Exhibit 1. Availability of Public Information

“In your view, how important do you think it is to have information about each of the following available to the public?”

<table>
<thead>
<tr>
<th>Category</th>
<th>Important</th>
<th>Very Important</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical quality—health outcomes (e.g., mortality or infection rates)</td>
<td>26</td>
<td>69</td>
<td>95%</td>
</tr>
<tr>
<td>Prices paid for care (including pharmaceutical, imaging, medical devices, hospital and physician services, and total net charges for treatment of selected conditions)</td>
<td>34</td>
<td>61</td>
<td>94%</td>
</tr>
<tr>
<td>Patients’ experiences with care</td>
<td>32</td>
<td>61</td>
<td>93%</td>
</tr>
<tr>
<td>Clinical quality—processes of care (e.g., timely use of antibiotic for infections or beta blockers for heart attacks)</td>
<td>37</td>
<td>54</td>
<td>91%</td>
</tr>
</tbody>
</table>

* Percentages may not be equal to the net because of rounding.

Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
Exhibit 2. Health System Performance Improvement

“In your view, how important would each of the following be in improving U.S. health system performance?”

- **Stimulating provider performance improvement activities**
  - Important: 34
  - Very important: 62
  - Total: 96%

- **Encouraging payers to recognize or reward quality and efficiency**
  - Important: 39
  - Very important: 55
  - Total: 94%

- **Helping patients make informed choices about their care**
  - Important: 40
  - Very important: 49
  - Total: 88%

* Percentages may not be equal to the net because of rounding.
Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
### Exhibit 3. Health Care Payment Options

“How effective do you think each of the following payment approaches would be in facilitating a more efficient health care system?”

<table>
<thead>
<tr>
<th>Payment Approach</th>
<th>Very effective</th>
<th>Extremely effective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk-adjusted capitation to accountable care organizations</td>
<td>33</td>
<td>30</td>
<td>63%</td>
</tr>
<tr>
<td>Shared savings to accountable care organizations</td>
<td>38</td>
<td>17</td>
<td>55%</td>
</tr>
<tr>
<td>Bundled acute hospital and post-hospital case rate with bonus payments for high quality</td>
<td>40</td>
<td>9</td>
<td>49%</td>
</tr>
<tr>
<td>Primary care medical home fee, with bonus payments for high quality</td>
<td>27</td>
<td>10</td>
<td>37%</td>
</tr>
<tr>
<td>A blended system of fee-for-service and bundled per-patient payment</td>
<td>24</td>
<td>8</td>
<td>32%</td>
</tr>
<tr>
<td>Current fee-for-service payment system</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
</tbody>
</table>

* Percentages may not be equal to the net because of rounding.
Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
Exhibit 4. Physician Compensation

“Do you support salaried physician practice with appropriate rewards for quality and prudent use of resources as a primary method of physician compensation?”

- Yes, I support salaried practice with appropriate rewards for quality and prudent use of resources: 73%
- Yes, I support salaried practice with appropriate rewards for quality, but not related to prudent use of resources: 16%
- No, I do not support salaried practice as the primary method of physician compensation: 11%

Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
Exhibit 5. Patient Choice

“How important is it that a patient chooses services and providers on the basis of cost?”

- Very important: 6%
- Very unimportant: 4%
- Important: 43%
- Neither important nor unimportant: 33%
- Unimportant: 6%
- Not sure: 8%

Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
Exhibit 6. Health Care Payment Options

“Please indicate the extent to which you support the following mechanisms to provide patients incentives to lower the cost of care.”

- **Value-based benefit design (i.e., cost-sharing for individual services depending on the effectiveness and potential benefit to the patient of using that service)**
  - Support: 47, Strongly support: 26, 73%

- **Reference pricing for services (i.e., insurers and public programs paying for each drug, device, or imaging or laboratory service based on the lowest price of equally effective treatments, with patients having the option of using more expensive but equivalent treatments and paying the difference in cost themselves)**
  - Support: 44, Strongly support: 22, 68%

- **Tiered networks (i.e., lower premiums for enrollees based on total bills for hospital, physician, and other providers meeting a quality threshold)**
  - Support: 34, Strongly support: 18, 53%

- **Reference pricing for providers (i.e., insurers and public programs paying the lowest price in a geographic area for a given physician or hospital service, with patients having the option of using more expensive service and paying the difference in cost themselves)**
  - Support: 33, Strongly support: 15, 48%

* Percentages may not be equal to the net because of rounding.
Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
Exhibit 7. Uniform Method of Reward Payments

“How important is it that all payers use the same basic method of payment for rewarding quality and efficiency?”

- Very important: 31%
- Important: 40%
- Neither important nor unimportant: 12%
- Unimportant: 7%
- Very unimportant: 4%
- Not sure: 5%

* Percentages may not sum to 100 percent because of rounding.
Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.
“Currently, each private insurer independently negotiates payment rates with hospitals and physicians. Do you support replacing the current payment system with:”

- All-payer payment rate setting: 29%
- A single system of payment rate negotiation on behalf of all payers: 27%
- Letting each provider set their own prices, with insurers paying the lowest price and patients paying the difference in cost for seeing higher-priced providers: 23%
- Keeping the current system: 9%
- Other: 13%

* Percentages may not sum to 100 percent because of rounding.
Source: Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey, October 2010.