NEW HEALTH CARE OPINION LEADERS SURVEY:
COVERING UNINSURED, IMPROVING QUALITY AND SAFETY OF CARE
SHOULD BE CONGRESS’ TOP HEALTH PRIORITIES

Two-Thirds Back Pay-for-Performance, Information Technology
to Control Health Care Costs and Improve Quality

Majority Support Expanding Group Insurance Programs
to Cover Uninsured, Public Availability of Quality Information; Less Support for
Health Savings Accounts, Tax Credits, Malpractice Reform

New York City, January 7, 2005—Covering the uninsured should be Congress’ top health
care priority over the next five years, say 87% of respondents to the Commonwealth Fund
Health Care Opinion Leaders survey, a new online survey of widely-recognized experts in
health care practice and policy. Other top priorities cited: improving quality and safety of
care, including increased use of information technology (IT) (69%); and reforms to ensure
Medicare’s long-run solvency (50%).

Opinion leaders were nominated by their peers and included experts from four broad health
care sectors: academia and research organizations; health care delivery; business,
insurance, and other health industry; and government and advocacy groups. Elected
officials and media representatives were excluded. The online survey, the first in a
series conducted by Harris Interactive for the Commonwealth Fund, was delivered via e-
mail to a panel of 1,155 experts with a diverse range of professional and ideological
perspectives; 318 responded.

“The results show broad consensus in a
number of areas, a divergence of opinion in
others, and a few surprises along the way….I
consider the results of this inaugural opinion leaders survey to be an excellent starting point
for a thoughtful discussion of the difficult issues our policymakers must address in the next few years,” Fund President Karen Davis says in a commentary announcing the survey results today on www.cmwf.org, along with commentaries by two panel members, Chris Jennings, a former Clinton White House health policy advisor, and Gail Wilensky, Ph.D., the John M. Olin Senior Fellow at Project Hope.

Health Care Opinion Leaders to Congress: Focus on Uninsured
There is wide agreement on the top two policy solutions to cover the uninsured, with half to two-thirds of respondents in all four sectors—academia, health care delivery, business/insurance, and government/labor/consumer advocacy—ranking expanding access to group health insurance such as the federal employees’ health program, or Medicaid/CHIP expansion, as a priority. In contrast, less than one-fourth of respondents say expanding health savings accounts (22%) and tax credits for the uninsured to buy into individual insurance (20%) are priorities for action.

Options other than expanding private and public group insurance to the uninsured received mixed ratings: nearly half of total respondents (48%) say allowing the near-elderly to buy into Medicare is a priority. Establishing a single-payer plan through a new program or Medicare is rated a priority by forty-five percent of the total respondents, but just twenty-nine percent in the business/insurance sector.

Rewarding Efficiency, Improving IT Use Top Ways to Control Costs
Respondents in all sectors ranked “pay-for-performance” methods such as rewarding efficient providers and effective disease management, and increased use of IT, as either the first or second priority for controlling health care costs and improving quality. Both of these options were ranked a priority by more than two-thirds of total respondents (69% and 67% respectively).

A majority (56%) rank as a top priority making information on comparative quality and cost of health care quality publicly available, with this method ranking third overall. Seventy percent of business/insurance respondents rank highly this method of reducing costs.

Other methods named for reducing costs include:
- Reduce administrative costs of insurers and providers (ranked a top priority by 42% overall, ranging from 56% for health care delivery to 29% for business/insurance/other health care industry).
- Create a national agency to set quality standards and practice guidelines (ranked a top priority by 32% overall; 43% for government/labor/consumer advocacy to 21% for business/insurance/other health care industry).
- Legalize importation of brand-name drugs from Canada (ranked a top priority by 18% overall; 26% for health care delivery to 10% for business/insurance).
- Require consumers to pay a substantially higher share of their health care costs (ranked a top priority by 13% overall; 15% of business/insurance to 6% of government/labor/consumer advocacy).

**Negotiating Lower Drug Prices Named Most Important Next Step for Medicare Reform**

Three-quarters of all respondents (75%) agree that allowing Medicare to use its purchasing power to negotiate lower drug prices is the most important next step for Medicare reform, ranging from two-thirds (66%) in the business/insurance sector to eighty percent in the government/labor/consumer advocacy sector. Linking increases in Medicare physician payments to quality performance was rated first by the business/insurance sector, and second in the other three.

“Our goal is to not only to gauge what the experts surveyed think about important health policy concerns but to stoke debate about how to address them by presenting a range of well-reasoned points of view on the issues and potential policy solutions,” said Davis.

Methodology: The online survey was conducted by Harris Interactive between November 22, 2004 and December 8, 2004. The survey was delivered via e-mail to a panel of 1,155 opinion leaders in health policy and innovators in health care delivery and finance; 318 responded. The sample was developed jointly by The Commonwealth Fund and Harris Interactive by identifying experts across different health care industries and professional sectors with a range of perspectives, and then asking them nominate others within and outside their own fields whom they would consider to be leaders and innovators in the health care industry. Typically, samples of this size are associated with a sampling error of +/-6%.

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