed on vulnerable populations, including people with low income and members of racial and ethnic minorities.

Priority areas include:

- Comprehensive, affordable health insurance for all
- Payment reform that supports delivery system reform
- Slowing the growth of health spending

Commonwealth Fund programs focusing on Health Reform Policy include: affordable health insurance; payment and system reform; federal health policy; state health policy; and the Commission on a High Performance Health System.

***Affordable Health Insurance:*** The [Program on Affordable Health Insurance](#) envisions an efficient and equitable health insurance system that makes available to all Americans comprehensive, continuous, and affordable coverage

*Current examples of Fund-supported work*

- [“The Consumer Operated and Oriented Plan \(CO-OP\) Program Under the Affordable Care Act: Potential and Options for Spreading Mission-Driven Integrated Delivery Systems”](#)
- [“Rite of Passage: Young Adults and the Affordable Care Act of 2010”](#)
- [“At Pitney Bowes, Value-Based Insurance Design Cut Copayments and Increased Drug Adherence”](#)

***Payment and System Reform:*** The Commonwealth Fund, through its [Program on Payment and System Reform](#), supports analysis and the development of payment policy options to improve the way health care is provided and curb health spending growth.

*Current examples of Fund-supported work*

- [“Analysis of Alternative Models to Integrate Care for Dual Eligibles”](#)
- [“Medicare Private Plans in the Era of Health Care Reform”](#)
- [“Understanding Geographic Variation in Health Care Costs for Privately Insured Patients and Medicare Beneficiaries”](#)

## Health Reform Policy

**State Health Policy and Practices:** The [State Health Policy and Practices Program](#) is designed to help states implement policies and programs that ensure residents have access to affordable, accountable, high performance health systems.

*Current examples of Fund-supported work*

- [“Improving Care Coordination, Case Management, and Linkages to Service for Young Children: Opportunities for States”](#)
- [“States in Action: Innovations in State Health Policy”](#)
- [“The Vermont Accountable Care Organization Pilot: A Community Health System to Control Total Medical Costs and Improve Population Health”](#)

**Federal Health Policy:** The Commonwealth Fund's [Program on Federal Health Policy](#) is designed to strengthen the link between the work of the foundation, including the Commission on a High Performance Health System, and the federal policy process. Current project areas include: Dialogues for Congressional and Administration Staff; Annual Bipartisan Congressional Health Policy Conference for Members of Congress; Alliance for Health Reform Briefings and Roundtables; and Annual Bipartisan Health Policy Retreat for Senior Congressional Staff

**Commission on a High Performance Health System:** In establishing the [Commission on a High Performance Health System](#) in 2005, The Commonwealth Fund's board of directors recognized the need for national leadership to revamp, revitalize, and retool the U.S. health care system. Current project areas include tracking health system performance, making the case for reform, developing policy options, and informing policymakers.

### **Harkness Projects Related to Health Reform Policy**

- [Pay for Performance and Primary Health Care in England and California: A Qualitative Comparison](#)
- [Medicare as Incubator for Innovation in Payment Policy](#)
- [Inpatient Prospective Payment Systems to Improve Patient Safety](#)
- [Cost, Coverage and Access to Pharmaceuticals under Medicare Part D: Towards a Value-Based Drug Benefit](#)
- [The Impact of Pay-for-Performance on Health Care Inequalities](#)
- [Designing a Value-Based Plan to Cover the Uninsured](#)

## Health System Performance Assessment and Tracking

### HEALTH SYSTEM PERFORMANCE ASSESSMENT AND TRACKING

To advance its goal of a high performance U.S. health care system, The Commonwealth Fund gathers and disseminates evidence of excellence in health care from across the country and the world. This work is intended to show what it is possible to achieve, and to stimulate health care providers, policymakers, and stakeholders to take action to improve performance in all facets of care.

The Fund's capacity for Health System Performance Assessment and Tracking enables it to: track and compare health system performance; identify benchmarks for patient care experiences, health outcomes; assess trends in health insurance coverage, access to care, and patient-reported quality of care; and monitor public and private actions to transform health care delivery, including payment innovations, health information technology adoption, and the organization of care.

#### *Recent Health System Performance Scorecards*

- ["Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2010 Update"](#)
- ["Aiming Higher: Results from a State Scorecard on Health System Performance, 2009"](#)

## Examples of Available Datasets

### Available Datasets for Harkness projects

All applicants are strongly encouraged to explore what U.S. datasets are available related to their proposed project. This document highlights some examples of important U.S. datasets for health services research. This is a partial list, and all applicants are strongly encouraged to explore further.

One option to explore is whether your proposed project can “piggyback” or collaborate with an already ongoing U.S. research project. The National Institutes of Health offers an excellent resource, “HSRProj,” that provides information on research-in-progress before results are published:

[http://wwwcf.nlm.nih.gov/hsr\\_project/home\\_proj.cfm](http://wwwcf.nlm.nih.gov/hsr_project/home_proj.cfm)

While not exhaustive, HSRProj contains information on a large number of ongoing projects, funded by both public and private research agencies.

The National Institutes of Health also provides an excellent resource through the Health Services and Science Research Resources website, which contains information on publicly available datasets and research tools:

[http://wwwcf.nlm.nih.gov/hsrr\\_search/index.cfm](http://wwwcf.nlm.nih.gov/hsrr_search/index.cfm)

This free portal allows users to search for datasets, instruments, and software, including: clinical records, discharge summaries, claims records, epidemiological surveys, health/ behavioral/ social surveys, disease registries, birth registries, and data about practitioners, programs, and facilities. The database also includes brief descriptions of each resource, links to PubMed for related articles, and URLs for additional information or access to the resources.

In addition, the Department of Health and Human Services operates a website where users can search and download publicly available datasets and tools:

[http://www.data.gov/communities/node/81/data\\_tools](http://www.data.gov/communities/node/81/data_tools)

Users can filter the available datasets by category, including: Health Care Resources, Health Care Utilization, Cost, and Quality, and Pharmaceuticals and Other Regulated Products.

Finally, please note that Harkness Mentors may have access to data that is not publicly available, potentially offering applicants more options than are found through the NIH and HHS search engines.

## Examples of Available Datasets

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**Healthcare Cost and Utilization Project (HCUP)** (Agency for Healthcare Research and Quality)

<http://www.ahrq.gov/data/hcup/>

A family of administrative, longitudinal databases, web-based products and software tools developed and maintained by the Agency for Healthcare Research and Quality (AHRQ) as part of a Federal-State-Industry partnership to build a standardized, multi-state health data system. HCUP is based on data collected by individual States and provided to AHRQ by the States. HCUP data are used for research on hospital utilization, access, charges, quality and outcomes. The data are used to describe national, regional and state level patterns of care for uncommon as well as common diseases, analyze hospital procedures, including those that are performed infrequently, and study the care of population sub-groups such as minorities, children, women, and the uninsured.

**Medical Expenditure Panel Survey (MEPS)** (Agency for Healthcare Research and Quality)

<http://www.meps.ahrq.gov/mepsweb/>

The Medical Expenditure Panel Survey (MEPS) is a nationally representative survey of health care use, expenditures, sources of payment and insurance coverage for the U.S. civilian non-institutionalized population, as well as a national survey of nursing homes and their residents. MEPS is designed to help understand how the recent growth in managed care and changes in the health care system have affected the kinds, amounts, and costs of health care that Americans use. MEPS consists of five component surveys:

The *Household Component* is a household interview of 10,500 families and 24,000 individuals in 190 communities across the U.S. The objective is to produce annual estimates for a variety of measures in health status, health insurance coverage, health care use and expenditures and sources of payment for health services.

The *Nursing Home Component* gathers information from 800 nursing homes and more than 5,000 residents nationwide on the characteristics of the facilities and services offered, individual resident expenditures and sources of payment, and resident characteristics. Data on the availability and use of community-based care prior to nursing home admission is also collected.

The *Medical Provider Component* covers 2,700 hospitals, nearly 2,000 physicians, and 300 home health care providers. Its purpose is to supplement information from respondents to the MEPS Household Component.

## Examples of Available Datasets

The *Insurance Component* consists of two surveys. The first survey interviews 9,200 employers, 300 union officials, and 400 insurers to obtain detailed information on the health insurance held by respondents to the MEPS Household Component. It also collects information about other health plans available to, but not chosen by, respondents. The second interviews managers at more than 20,000 establishments to obtain national and regional estimates of the availability of health insurance at the workplace.

**Consumer Assessment of Health Plans (CAHPS)** (Agency for Healthcare Research and Quality)

<https://www.cahps.ahrq.gov/default.asp>

Developed by a consortium of Harvard Medical School, RAND, and the Research Triangle Institute, and sponsored by the Agency for Healthcare Research and Quality (AHRQ), the CAHPS survey is designed to provide information that can help consumers and purchasers assess and choose among health plans. The CAHPS questionnaires are designed for three different types of target populations: commercially insured, Medicaid, and Medicare managed care. The CAHPS Survey includes a core group of standard items, a small group of supplementary items targeted towards specific populations, and a survey designed for those who disenroll from plans. Among the areas that are covered by the survey are: perceived quality of health care, perceived quality of health plan, administrative burden, enrollment/payment, utilization of health services, health status, and respondent characteristics. Information about specific plan features, such as access to specialists, quality of patient/physician communication and interaction, and coordination of care, is included, as well as questions targeted to persons with chronic conditions or disabilities, children, and Medicare and Medicaid beneficiaries.

**Behavioral Risk Factor Surveillance System** (Centers for Disease Control and Prevention)

<http://www.cdc.gov/brfss/>

The Behavioral Risk Factor Surveillance System (BRFSS) is one of several public health surveillance systems supported by the Centers for Disease Control and Prevention. The BRFSS collects uniform state-based data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the U.S. Data are collected through monthly telephone interviews conducted among a sample of each state's adult population. The survey consists of a standard set of questions asked by all states each year, an optional set of questions on specific topics which states may choose to include or not include on their questionnaires, and state-added questions which provide information on issues of local interest and emerging issues. The data are used to provide state and national information on access to preventive services such as breast, cervical, and colorectal cancer screenings and immunizations. Other health information includes high-risk behaviors, lack of physical exercise, obesity and data about smoking habits. Socio-demographic data, including age, education, income, and racial and ethnic background are also available.

## Examples of Available Datasets

### **Health Care Information System** (Centers for Medicare & Medicaid Services)

[http://www.cms.gov/NonIdentifiableDataFiles/02\\_HealthCareInformationSystem.asp](http://www.cms.gov/NonIdentifiableDataFiles/02_HealthCareInformationSystem.asp)

The Health Care Information System (HCIS) contains data from Medicare Part A (Inpatient, Skilled Nursing Facilities, Home Health Agencies (Part A & B) and Hospice) and Medicare Part B (outpatient) based on the type and state of the provider. The dataset includes discharges, total claim amount, total number of patients, total utilization days, and total visits.

### **Medicare Part B National Summary Data File** (Centers for Medicare & Medicaid Services)

[http://www.cms.gov/NonIdentifiableDataFiles/03\\_PartBNationalSummaryDataFile.asp](http://www.cms.gov/NonIdentifiableDataFiles/03_PartBNationalSummaryDataFile.asp)

Medicare Part B covers doctors' services and outpatient hospital care for the Medicare population. The Medicare Part B National datasets contain data for a 5% sample of Medicare Part B claims submitted by physician/suppliers. The datasets are summarized by meaningful Health Care Common Procedure Coding/Current Procedural Terminology (HCPC/CPT) code ranges. Each dataset displays the allowed services, allowed charges and payment amounts by HCPC/CPT codes and prominent modifiers.

### **Surveillance, Epidemiology, and End Results (SEER) Registries** (National Cancer Institute)

<http://seer.cancer.gov/>

Beginning in 1973, the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) is a coordinated system of population-based cancer registries located across the United States. These registries monitor cancer trends and track data on cancer incidence, the extent of disease at diagnosis, therapy, and patient survival. The SEER Program currently collects cancer incidence and survival data from 18 geographic areas in the United States. here are nine states (New Mexico, Hawaii, Utah, Iowa, Connecticut, Greater California, Kentucky, Louisiana, New Jersey), five metropolitan areas (Metro Atlanta plus a sample of rural Georgia, the Greater Bay Area [San Francisco-Oakland and San-Jose Monterey], Los Angeles, Seattle, Detroit), and the Alaska Native Tumor Registry, which together represent approximately 26 percent of the U.S. population.

### **Employee Benefits Survey** (Bureau of Labor Statistics)

<http://www.bls.gov/ncs/ebs/>

Produces comprehensive data on the incidence (the percentage of workers with access to and participation in employer provided benefit plans) and provisions of selected employee benefit plans.

## Examples of Available Datasets

### **Hospital Compare** (Centers for Medicare & Medicaid Services)

[https://www.cms.gov/HospitalQualityInits/11\\_HospitalCompare.asp](https://www.cms.gov/HospitalQualityInits/11_HospitalCompare.asp)

Hospital Compare is a consumer-oriented website that provides information on how well hospitals provide recommended care to their patients. On this site, the consumer can see the recommended care that an adult should get if being treated for a heart attack, heart failure, or pneumonia or having surgery. The performance rates for this website generally reflect care provided to all U.S. adults with the exception of the 30-Day Risk Adjusted Death and Readmission measures and the Hospital Outpatient Medical Imaging measures that only include data from Medicare beneficiaries. In March 2008, data from the Hospital CAHPS (HCAHPS) survey, also known as the CAHPS Hospital Survey, was added to Hospital Compare. HCAHPS provides a standardized instrument and data collection methodology for measuring patient's perspectives on hospital care.

### **Nursing Home Compare** (Centers for Medicare & Medicaid Services)

[www.medicare.gov/nhcompare/](http://www.medicare.gov/nhcompare/)

Nursing Home Compare allows Medicare beneficiaries and their caregivers to access comparison information about nursing homes. It contains information on every Medicare and Medicaid-certified nursing home in the country, including over 17,000 nationwide. Nursing Home Compare includes: 1) Nursing home characteristics such as number of beds, type of ownership and whether or not the nursing home participates in Medicare, Medicaid or both; 2) Resident characteristics including percent of residents with pressure sore, percent of residents with urinary incontinence and more; 3) Summary information about nursing homes during their last State inspection; 4) Information on the number of registered nurses, licensed practical or vocational nurses, and nursing assistants in each nursing home.

### **Recent Commonwealth Fund Surveys (data is available for Fellows)**

#### **Commonwealth Fund International Health Policy Survey** (annual)

<http://www.commonwealthfund.org/Content/Surveys/2010/Nov/2010-International-Survey.aspx>

The International Health Policy Surveys are conducted annually in the Australia, Canada, France (since 2008), Germany (since 2005), the Netherlands (since 2006), Norway (since 2009), Sweden (since 2009), Switzerland (since 2010), the U.K., and the U.S. Past surveys have focused on the views and experiences of the general population, “sicker” adults, primary care doctors, elderly adults, and hospital executives. The 2010 survey focused on the experiences of adults in eleven countries. Topics included overall views of the health system, out-of-pocket spending and insurance complexity, care coordination, medical errors, and the doctor-patient relationship. The survey sample included 1,009 adults in Australia, 3,003 in Canada, 1,407 in Germany, 1,557 in

## Examples of Available Datasets

the Netherlands, 1,000 in New Zealand, 1,434 in the United Kingdom, and 2,500 in the United States.

### **Commonwealth Fund Biennial Health Insurance Survey**

<http://www.commonwealthfund.org/Content/Surveys/2011/Mar/2010-Biennial-Health-Insurance-Survey.aspx>

The biennial health insurance surveys provide important trend information on insurance coverage, access barriers, and satisfaction with and confidence in the health care system. In addition, the survey examines the impact of medical bill burdens and debt on family finances, and poor quality coverage on health. The 2010 survey included 4,005 U.S. adults.

### **Commonwealth Fund Survey of Public Views of the U.S. Health Care System (2006, 2008, 2011)**

<http://www.commonwealthfund.org/Content/Surveys/2011/Apr/Survey-of-Public-Views.aspx>

The 2011 Survey of Public Views of the Health System examined U.S. adults' health care experiences and views. Topics included access to care, cost barriers, care coordination, patient safety, and efficiency, as well as views on policies to reform the health system. The 2011 survey included 1,011 adults.

### **Commonwealth Fund Survey of Young Adults (2009)**

<http://www.commonwealthfund.org/Content/Surveys/2009/Dec/The-Commonwealth-Fund-Survey-of-Young-Adults.aspx>

The 2009 Commonwealth Fund Survey of Young Adults examined health care insurance experiences and views among adults aged 19 to 29. The survey had a sample size of 2,002.

### **Commonwealth Fund National Survey of Federally Qualified Health Centers (2009)**

<http://www.commonwealthfund.org/Content/Surveys/2010/May/The-2009-Commonwealth-Fund-National-Survey-of-Federally-Qualified-Health-Centers.aspx>

The 2009 Commonwealth Fund National Survey of Federally Qualified Health Centers examined access, care coordination, IT capacity, performance reporting, quality, and medical home status at Federally-Qualified Health Centers. The survey included 795 executive directors or clinical directors at federally qualified health centers.

## **Examples of Available Datasets**

**Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey** (quarterly)

<http://www.commonwealthfund.org/Content/Surveys/2011/Feb/Views-on-Congressional-Priorities-2011.aspx>

The Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey measures the views of a panel of health care leaders and experts on health care policies and priorities. The January 2011 survey had a sample size of 203.