

## The Commonwealth Fund Health Care Opinion Leaders Survey November/December 2004

### Introduction

The Commonwealth Fund Health Care Opinion Leaders Survey was conducted by Harris Interactive on behalf of The Commonwealth Fund, with a broad group of more than 300 opinion leaders in health policy and innovators in health care delivery and finance. The survey asked opinion leaders to name top health policy priorities for Congress over the next five years as well as top priorities for action to control health care costs and improve quality, for next steps in Medicare reform, and for covering the uninsured. Potential respondents were identified through a two-step process involving a “nomination” survey with a core group of experts in multiple fields who were asked to name additional leaders both within and outside their areas of expertise, as well as a review of published lists and directories of recognized health experts. The detailed methodology is provided in Appendix A.

### Summary

There is a broad consensus among leaders that *expanding coverage to the uninsured* is the top priority that should be addressed by Congress. This is the greatest priority for all groups represented in this study, with a large majority of respondents from academic/research institutions, health care delivery, business/insurance/other health care industry, and government/labor/advocacy identifying this issue as number one. There is also considerable agreement about the reforms that should be enacted in order to achieve this goal. *Allowing individuals and small businesses to buy into the Federal Employees Health Benefits Program* or a similar federal group option receives the highest support overall and a majority of votes across all groups. Also, *expanding existing state-based public insurance programs—Medicaid and the State Children's Health Insurance Program (CHIP)*—is supported by more than half of leaders overall and across groups, except for the health care delivery sector. A national health system (universal coverage) received little attention as a priority.

The issue of quality and safety also emerges as a major health policy priority. *Improving the quality and safety of medical care*, including increased use of information technology, is ranked as the second most important priority (after expanding coverage) for Congress to address, with a large majority overall and within each constituency supporting this. Additionally, several specific issues are named as top priorities for action in order to control costs and improve quality. These are: *rewarding more efficient providers and effective disease management*, *increased and more effective use of information technology*, and, to a lesser degree (but still supported by a majority overall), *making information on quality and costs of care available to the public*.

By comparison, support for reforming Medicare is moderate and more selective across groups, with about half of all constituencies, except for the government/labor/advocacy group (for whom it was not one of the five top priorities), identifying *Medicare long-term solvency* as their third top priority for Congress to address. *Medicare payment reform to reward performance on quality and efficiency* is also moderately supported; only the business/insurance/other health care industry sector considers it one of the top five priorities. However, specific Medicare reforms such as *using Medicare's purchasing power to negotiate lower prescription drug prices* and to a somewhat lesser degree *linking increases in Medicare physician payments to quality performance* are supported by the majority of respondents across all sectors.

*Enacting reforms to moderate the rising costs of medical care for the nation* and *controlling the rising cost of prescription drugs*, both of which have received extensive public and media attention, are ranked fourth and sixth priorities for Congress to address, with fewer than half of respondents naming these options. Again, support varies by sector. Only in the academic/research institutions sector is *enacting*

*reforms to moderate the rising costs of medical care for the nation* seen as a top priority by a small majority. About half of respondents from the government/labor/advocacy sector support *controlling the rising cost of prescription drugs*, naming it their third priority.

Other options for reform that have been receiving a great deal of media and political attention—such as *legalizing the importation of prescription drugs from abroad*, *encouraging competition among insurers and providers*, and *requiring consumers to pay more*—all receive very limited support as priorities for actions to control costs and improve quality.

## Key Findings

### Top health policy priorities for Congress (Tables 1a/b)

*Respondents were asked to indicate up to five health care priorities for Congress to address in the next five years, based on a list of 12 items with an option to enter any unlisted issue.*

- The top priority for Congress to address is *expansion of coverage for the uninsured*, which was mentioned by 87% of all respondents. There is broad consensus among all the sectors, with each one naming this their number one priority for Congress.
- The second priority, also supported by a majority of respondents (69%), is *improving the quality and safety of medical care*. Again, all sectors agree that this is number two on the list of priorities.
- Beyond expansion of coverage and improving quality and safety of medical care, none of the other policy initiatives receives a majority of vote as a priority, and the support for individual proposals is more varied across different sectors.
- Overall, *Medicare reform to ensure long-run solvency* is third on the list of priorities mentioned by half of the respondents (50%). Yet, this varies somewhat depending on the sector and the issue did not make it into the top five priorities for government/labor/consumer advocacy.
  - ◇ Academic/Research Institution: 51%, rank 4
  - ◇ Health Care Delivery: 49%, rank 3
  - ◇ Business/Insurance/Other Health Care Industry: 53%, rank 3
- *Enacting reforms to moderate the rising costs of medical care for the nation* was chosen by fewer than half of respondents (48%), making it the fourth priority overall. However, academia views it as a higher priority than other sectors.
  - ◇ Academic/Research Institution: 54%, rank 3
  - ◇ Health Care Delivery: 40%, rank 5
  - ◇ Business/Insurance/Other Health Care Industry: 44%, rank 5
  - ◇ Government/Labor/Consumer Advocacy: 46%, rank 4
- *Medicare payment reform* is the fifth priority overall (38%), although only respondents in business/insurance/other health care industry mention it as one of the top five priorities.
  - ◇ Business/Insurance/Other Health Care Industry: 52%, rank 4
  - ◇ Other sectors: 31–34% (beyond top five priorities)
- Other priorities that did not make the top five overall but are mentioned as one of the top five priorities by at least one of the sectors include *controlling the rising cost of prescription drugs* (35%):

- ◇ Government/Labor/Consumer Advocacy: 51%, rank 3

*Malpractice reform (30%)*

- ◇ Health Care Delivery: 46%, rank 4

*Administrative simplification and standardization (27%)*

- ◇ Health Care Delivery: 40%, rank 5

*Improving the quality of nursing homes and long-term care (21%)*

- ◇ Government/Labor/Consumer Advocacy: 40%, rank 5

### **Top priorities for controlling costs and improving quality of care (Tables 2a/b)**

*Respondents were asked to indicate up to five priorities for action among a number of proposed ways to control the rising costs of health care and improve the quality of care.*

- There is a great deal of consensus among different sectors on the top two actions that should be taken to control costs and improve quality.
- *Rewarding more efficient medical care providers and effective disease management* tops the list of ways to control cost and improve health care (69%), with business/insurance/other health care industry and government/labor/consumer advocacy sectors especially supportive of this issue.
  - ◇ Academic/Research Institution: 61%, rank 2
  - ◇ Health Care Delivery: 63%, rank 2
  - ◇ Business/Insurance/Other Health Care Industry: 83%, rank 1
  - ◇ Government/Labor/Consumer Advocacy: 80%, rank 1
- *Increased and more effective use of information technology* receives almost as much support as the top priority (67%), making it number two on the overall list. For leaders representing academic/research institutions and health care delivery sector it is a number one priority.
  - ◇ Academic/Research Institution: 64%, rank 1
  - ◇ Health Care Delivery: 74%, rank 1
  - ◇ Business/Insurance/Other Health Care Industry: 72%, rank 2
  - ◇ Government/Labor/Consumer Advocacy: 69%, rank 2
- There is much less agreement about other priorities for controlling cost and improving quality, with some considerable differences among sectors as to most important actions.
- *Making information on comparative quality and costs of health care providers available to the public* ranks third overall, with slightly more than half of all respondents (56%) choosing this solution. Both academia and business/insurance/other health care industry consider it more of a priority than do government/labor/advocacy and health care delivery sectors.
  - ◇ Academic/Research Institution: 52%, rank 3
  - ◇ Health Care Delivery: 41%, rank 5
  - ◇ Business/Insurance/Other Health Care Industry: 70%, rank 3
  - ◇ Government/Labor/Consumer Advocacy: 49%, rank 4
- About two of five respondents overall (42%) as well as half of respondents from the academic sector believe that *reducing administrative costs of insurers and providers* would be a good way

to control costs and improve quality of care. It is more of a priority for health care providers but less important for business/insurance/other health care industry. It did not make the top five for government/labor/consumer advocacy.

- ◇ Academic/Research Institution: 50%, rank 4
  - ◇ Health Care Delivery: 56%, rank 3
  - ◇ Business/Insurance/Other Health Care Industry: 29%, rank 5
- There is less consensus about other ways of controlling costs, which include:

*Consolidating purchasing power by public and private insurers (36%)*

- ◇ Academic/Research Institution: 39%, rank 5
- ◇ Government/Labor/Consumer Advocacy: 51%, rank 3

*Creating a national agency to set quality standards and practice guidelines (32%)*

- ◇ Government/Labor/Consumer Advocacy: 43%, rank 5

*Reducing inappropriate medical care and fraud (27%)*

- ◇ Business/Insurance/Other Health Care Industry: 34%, rank 5

*Malpractice reform (31%)*

- ◇ Health Care Delivery: 54%, rank 4
- ◇ Business/Insurance/Other Health Care Industry: 47%, rank 4

### **Top priorities for next steps in Medicare reform (Tables 3a/b)**

*In light of the major Medicare reform legislation enacted within the past year, respondents were asked to pick up to five most important next steps in Medicare reform.*

- *Lowering prescription drug prices by using Medicare's purchasing power to negotiate lower prices* tops the next steps for Medicare reform, with a large majority overall (75%) supporting this issue. There is a great deal of agreement across the sectors about enacting this initiative, with the highest support coming from academia, health care delivery, and government/advocacy sectors.
- The second priority—*linking increases in Medicare physician payments to quality performance*—is viewed as a lower priority than number one, but it still receives support from a slight majority of respondents overall (58%). This issue is especially important to leaders representing business/insurance/other health care industry, who place it at the top of the list.
- Other potential reforms receive support from less than half of overall respondents.
- Nearly half of all respondents (49%) indicate that *having higher-income Medicare beneficiaries pay higher premiums* is a priority, making it the third top priority overall. Nearly all sectors are in agreement with this, although leaders from academia would place it lower.
  - ◇ Academic/Research Institution: 43%, rank 4
  - ◇ Health Care Delivery: 55%, rank 3
  - ◇ Business/Insurance/Other Health Care Industry: 58%, rank 3
  - ◇ Government/Labor/Consumer Advocacy: 49%, rank 3

- *Eliminating the “donut hole” in the Medicare drug benefit* ranks fourth overall (43%), and while it made the top five for all sectors, there is little consensus as to how high it should rank, with government/labor/consumer advocacy placing it as their second priority.
  - ◊ Academic/Research Institution: 48%, rank 3
  - ◊ Health Care Delivery: 36%, rank 5
  - ◊ Business/Insurance/Other Health Care Industry: 34%, rank 4
  - ◊ Government/Labor/Consumer Advocacy: 60%, rank 2
- About one of three respondents (35%) believes that *raising taxes to ensure Medicare’s long-term solvency* would be an important next step for Medicare. Ranking fifth overall, this issue is especially important to health care providers.
  - ◊ Academic/Research Institution: 35%, rank 5
  - ◊ Health Care Delivery: 38%, rank 4
  - ◊ Business/Insurance/Other Health Care Industry: 31%, rank 5
- Other important steps mentioned include *eliminating extra payments for private health plans* (31%), which is important to academia and the government/labor/consumer advocacy sector.
  - ◊ Academic/Research Institution: 35%, rank 5
  - ◊ Government/Labor/Consumer Advocacy: 40%, rank 4

*Improving Medicare’s benefit package other than prescription drugs* (26%)

- ◊ Government/Labor/Consumer Advocacy: 34%, rank 5

*Encouraging more enrollment in Medicare Advantage or private plans* (20%)

- ◊ Business/Insurance/Other Health Care Industry: 31%, rank 5

### **Top priorities for action to expand coverage for the uninsured (Tables 4a/b)**

*Respondents were asked to indicate up to five priorities for action to expand coverage for the uninsured, based on a list of potential reforms and an option to enter any unlisted reforms.*

- *Allowing individuals and small businesses to buy into the Federal Employees Health Benefits Program or a similar federal group plan* tops the list of actions to expand coverage to the uninsured, with about two of three respondents overall (65%) selecting this issue. The only sector that ranks this solution lower, at number three, is government/labor/advocacy.
- The second most important priority for action overall is *expanding existing state-based public insurance programs, Medicaid and CHIP*, which was mentioned by just over half of respondents (55%). It is an especially appealing proposal for the government/labor/advocacy sector.
- Nearly half of respondents (48%) consider *letting near-elderly adults buy into Medicare-for-all* as the third top priority for action. There is little consensus among the different sectors and it is the top priority for the government/labor/consumer advocacy sector.
  - ◊ Academic/Research Institution: 49%, rank 4
  - ◊ Health Care Delivery: 47%, rank 3
  - ◊ Government/Labor/Consumer Advocacy: 66%, rank 1
- *A single-payer system of health insurance through a new program or Medicare-for-all* was chosen by more than two of five (45%), ranking it the fourth priority overall. The rankings in individual sectors tend to be higher, with the exception of the business/insurance/other health care industry sector, for which it did not make the list of top five priorities.

- ◇ Academic/Research Institution: 51%, rank 3
  - ◇ Health Care Delivery: 47%, rank 3
  - ◇ Business/Insurance/Other Health Care Industry: 29%, rank 4
  - ◇ Government/Labor/Consumer Advocacy: 63%, rank 2
- Fifth priority, selected by 43% of respondents, involves *incentives or requirements to expand employer-based health insurance*. Academics as well as respondents working in government/labor/advocacy agree with this ranking, while sectors such as business/insurance/other health care industry and health care delivery prioritize this action more.
    - ◇ Academic/Research Institution: 38%, rank 5
    - ◇ Health Care Delivery: 40%, rank 4
    - ◇ Business/Insurance/Other Health Care Industry: 55%, rank 2
    - ◇ Government/Labor/Consumer Advocacy: 37%, rank 5
  - *Reinsurance for small business insurance plans* (37%) did not make the overall top five list, however all but the academic sector feel that it is one of the top five important actions to increase the number of people covered by insurance.
    - ◇ Health Care Delivery: 37%, rank 5
    - ◇ Business/Insurance/Other Health Care Industry: 39%, rank 5
    - ◇ Government/Labor/Consumer Advocacy: 26%, rank 4

### **About the Respondents**

Respondents come from a broad range of employment positions and settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 5):

- *Academic/Research Institutions* (54%)\*
- *Health Care Delivery* (25%)\*, 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
- *Business/Insurance/Other Health Care Industry* (28%)\*, including health insurance, pharmaceutical, other industries/business, and health care improvement organizations
- *Government/Labor/Consumer Advocacy* (11%)\*, including government, labor, and consumer advocacy

Respondents mentioned most often that they are teachers, researchers, or professors (37%) followed by physicians (23%), CEO and presidents (23%), and policy analysts (22%). Others work as consultants or in administration/management (14% and 16%, respectively). About seven of 10 (71%) are male and nearly three of four (73%) are 50 years of age or older. Nearly all of the respondents agreed to be named by The Commonwealth Fund as one of the survey participants (91%).

\*percentages add up to more than 100 as respondents were able to give more than one answer.

**TABLE 1a**  
**TOP PRIORITIES FOR CONGRESS IN NEXT 5 YEARS**

“Which of the following health care issues should be the top priorities for Congress to address in the next five years?” (Multiple response)

Base: 318 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>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Expand coverage to the uninsured	87	87	97	82	97
Improve the quality and safety of medical care, including increased use of information technology	69	62	69	74	74
Medicare reforms to ensure long-run solvency	50	51	49	53	31
Enact reforms to moderate the rising costs of medical care for the nation	48	54	40	44	46
Medicare payment reform to reward performance on quality and efficiency	38	33	31	52	34
Control rising cost of prescription drugs	35	35	29	35	51
Address racial/ethnic disparities in care	31	34	32	26	23
Malpractice reform	30	23	46	42	14
Administrative simplification and standardization	27	28	40	27	26
Medicaid reforms to improve coverage	24	24	23	20	31
Improve the quality of nursing homes and long-term care	21	25	15	12	40
Control Medicaid costs	6	7	6	8	6
Other	6	8	5	3	3

**TABLE 1b**  
**TOP 5 PRIORITIES FOR CONGRESS IN NEXT 5 YEARS**  
Ranking Summary

Base: 318 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>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>
Expand coverage to the uninsured	1	1	1	1	1
Improve the quality and safety of medical care, including increased use of information technology	2	2	2	2	2
Medicare reforms to ensure long-run solvency	3	4	3	3	
Enact reforms to moderate the rising costs of medical care for the nation	4	3	5 (tie)	5	4
Medicare payment reform to reward performance on quality and efficiency	5			4	
Control rising cost of prescription drugs	6	5			3
Address racial/ethnic disparities in care	7				
Malpractice reform	8		4		
Administrative simplification and standardization	9		5 (tie)		
Medicaid reforms to improve coverage	10				
Improve the quality of nursing homes and long-term care	11				5

**TABLE 2a****WAYS TO CONTROL RISING COSTS AND IMPROVE QUALITY**

“Below is a list of ways that have been proposed to control the rising costs of health care and improve the quality of care. Which of the following should be the top priorities for action?”

(Multiple Response)

Base: 318 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>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Reward more efficient medical care providers and effective disease management	69	61	63	83	80
Increased and more effective use of information technology	67	64	74	72	69
Make information on comparative quality and costs of care of hospitals and physicians available to the public	56	52	41	70	49
Reduce administrative costs of insurers and providers	42	50	56	29	34
Consolidate purchasing power by public and private insurers working together to moderate rising costs of care	36	39	27	28	51
Encourage small employers to join larger group purchasing pools to buy health insurance for their employees	34	34	44	28	31
Create a national agency to set quality standards and practice guidelines	32	36	33	21	43
Malpractice reform	31	25	54	47	9
Reduce inappropriate medical care and fraud	27	24	17	29	34
Legalize the importation of brand name prescription drugs from Canada or other countries	18	21	26	10	23
Encourage competition among insurers and providers	18	19	9	25	6
Require consumers to pay a substantially higher share of their health-care costs	13	11	9	15	6
National health plan/Universal health plan/Single payer system	3	5	3	2	6
Other	4	5	4	3	9



**TABLE 2b**  
**WAYS TO CONTROL RISING COSTS AND IMPROVE QUALITY**  
Ranking Summary

Base: 318 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>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>
Reward more efficient medical care providers and effective disease management	1	2	2	1	1
Increased and more effective use of information technology	2	1	1	2	2
Make information on comparative quality and costs of care of hospitals and physicians available to the public	3	3	5	3	4
Reduce administrative costs of insurers and providers	4	4	3	5 (tie)	
Consolidate purchasing power by public and private insurers working together to moderate rising costs of care	5	5			3
Encourage small employers to join larger group purchasing pools to buy health insurance for their employees	6				
Create a national agency to set quality standards and practice guidelines	7				5
Malpractice reform	8		4	4	
Reduce inappropriate medical care and fraud	9			5 (tie)	

**TABLE 3a**  
**NEXT STEPS IN MEDICARE REFORM**

“Major Medicare reform legislation enacted within the past year included a new prescription drug benefit. Which of the following are the most important next steps in Medicare reform?”

(Multiple Response)

Base: 318 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>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Use Medicare’s purchasing power to negotiate lower prescription drug prices	75	75	77	66	80
Link increases in Medicare physician payments to quality performance	58	53	64	71	60
Have higher-income Medicare beneficiaries pay higher premiums	49	43	55	58	49
Eliminate the “donut hole” in the Medicare drug benefit	43	48	36	34	60
Raise taxes to ensure Medicare’s long-term solvency	35	35	38	31	31
Eliminate extra payments for private health plans	31	35	32	12	40
Improve Medicare’s benefit package other than prescription drugs	26	29	22	21	34
Raise age of Medicare eligibility	20	21	19	25	11
Encourage more enrollment in Medicare Advantage or private plans	20	16	23	31	9
Leave Medicare alone until prescription drug benefit is implemented	11	10	8	13	9
Cap federal spending per beneficiary by premium support or other means	7	6	5	13	6
Other	8	9	8	10	17

**TABLE 3b**  
**NEXT STEPS IN MEDICARE REFORM**

Ranking Summary

Base: 318 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>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>
Use Medicare’s purchasing power to negotiate lower prescription drug prices	1	1	1	2	1
Link increases in Medicare physician payments to quality performance	2	2	2	1	2 (tie)
Have higher-income Medicare beneficiaries pay higher premiums	3	4	3	3	3
Eliminate the “donut hole” in the Medicare drug benefit	4	3	5	4	2 (tie)
Raise taxes to ensure Medicare’s long-term solvency	5	5 (tie)	4	5 (tie)	
Eliminate extra payments for private health plans	6	5 (tie)			4
Improve Medicare’s benefit package other than prescription drugs	7				5
Raise age of Medicare eligibility	8				
Encourage more enrollment in Medicare Advantage or private plans	9			5 (tie)	

**TABLE 4a**  
**EXPANDED COVERAGE FOR THE UNINSURED**

“Below is a list of possible reforms to expand coverage for the uninsured.  
Which of the following should be the top priorities for action?”  
(Multiple Response)

Base: 318 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>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Allow individuals and small businesses to buy into the Federal Employees Health Benefits program or similar federal group option	65	65	69	58	57
Expand existing state-based public insurance programs, Medicaid and SCHIP	55	58	49	51	66
Let near-elderly adults buy into Medicare	48	49	47	44	66
Single-payer system of health insurance through a new program or Medicare-for-all	45	51	47	29	63
Incentives or requirements to expand employer-based health insurance	43	38	40	55	37
Reinsurance for small business insurance plans	37	34	37	39	26
Eliminate two-year waiting period for the disabled for Medicare	31	35	26	25	43
Expand tax-free health savings accounts	22	15	27	38	6
Create new tax credit for the uninsured but limit to purchase of group coverage through state public programs or employers	22	27	26	24	26
Create new tax credits for the uninsured to purchase insurance in the individual insurance market	20	17	15	35	3
Mandate	1	1	-	1	-
Other	4	5	3	3	9

**TABLE 4b**  
**EXPANDED COVERAGE FOR THE UNINSURED**

Ranking Summary

Base: 318 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>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>	<b>Rank</b>
Allow individuals and small businesses to buy into the Federal Employees Health Benefits program or similar federal group option	1	1	1	1	3
Expand existing state-based public insurance programs, Medicaid and SCHIP	2	2	2	3	1 (tie)
Let near-elderly adults buy into Medicare	3	4	3 (tie)	4	1 (tie)
Single-payer system of health insurance through a new program or Medicare-for-all	4	3	3 (tie)		2
Incentives or requirements to expand employer-based health insurance	5	5	4	2	5
Reinsurance for small business insurance plans	6		5	5	4

**TABLE 5  
PLACE OF EMPLOYMENT**

“Which of the following best describes the type of place or institution for which you work?”

Base: 318 Respondents

	%
<b>Academic and Research Institutions</b>	54
Medical, public health, nursing, or other health professional school	31
Think Tank/Health Care Institute/Policy Research Institution	15
University setting not in a medical, public health, nursing, or other health professional school	9
Foundation	6
Medical Publisher	1
<b>Health care delivery and Professional, Trade, or consumer Organizations</b>	25
Medical society or professional association or organization	10
Hospital	8
Physician practice/Other clinical practice (patient care)	6
Clinic	3
Hospital or related professional association or organization	3
Nursing home/Long-term care facility	2
Allied health society or professional association or organization	1
<b>Other industry/business settings</b>	16
Health care consulting firm	7
CEO, CFO, Benefits Manager	4
Accrediting body and organization (non-governmental)	2
Polling organization	1
Other	4
<b>Labor Consumer advocacy groups and health care improvement organizations</b>	8
Labor/Consumer/Seniors' advocacy group	4
Health care improvement organization	4
<b>Health Insurance and Professional Organization</b>	8
Health insurance/managed care industry	6
Health insurance and business association or organization	2
<b>Government</b>	7
Non-elected federal executive branch official	2
Staff for non-elected federal executive branch official	2
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	1
Staff for non-elected federal executive branch official	1
Staff for non-elected state executive branch official	*
<b>Pharmaceutical industry and Professional Organization</b>	4
Drug manufacturer	3
Pharmaceutical/Medical device trade association organization	2
Biotech company	1
Device company	1
<b>Retired</b>	2

**TABLE 6  
TYPE OF EMPLOYMENT**

“How would you describe your current employment position?”

Base: 318 Respondents

	%
Teacher, Researcher, Professor	37
Physician	23
CEO/President	23
Policy Analyst	22
Administration/Management	16
Consultant	14
Department head/Dean	8
Foundation officer	5
Health care purchaser	5
Policymaker or policy staff (federal)	5
Consumer advocate	5
Other health care provider (not physician)	4
Lobbyist	4
Policymaker or policy staff (state)	3
Regulator	*
Other	3
Retired	3

**TABLE 7  
AGE**

Base: 318 Respondents

	%
30–34	1
35–39	3
40–44	5
45–49	7
50–54	19
55–59	22
60–64	14
65 and over	18
No Answer	10

**TABLE 8  
GENDER**

Base: 318 Respondents

	%
Male	71
Female	29

## APPENDIX A

### **Methodology**

The online survey was conducted by Harris Interactive with 318 opinion leaders in health policy and innovators in health care delivery and finance between November 22, 2004, and December 8, 2004.

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 would consider to be leaders and innovators in the health care industry. Based on the results 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 1,255 people.

Harris Interactive sent out individual e-mail invitations containing a password protected link to the entire sample. Of the 1,255 email invitations, 100 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 November 22, 2004, and December 8, 2004. Two reminders were sent to any one who had not responded. The response rate was 28%. Typically, samples of this size are associated with a sampling error of +/- 6%.