

APPENDIX B

**TABLE 1. DEGREE OF SUPPORT FOR AN ORGANIZATION
THAT WOULD COORDINATE QUALITY**

“Do you support the creation of a new public-private entity that would coordinate all of these efforts and set a national quality agenda?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Strongly support/ Support (net)	56	59	62	48	55
Strongly Support	29	28	34	25	38
Support	27	31	28	23	17
Somewhat support	22	21	19	27	24
Do not support	16	16	17	21	10
Not sure	5	4	2	4	10

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 2. EFFECTIVENESS OF KEY STRATEGIES

“How effective do you think these strategies are?”

Base: 214 Respondents

		Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
		%	%	%	%	%
Accelerating the adoption of health information technology	Very effective/ Effective (net)	67	64	62	76	69
	Very effective	36	33	38	41	34
	Effective	30	31	24	35	34
	Somewhat effective	28	33	34	18	17
	Not effective	2	2	3	-	3
	Not sure	2	-	-	3	10
	No Response	1	1	-	3	-
Public reporting of provider performance on quality measures	Very effective/ Effective (net)	59	54	55	69	62
	Very effective	30	27	28	42	28
	Effective	29	28	28	27	34
	Somewhat effective	35	39	34	24	31
	Not effective	5	6	9	6	3
	Not sure	1	-	-	1	3
	No Response	*	-	2	-	-
Financial incentives for improved quality of care (e.g., pay-for-performance)	Very effective/ Effective (net)	51	44	48	58	55
	Very effective	15	13	24	15	17
	Effective	36	31	24	42	38
	Somewhat effective	38	44	40	34	38
	Not effective	8	11	12	7	-
	Not sure	2	2	-	-	7
	No Response	*	-	-	1	-
Stronger regulatory oversight of provider	Very effective/ Effective (net)	50	57	31	46	69
	Very effective	17	22	9	13	21
	Effective	33	35	22	34	48
	Somewhat effective	38	32	52	41	28
	Not effective	8	5	16	11	3
	Not sure	2	4	-	-	-
	No Response	1	1	2	1	-
National voluntary quality campaigns, such as the recent Institute of Healthcare Improvement 100K lives campaign	Very effective/ Effective (net)	39	33	52	45	38
	Very effective	8	3	14	11	3
	Effective	31	30	38	34	34
	Somewhat effective	45	52	33	41	41
	Not effective	12	12	14	10	14
	Not sure	3	3	-	3	3
No Response	1	-	2	1	3	

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 3a. BELIEFS ON REFORMING PAY-FOR-PERFORMANCE PROGRAMS

“Which of the following statements best reflect your beliefs on this issue?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Fundamental payment reform is needed, and current pay-for-performance programs are an important transitional step	47	39	50	66	38
Fundamental payment reform is needed, and current pay-for-performance programs neither hinder or help a transition to such reform	23	29	16	15	24
Fundamental payment reform is needed, and current pay-for-performance programs are an unnecessary distraction to reform efforts	25	29	34	14	28
Fundamental payment reform is not needed	1	1	-	-	-
Not sure	3	2	-	3	10
No Response	*	-	-	1	-

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 3b. DEGREE OF SUPPORT FOR EXPANSION OF PAY-FOR-PERFORMANCE PROGRAMS

“Do you support the expansion of pay-for-performance programs, including by Medicare?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Strongly support/ Support (net)	44	41	41	62	31
Strongly Support	24	21	24	34	21
Support	21	20	17	28	10
Somewhat support	36	38	38	30	31
Do not support	13	14	17	7	14
Not sure	6	5	3	1	21
No Response	*	1	-	-	3

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 4a. DEGREE OF SUPPORT FOR FOSTERING INTEGRATION OF CURRENTLY UNRELATED PROVIDERS

“Do you support fostering the integration of currently unrelated providers (i.e., promoting the formation of integrated delivery systems or “virtual integration” by information technology or new payment systems)?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Strongly support/ Support (net)	73	73	76	69	76
Strongly Support	49	52	55	46	52
Support	24	21	21	23	24
Somewhat support	18	17	10	24	17
Do not support	6	6	12	4	-
Not sure	3	3	2	3	7

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 4b. BARRIERS TO GROWTH OF INTEGRATED DELIVERY SYSTEMS

“Please rate how much of a barrier each of these are...”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

		Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
		%	%	%	%	%
Culture of physician autonomy	Major/Minor Barriers (net)	98	97	98	100	100
	Major barrier	79	80	83	75	79
	Minor barrier	19	17	16	25	21
	Not a barrier	*	1	-	-	-
	Not sure	1	2	2	-	-
Current laws and regulations	Major/Minor Barriers (net)	71	66	76	80	83
	Major barrier	35	30	41	38	31
	Minor barrier	36	36	34	42	52
	Not a barrier	7	11	9	4	-
	Not sure	20	21	16	14	17
Lack of financial incentives for integration	Major/Minor Barriers (net)	88	89	83	90	93
	Major barrier	69	73	67	65	69
	Minor barrier	19	16	16	25	24
	Not a barrier	5	2	10	7	3
	Not sure	7	7	7	3	3
Consumer resistance	Major/Minor Barriers (net)	58	63	60	52	62
	Major barrier	14	17	10	11	10
	Minor barrier	44	46	50	41	52
	Not a barrier	35	32	34	41	21
	Not sure	6	4	3	4	14

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

**TABLE 5a. DEGREE OF SUPPORT FOR GIVING
MEDICARE BENEFICIARIES A FINANCIAL INCENTIVE
TO BE REGISTERED WITH A MEDICAL HOME**

“Would you support giving Medicare beneficiaries a financial incentive (e.g., reduced Part B premiums) to be registered with a Medical Home?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Strongly support/ Support (net)	66	62	74	68	69
Strongly Support	39	44	41	41	28
Support	27	18	33	27	41
Somewhat support	20	23	12	23	14
Do not support	7	10	7	6	7
Not sure	7	5	7	4	10

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

**TABLE 5b. DEGREE OF SUPPORT FOR MEDICARE PAYMENT REFORM
TO SUPPORT MEDICAL HOMES**

“Do you support Medicare payment reform to support Medical Homes?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Strongly support/ Support (net)	73	73	76	77	69
Strongly Support	44	51	47	45	28
Support	29	22	29	32	41
Somewhat support	17	18	16	15	10
Do not support	5	5	3	4	7
Not sure	5	3	5	3	10

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 6. OPINION ON WHO SHOULD BE FINANCIALLY RESPONSIBLE FOR HEALTH INFORMATION TECHNOLOGY

“Who should play a leading role helping providers to finance health information technology?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Federal government	70	73	74	62	69
State government	36	31	43	35	48
Health plans/Insurers	58	64	59	51	66
Employers/Other	26	20	36	27	34
No one – providers should bear most of the costs themselves	18	14	17	27	10
No Response	1	1	-	1	3

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 7. TYPE OF ASSISTANCE GIVEN TO HELP FINANCE HEALTH INFORMATION TECHNOLOGY

“What type of assistance, if any, should be given to providers to help finance health information technology (HIT)?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Grants	42	37	55	35	41
Subsidized loans	55	56	57	49	62
HIT specific pay-for-performance programs (e.g., bonuses or higher payment rates for providers who utilize HIT)	59	60	64	63	55
Pay-for-performance programs that are not HIT specific, but reward performance that is easier to achieve with HIT (e.g., the use of disease registries)	48	53	40	55	38
None – providers should bear the costs themselves	9	7	9	13	7

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

**TABLE 8. OPINION ON MEDICARE’S REQUIREMENT OF USING
ELECTRONIC MEDICAL RECORDS**
 “Should Medicare require the use of electronic medical records for all providers
 participating in Medicare?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Yes, in 10 years	20	17	19	25	21
Yes, in 5 years	70	73	64	69	69
No	7	5	14	4	7
Not sure	3	4	3	1	3

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 9a. GOVERNMENT’S FINANCIAL ROLE IN DEVELOPING HIENS

“What financial role should the government (federal or state) play in fostering the development of HIENS?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
The government should help finance the development, but not the ongoing operations of HIENS	36	35	22	42	34
The government should help finance the ongoing operations, but not the development of the HIENS	2	2	3	3	3
The government should help finance both the development and ongoing operations of HIENS	42	41	57	38	31
The government should not help finance the HIENS at all	7	9	10	4	3
Not sure	13	12	7	13	24
No Response	*	1	-	-	3

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

**TABLE 9b. PRIVATE INSURERS/PAYERS' FINANCIAL ROLE
IN DEVELOPING HIENs**

“What financial role should private insurers/payers play in fostering the development of HIENs?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Private insurers/payers should help finance the development, but not the ongoing operations of HIENs.	14	15	17	15	7
Private insurers/payers should help finance the ongoing operations, but not the development of the HIENs	11	9	7	13	21
Private insurers/payers should help finance both the development and ongoing operations of HIENs	52	56	52	49	41
Private insurers/payers should not help finance the HIENs at all	8	10	10	7	3
Not sure	14	10	14	15	21
No Response	1	1	-	-	7

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 10. LEVEL OF AGREEMENT ON PATIENT SAFETY AND QUALITY ACT

“Please rate your level of agreement with the following statements.”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

		Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
		%	%	%	%	%
The Patient Safety and Quality Improvement Act is sufficient to improve patient safety.	Strongly agree/ Agree (net)	7	6	12	8	3
	Strongly agree	*	1	-	-	-
	Agree	7	5	12	8	3
	Somewhat agree	21	19	34	25	10
	Disagree	62	63	41	61	76
	Not sure	10	12	12	4	10
	No Response	*	-	-	1	-
Working with Patient Safety Organizations should not be voluntary, i.e. all providers should be required to work with the Patient Safety Organizations.	Strongly agree/ Agree (net)	75	80	55	76	83
	Strongly agree	40	47	21	39	38
	Agree	35	33	34	37	45
	Somewhat agree	13	12	21	11	14
	Disagree	8	5	21	6	-
	Not sure	2	2	2	3	3
	No Response	2	1	2	4	-
Information about a physician’s or hospital’s patient safety events should not be confidential. They should be publicly reported.	Strongly agree/ Agree (net)	60	63	31	65	72
	Strongly agree	28	22	14	37	45
	Agree	32	40	17	28	28
	Somewhat agree	19	18	29	14	21
	Disagree	16	15	33	15	7
	Not sure	4	3	5	4	-
	No Response	1	1	2	1	-

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 11. PRIORITY ON HEALTH CARE REFORM

“As presidential candidates and Congress are working on health care reform, which of the following should be their primary focus?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
Focus first on achieving health insurance for all	33	43	45	24	17
Focus first on improving quality and safety	2	-	2	3	3
Focus first on improving efficiency and value for money	13	9	10	15	21
Work simultaneously on all three fronts	50	48	40	54	59
Focus on something else	2	1	3	3	-
Not sure	*	-	-	1	-

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 12. OPINION ON WHO SHOULD BE RESPONSIBLE FOR IMPROVING HEALTH CARE

“Who should be primarily responsible for improving the quality and safety of care delivered in the United States?”

Note: Percentages may not add up to 100 percent due to rounding.

Base: 214 Respondents

	Total (n=214)	Academic/ Research Inst. (n=94)	Health Care Delivery (n=58)	Business/ Insurance/ Other Health Care Industry (n=71)	Government/ Labor/ Consumer Advocacy (n=29)
	%	%	%	%	%
The provider community (e.g., physicians, nurses, hospitals, nursing homes); specialty boards and societies	68	63	81	65	62
Government (federal and state) agencies	47	54	26	34	83
Managed care plans/insurance companies	11	9	7	17	7
Employers	3	1	2	8	10
Independent organizations such as the Joint Commission, the National Committee for Quality Assurance, the Institute for Healthcare Improvement	45	45	55	51	24
Other	1	1	2	-	-
Consumers/Patients	1	-	2	4	1
All/Everyone	1	1	2	3	-
No one	-	-	-	-	-
Don't know	*	-	-	1	-

Note: Due to small bases between sectors of industry leaders, caution should be used when looking at group differences. In particular, only 29 respondents were employed by government, labor or consumer advocacy employers.

TABLE 13. TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Base: 214 Respondents

	%
Teacher, Researcher, Professor	30
CEO/President	25
Administration/Management	22
Policy Analyst	18
Physician	18
Consultant	12
Consumer advocate	9
Foundation officer	7
Health care purchaser	6
Department head/Dean	6
Other	6
Retired	4
Other health care provider (not physician)	2
Lobbyist	2
Policymaker or policy staff (state)	2
Policymaker or policy staff (federal)	2
Regulator	1
Investment analyst	-

TABLE 14. PLACE OF EMPLOYMENT

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

Base: 214 Respondents

	%
Academic and Research Institutions	44
Medical, public health, nursing, or other health professional school	22
Think tank/Health care institute/Policy research institution	10
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	8
Medical publisher	1
Business/Insurance/Other Health Industry	33
Health insurance and business association or organization	5
Pharmaceutical/Medical device trade association organization	1
Financial services industry	*
Health insurance/Managed care industry	12
Drug manufacturer	2
Device company	*
Biotech company	-
CEO, CFO, Benefits Manager	2
Polling organization	1
Health care consulting firm	8
Health care improvement organization	7
Accrediting body and organization (non-governmental)	2
Health Care Delivery	27
Medical society or professional association or organization	7
Hospital	13
Physician practice/Other clinical practice (patient care)	5
Hospital or related professional association or organization	4
Clinic	6
Nursing home/Long-term care facility	2
Allied health society or professional association or organization	1
Government/ Labor/ Consumer Advocacy	14
Labor/Consumers/Seniors' advocacy group	4
Staff for a federal elected official or federal legislative committee	-
Non-elected federal executive branch official	2
Staff for non-elected federal executive branch official	1
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	1
Staff for non-elected state executive branch official	-
Other	4