

# The Commonwealth Fund Health Care Opinion Leaders Survey

February 2005

**TABLE 1  
GOALS FOR THE NEXT 10 YEARS**

"Please indicate what you would see as both an achievable and a desirable target or goal for policy action for the next 10 years."

Base: 255 Respondents

	<b>Total</b>	<b>Academic/ Research Institution</b>	<b>Health Care Delivery</b>	<b>Business/ Insurance/ Other Health Care Industry</b>	<b>Government/ Labor/ Consumer Advocacy</b>
	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>
The proportion of under-65 population that has no health insurance (now about 18%)	8	5	7	10	7
The total cost of health care as a percentage of the GDP (now about 15%)	16	16	16	17	15
Percent of under-65 population with employer-provided insurance (now about 63%)	65	65	66	66	73
Percent of under-65 privately insured population with a deductible of \$1,000 or more (now about 7%)	11	10	11	15	10
Percent of population with a health savings account (now less than 1%)	5	5	7	11	5

**TABLE 2  
OUT-OF-POCKET EXPENSES**

"What do you think is the maximum percentage of income a consumer should spend for out-of-pocket health care expenses and premiums?"

Base: 255 Respondents

	<b>Total</b>	<b>Academic/ Research Institution</b>	<b>Health Care Delivery</b>	<b>Business/ Insurance/ Other Health Care Industry</b>	<b>Government/ Labor/ Consumer Advocacy</b>
	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>	<b>Median %</b>
Maximum percentage of income for out-of pocket health care expenses and premiums	9	10	10	11	9

**TABLE 3**  
**FUTURE OF EMPLOYER-SPONSORED COVERAGE**

"About 160 million Americans get health insurance coverage through their employers, who spend more than \$400 billion on such benefits. Would you favor or oppose the following options for such coverage in the future?"

Base: 255 Respondents

	Total		Academic/ Research Institution		Health Care Delivery		Business/ Insurance/ Other Health Care Industry		Government/ Labor/ Consumer Advocacy	
	%		%		%		%		%	
	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose
Employer-sponsored coverage should be allowed to continue to decline, with no policy efforts to stem this trend.	12	75	14	70	13	79	11	80	4	85
Employers should be given incentives to provide insurance that meets minimum standards. Incentives could include access to reinsurance, group-purchased favorable rates, or some type of tax credit.	82	12	81	13	92	4	86	12	85	8
Low-wage workers should receive tax credits or other subsidies.	79	11	79	12	74	9	82	12	85	8
All employers who do not provide benefits should contribute to a fund to insure workers and their families.	70	19	70	20	72	15	73	20	73	4
Employers should be allowed to buy into Medicaid/CHIP coverage for their employees.	60	20	66	18	58	30	52	20	81	4
All employers should be required to offer and help finance health benefits for their workers and their families.	52	32	51	34	57	21	48	30	62	23
Employer coverage should be replaced with a single-payer plan, with current employer premium contributions redirected to help pay for coverage.	42	40	45	37	49	34	27	58	46	23

Note: Numbers may not total 100 percent since some respondents expressed no opinion or indicated they were not sure.

**TABLE 4**  
**FUTURE OF EMPLOYER-SPONSORED COVERAGE**

"About 160 million Americans get health insurance coverage through their employers, who spend more than \$400 billion on such benefits. Would you favor or oppose the following options for such coverage in the future?"

Base: 255 Respondents

	Total		Academic/ Research Institution		Health Care Delivery		Business/ Insurance/ Other Health Care Industry		Government/ Labor/ Consumer Advocacy	
	%		%		%		%		%	
	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose
Association health plans (AHPs): Some proposals would make it easier to form AHPs by making them subject to federal oversight and exempting these plans from state-mandated benefits, financial reserve requirements, and other state regulations on premiums, underwriting, and eligibility for coverage or renewal.	33	50	32	52	49	25	38	42	12	65
Options like the Federal Employees Health Benefits Program (FEHBP): these would let individuals and small businesses buy into FEHBP or a new parallel program with similar plan choices.	84	6	88	4	89	-	74	11	85	12

**TABLE 5**  
**FUTURE OF EMPLOYER-SPONSORED COVERAGE (cont.)**

"Thinking about association health plans (AHPs) and Federal Employees Health Benefits Program-like options (FEHBPs), which would be more effective in achieving each of the following goals?"

Base: 255 Respondents

	Total			
	%			
	AHPs	FEHBP	Neither is effective	Both are equally effective
Expand coverage to uninsured workers	10	48	18	16
Avoid risk segmentation	4	57	20	13
Provide greater value for premium dollars for employers and employees	5	59	11	18
Provide more essential benefits	2	59	9	22
Expand health plan choices	8	58	7	20
Cut costs to employers and employees	11	32	32	18

**TABLE 6**  
**FUTURE OF EMPLOYER-SPONSORED COVERAGE (cont.)**

"Thinking about association health plans (AHPs) and Federal Employees Health Benefits Program-like Options (FEHBPs), which would be more effective in achieving each of the following goals?"

Base: 255 Respondents

	Academic/ Research Institution				Health Care Delivery				Business/ Insurance/ Other Health Care Industry				Government/ Labor/ Consumer Advocacy			
	%				%				%				%			
	AHPs	FEHBP	Neither	Both	AHPs	FEHBP	Neither	Both	AHPs	FEHBP	Neither	Both	AHPs	FEHBP	Neither	Both
Expand coverage to uninsured workers	7	53	19	13	13	40	15	19	20	39	12	23	4	42	38	12
Avoid risk segmentation	3	60	19	10	4	45	13	23	6	48	24	17	4	65	23	8
Provide greater value for premium dollars for employers and employees	3	61	9	18	4	45	4	30	6	52	20	18	12	73	8	8
Provide more essential benefits	1	59	9	22	2	49	8	28	3	58	8	24	4	69	12	15
Expand health plan choices	8	59	6	19	8	47	8	23	12	45	14	24	8	69	4	19
Cut costs to employers and employees	11	36	30	16	17	19	26	21	9	24	38	21	19	27	38	15

**TABLE 7**  
**INDIVIDUAL MANDATES**

"Some proposals to expand health coverage would require all individuals to buy insurance, with federal premium assistance available to make that more affordable for low-income uninsured. Acknowledging such issues as availability and affordability, do you favor or oppose the general concept of individual mandates?"

Base: 255 Respondents

	Total		Academic/ Research Institution		Health Care Delivery		Business/ Insurance/ Other Health Care Industry		Government/ Labor/ Consumer Advocacy	
	%		%		%		%		%	
	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose
Do you favor or oppose the general concept of individual mandates?	57	24	62	20	60	19	61	24	46	31

**TABLE 8**  
**INDIVIDUAL MANDATES (cont.)**

"Assuming individual mandates were likely, with some type of premium assistance, which one of the following approaches do you favor most for improving availability of coverage?"

Base: 255 Respondents

	<b>Total</b>	<b>Academic/ Research Institution</b>	<b>Health Care Delivery</b>	<b>Business/ Insurance/ Other Health Care Industry</b>	<b>Government/ Labor/ Consumer Advocacy</b>
	%	%	%	%	%
Give the uninsured a choice of enrolling in a federal group plan (e.g., a FEBHP-like option) at community group rates. Anyone failing to do so would automatically be enrolled in the state Medicaid/CHIP program and assessed an income-related premium.	50	52	58	44	58
Mandate coverage and offer a federal group option (e.g., a FEBHP-like option) or some other group option in each state. There would be no default plan.	18	17	19	21	8
Mandate coverage with no federal group plan and allow each state to determine group and default options, subject to some minimum benefit guidelines.	6	5	2	8	8
Mandate coverage but leave it to the market to decide how people find insurance.	5	5	2	5	-
None of these	9	10	8	11	15
Not sure	11	10	11	12	12

**TABLE 9**  
**HEALTH SAVINGS ACCOUNTS**

Congress recently enacted legislation allowing consumers to set up tax-protected health savings accounts (HSAs). These would be available to anyone with health insurance with a deductible of \$1,000 or higher for an individual and \$2,000 or higher for a family. Those supporting HSAs see them as a way to cut costs and make high-deductible plan coverage more widely available. Do you favor or oppose HSAs as the centerpiece of such an effort?

Base: 255 Respondents

	<b>Total</b>		<b>Academic/ Research Institution</b>		<b>Health Care Delivery</b>		<b>Business/ Insurance/ Other Health Care Industry</b>		<b>Government/ Labor/ Consumer Advocacy</b>	
	%		%		%		%		%	
	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose
Favor or oppose HSAs	22	62	19	66	25	55	33	48	19	62

**TABLE 10**  
**STATE PUBLIC PROGRAM EXPANSION**

A different strategy to expand health coverage would be to provide new federal matching funds to support state efforts to expand state Medicaid and CHIP programs to low-income adults and families. One option would expand eligibility to everyone with incomes under 150 percent of poverty (\$14,360 in 2004 if single and \$18,482 in 2004 if a two-person family).

Base: 255 Respondents

	<b>Total</b>		<b>Academic/ Research Institution</b>		<b>Health Care Delivery</b>		<b>Business/ Insurance/ Other Health Care Industry</b>		<b>Government/ Labor/ Consumer Advocacy</b>	
	%		%		%		%		%	
	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose	Favor	Oppose
Favor or oppose federal matching funds	68	18	69	17	60	21	73	15	81	12

**TABLE 11**  
**PLACE OF EMPLOYMENT**

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

Base: 255 Respondents

	%
<b>Academic and Research Institutions</b>	
Medical, public health, nursing, or other health professional school	31
Think tank/health care institute/policy research institution	16
University setting not in a medical, public health, nursing, or other health professional school	12
Foundation	5
Medical publisher	1
<b>Health Care Delivery and Professional, Trade, or Consumer Organizations</b>	
Medical society or professional association or organization	7
Hospital	6
Physician practice/other clinical practice (patient care)	5
Clinic	4
Hospital or related professional association or organization	3
Nursing home/long-term care facility	1
Allied health society or professional association or organization	2
<b>Other Industry/Business Settings</b>	
Health care consulting firm	7
CEO, CFO, benefits manager	4
Accrediting body and organization (non-governmental)	1
Polling organization	*
Other	5
<b>Labor Consumer Advocacy Groups and Health Care Improvement Organizations</b>	
Labor/consumer/seniors' advocacy group	3
Health care improvement organization	4
<b>Health Insurance and Professional Organization</b>	
Health insurance/managed care industry	7
Health insurance and business association or organization	3
<b>Government</b>	
Non-elected federal executive branch official	4
Staff for federal elected official	*
Non-elected state executive branch official	2
Staff for a state elected official or state legislative committee	1
Staff for non-elected federal executive branch official	*
Staff for non-elected state executive branch official	*
<b>Pharmaceutical Industry and Professional Organization</b>	
Drug manufacturer	2
Pharmaceutical/medical device trade association organization	-
Biotech company	*
Device company	-

**TABLE 12**  
**TYPE OF EMPLOYMENT**

"How would you describe your current employment position?"

Base: 255 Respondents

	%
Teacher, Researcher, Professor	40
Policy Analyst	23
Physician	22
CEO/President	22
Consultant	12
Administration/Management	11
Health care purchaser	5
Department head/Dean	5
Foundation officer	4
Consumer advocate	4
Lobbyist	4
Policymaker or policy staff (federal)	5
Policymaker or policy staff (state)	3
Other health care provider (not physician)	2
Regulator	*
Other	4
Retired	5

**TABLE 12**  
**PERMISSION TO BE NAMED AS A SURVEY PARTICIPANT**

Base: 255 Respondents

	%
Yes	87
No	13

## Appendix

### **Methodology**

The online survey was conducted by Harris Interactive with 255 opinion leaders in health policy and innovators in health care delivery and finance between February 3, 2005, and February 15, 2005.

The sample for this survey was developed by using a two-step process. Initially, The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different industries and professional sectors with a range of perspectives, based on their affiliations and involvement in various organizations and institutions. Harris Interactive then conducted an online survey with these experts asking them to nominate others within and outside their own fields whom they consider to be leaders and innovators in the health care industry. Based on the result of the survey and after careful review by Harris Interactive, The Commonwealth Fund, and a selected group of health care experts, the sample for this poll was created. The final list included 1,329 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the survey to the entire sample. Of the 1,329 invitations, 78 were returned as undeliverable. Steps were taken to attempt to correct the e-mail addresses and locate the individuals, however these efforts were unsuccessful. Harris Interactive determined that the undeliverable e-mail addresses appeared to be randomly distributed among the different sectors and affiliations. Data collection took place between February 3, 2005, and February 15, 2005. Two reminders were sent to anyone who had not responded. The response rate was 20 percent. Typically, samples of this size are associated with a sampling error of +/- 6%.