

THE COMMONWEALTH FUND HEALTH CARE OPINION LEADERS SURVEY

April 2005

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 289 opinion leaders in health policy and innovators in health care delivery and finance. It was the third in a series of six bimonthly surveys designed to highlight leaders' perspectives on the most important and timely health policy issues facing the nation. Respondents were clustered into four main groups: those employed by academic or research organizations; those involved in the delivery of health care services; those employed by businesses or health industry including health insurance and managed care plans; and those working for government or labor/consumer advocacy organizations.

This survey focused on potential ways to lower health care spending, addressing key components of spending such as prices charged, utilization levels, and insurance overhead. Potential respondents for the surveys in this series were identified through a two-step process involving 1) a "nomination" survey with a core group of experts in multiple fields to nominate additional leaders both within and outside their areas of expertise and 2) a review of published lists and directories of recognized health experts. The detailed methodology is provided in the Appendix.

Summary

Health care spending in the United States continues to rise at a level far outpacing the rate of inflation. Finding effective ways to control these expenditures is a central concern for policymakers, those in the public and private health sectors, and consumers. Health care spending depends on prices charged and utilization levels. We asked respondents to rate the effectiveness of different initiatives and actions to reduce prices and utilization. We also focused on a range of options to lower the costs associated with insurance overhead.

In general, majorities of our panelists consider all of the actions presented to them at least somewhat effective. For controlling prices, there is considerable agreement that some type of a pay-for-performance approach encouraging medical providers to lower costs and improve quality would be most effective. To lower use of health services, panelists believe that better management of high-cost conditions and the use of evidence-based treatment guidelines would be most effective. Finally, to reduce insurance overhead, panelists believe that having private insurance and public programs working together to streamline and standardize their products and processes would be most effective.

Prices: When asked about ways to control prices of health care services, most opinion leaders (57%) rate rewarding more efficient and high-quality medical care providers as extremely or very effective. This action ranks as the most effective way of controlling costs across all health care sectors. Having all payers (private, Medicare, and Medicaid) adopt common payment methods and rates ranks as the second most effective option to control prices, with slightly fewer than half of respondents rating it as extremely or very effective. Other initiatives receive less support, with about one-third of respondents considering them as extremely or very effective. These are: promoting best practices and supporting provider learning collaboratives to improve

efficiency and quality; making public information available on comparative quality and total costs of care; and providing feedback with comparative information on total resource consumption and quality to physicians and hospitals.

Utilization: Two options emerge as the most effective ways of reducing unnecessary utilization of health care services, with slightly more than half of respondents rating them as extremely or very effective. With some small variations among the sectors, improving disease management services for patients with high-cost conditions and enhancing primary care case management ranks as the most effective action (56% of all respondents found this to be a highly effective strategy). It is followed closely by using evidence-based medicine guidelines or protocols to determine when a given test or procedure should be done (52% of all respondents found this highly effective). Expanding the use of information technology ranks third, receiving ratings of extremely or very effective from slightly fewer than half of respondents. Fewer respondents believe in the effectiveness of implementing better measures of and reporting on over-utilization and having consumers pay a substantially higher share of their health care costs, with about one-third rating them as extremely or very effective.

Overhead: According to respondents from all sectors, the most effective way to reduce high insurance overhead is to increase collaboration among public programs and private insurers to streamline administrative costs, including standardizing insurance products and processes. About two of five (41%) thought this would be highly effective. However, when presented with all other possible actions, there is considerably more skepticism about their effectiveness and the sectors differ greatly in their opinions as to what would and would not work. Slightly fewer than one-third to about a quarter of respondents view the following actions as extremely or very effective: making health insurance a public utility regulated by states; creating a more competitive market with strong competition among different insurers; and creating a state electronic clearinghouse with consolidated electronic information on enrollees and claims.

Key Findings

Prices (Table 1)

Respondents were asked to indicate how effective they think each of five possible actions would be in reducing the prices of health care services. In order to highlight differences among various options, all percentages below reflect combined ratings of extremely and very effective.

- Rewarding more efficient and high-quality medical care. Overall, the majority (57%) of respondents feel that rewards would be either extremely or very effective ways to reduce the price of health care services. Across all five options, it is the top choice among all sectors. However, leaders from business/insurance/other health care industry and government/labor/consumer advocacy sectors are more likely than leaders from academia to find this action highly effective.
 - ◇ Academic/Research Institution: 49%, rank 1
 - ◇ Health Care Delivery: 56%, rank 1
 - ◇ Business/Insurance/Other Health Care Industry: 69%, rank 1
 - ◇ Government/Labor/Consumer Advocacy: 65%, rank 1

- Forty-four percent of panelists believe that having all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods and rates would be an extremely or very effective way to lower prices. It is ranked second by all sectors but the business/insurance/other health care industry.
 - ◇ Academic/Research Institution: 46%, rank 2
 - ◇ Health Care Delivery: 49%, rank 2
 - ◇ Business/Insurance/Other Health Care Industry: 40% , rank 3
 - ◇ Government/Labor/Consumer Advocacy: 46%, rank 2

- Overall, promoting best practices and supporting provider learning collaboratives to improve efficiency and quality ranks third among the five actions to lower the prices of health care. Thirty-eight percent of all opinion leaders consider this an effective way to save money, with some variations among the sectors. Respondents from business/insurance/other health care industry are more likely than those from academia to have this view.
 - ◇ Academic/Research Institution: 30% , rank 4 (tie)
 - ◇ Health Care Delivery: 40%, rank 3
 - ◇ Business/Insurance/Other Health Care Industry: 41%, rank 2
 - ◇ Government/Labor/Consumer Advocacy: 43%, rank 3

- Making comparative information on provider quality and total cost of care publicly available ranks fourth on the list of ways to lower costs. This cost-cutting action is considered by slightly more than one of three opinion leaders (35%) to be extremely or very effective. The business/insurance/other health care industry is more likely than the health care delivery sector to respond this way. Compared with other cost-cutting options, there is less agreement among sectors on this option.
 - ◇ Academic/Research Institution: 31% , rank 3
 - ◇ Health Care Delivery: 26% , rank 5
 - ◇ Business/Insurance/Other Health Care Industry: 40%, rank 3 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 35% , rank 5

- Providing comparative information on total resource consumption and quality to physicians and hospitals ranks last on the list of possible ways to reduce the prices of health care services. Although this ranked last, one-third (33%) of all opinion leaders report that they consider this to be an extremely or very effective price-cutting measure.
 - ◇ Academic/Research Institution: 30% , rank 4 (tie)
 - ◇ Health Care Delivery: 35% , rank 4
 - ◇ Business/Insurance/Other Health Care Industry: 40%, rank 3 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 41%, rank 4

Utilization (Table 2)

Respondents were asked to consider a number of different actions and rate their effectiveness in reducing unnecessary utilization of health care services. Percentages reflect combined ratings of extremely and very effective.

- The two actions identified as most effective received about equal support overall (statistically a tie), but there were some differences among sectors.
- Improving disease management services for patients with high-cost conditions and enhancing primary care case management ranked as the most effective measure for three of the four sectors and for opinion leaders overall. Fifty-six percent of all panelists agree that improved disease management services would be a highly effective way to reduce unnecessary utilization of health care services. This choice is especially favored by the health care delivery sector, whereas academics and researchers view it as about equally effective as evidence-based treatment guidelines.
 - ◇ Academic/Research Institution: 51%, rank 1 (virtually a tie with rank 2)
 - ◇ Health Care Delivery: 71%, rank 1
 - ◇ Business/Insurance/Other Health Care Industry: 58%, rank 1
 - ◇ Government/Labor/Consumer Advocacy: 57%, rank 2
- Slightly more than half of opinion leaders (52%) think that evidence-based guidelines to determine when a test or procedure should be done would be extremely or very effective in fighting unnecessary utilization. This choice is the favorite of the government/labor/consumer advocacy sector, but ranks only third for business/insurance/other health care industry.
 - ◇ Academic/Research Institution: 50%, rank 2 (virtually a tie with rank 1)
 - ◇ Health Care Delivery: 57%, rank 2
 - ◇ Business/Insurance/Other Health Care Industry: 49%, rank 3
 - ◇ Government/Labor/Consumer Advocacy: 65%, rank 1
- Expanding the use of information technology (IT) ranks third in terms of effectiveness in lowering unnecessary utilization. However, among panelists from business/insurance/other health care industry, this option ranks second. Nearly half of all opinion leaders (46%) feel that more use of IT would be a highly effective way to combat over-utilization.
 - ◇ Academic/Research Institution: 42%, rank 3
 - ◇ Health Care Delivery: 56%, rank 3
 - ◇ Business/Insurance/Other Health Care Industry: 51%, rank 2
 - ◇ Government/Labor/Consumer Advocacy: 51%, rank 3
- Implementing better measures of over-utilization and reporting on over-utilization ranks as the fourth most effective strategy. Overall, this action is deemed to extremely or very effective by only about one of three (36%) respondents. Opinion leaders of all sectors

ranked this action as second to last when considering the five possible ways to lower utilization.

- ◇ Academic/Research Institution: 35% , rank 4
 - ◇ Health Care Delivery: 38%, rank 4
 - ◇ Business/Insurance/Other Health Care Industry: 40%, rank 4 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 41%, rank 4
- Ranking last on the list of ways to control unnecessary utilization is requiring patients to pay a substantially higher share of their health care costs. Opinion leaders of all sectors do not believe that shifting the burden to the patients would be a highly effective way to lower the price of health care.
 - ◇ Academic/Research Institution: 29%, rank 5
 - ◇ Health Care Delivery: 28%, rank 5
 - ◇ Business/Insurance/Other Health Care Industry: 40%, rank 4 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 24%, rank 5

Insurance Overhead (Table 3)

Respondents were asked to evaluate the effectiveness of a number of possible actions designed to reduce health insurance overhead. Percentages reflect combined ratings of extremely and very effective.

- Except for one action identified as the most effective, there is not a great deal of consensus among different sectors on what measures would work to reduce insurance overhead. Also, the level of confidence that these options would be effective is lower than for the options related to solutions for controlling costs or utilization.
- Of the five possible actions presented, increasing collaboration among public programs and private insurers to streamline administrative costs, including standardizing insurance products and processes, ranks as the most effective across all sectors. Forty-one percent of all opinion leaders favor such collaboration among insurers. Panelists representing the health care delivery sector are more likely than those from academia or business/insurance/other health care industry to endorse such an action.
 - ◇ Academic/Research Institution: 43%, rank 1
 - ◇ Health Care Delivery: 56%, rank 1
 - ◇ Business/Insurance/Other Health Care Industry: 36%, rank 1
 - ◇ Government/Labor/Consumer Advocacy: 43%, rank 1 (tie)
- Making health insurance a public utility regulated by states is considered a highly effective way to reduce insurance overhead by fewer than one-third of all opinion leaders (29%), though it is in second place overall. It is the top choice (tied with increased collaboration among public programs and private insurers) among panelists from government/labor/consumer advocacy groups, while it ranks last among representatives of the business/insurance/other health care industry sector.

- ◇ Academic/Research Institution: 35%, rank 2
 - ◇ Health Care Delivery: 29%, rank 3 (tie)
 - ◇ Business/Insurance/Other Health Care Industry: 19%, rank 5
 - ◇ Government/Labor/Consumer Advocacy: 43%, rank 1 (tie)
- Overall, one-quarter (25%) of respondents believe that a more competitive market with strong competition among different insurers would make a great difference in reducing insurance overhead. Opinion leaders from business/insurance/other health care industry are more likely than respondents from other sectors to agree that a more competitive marketplace would be a highly effective way to reduce insurance overhead.
 - ◇ Academic/Research Institution: 24%, rank 3
 - ◇ Health Care Delivery: 29%, rank 3 (tie)
 - ◇ Business/Insurance/Other Health Care Industry: 32%, rank 2
 - ◇ Government/Labor/Consumer Advocacy: 11%, rank 5
- Panelists representing health care delivery are more likely than leaders in the fields of academia or business/insurance/other health care industry to consider state electronic clearinghouses with consolidated information on enrollees and claims to be highly effective in reducing overhead. Yet, fewer than one of four opinion leaders (22%) overall feels this way, ranking this option as fourth among the five cost-cutting actions.
 - ◇ Academic/Research Institution: 18%, rank 5
 - ◇ Health Care Delivery: 35%, rank 2
 - ◇ Business/Insurance/Other Health Care Industry: 21%, rank 3 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 30%, rank 3
- Making information on administrative overhead for private insurance—including medical loss ratios by product line, expenses, profits, and reserves—publicly available was the least popular strategy to reduce overhead. Overall, about one of five respondents (21%) considers this measure to be highly effective.
 - ◇ Academic/Research Institution: 22%, rank 4
 - ◇ Health Care Delivery: 26%, rank 5
 - ◇ Business/Insurance/Other Health Care Industry: 21%, rank 3 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 19%, rank 4

About the Respondents (Table 4)

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' places of employment please refer to Table 5):

- *Academic/Research Institutions (55%)**
- *Health Care Delivery (24%)**,* 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 (27%)**,* including health insurance, pharmaceutical, other industry/business, financial industry, and health care improvement organizations
- *Government/Labor/Consumer Advocacy (13%)**,* including government, labor, and consumer advocacy.

Respondents mentioned most often that they are teachers, researchers, or professors (37%), followed by policy analysts (25%), CEOs and presidents (22%), and physicians (20%). Others work in administration/management (16%) or are consultants (9%).

* Percentages total to more than 100% because respondents were able to give more than one answer.

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**TABLE 1
PRICE**

“Total health care spending depends on both the prices charged for care and the amount of care provided. Focusing on **prices**, how effective do you think each of these possible actions would be to reduce the cost of health care services?”

Base: 289 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<p style="text-align: center;">Reward more efficient and high-quality medical care providers.</p> <p>Ranking of extremely/very effective by sector: Total: 1 Academic/Research Institution: 1 Health Care Delivery: 1 Business/Insurance/Other Health Care Industry: 1 Government/Labor/Consumer Advocacy: 1</p>	Extremely/ very effective	57	49	56	69	65
	Extremely effective	22	18	19	31	24
	Very effective	35	31	37	38	41
	Somewhat effective	26	32	29	17	22
	Not very/ not at all effective	15	17	13	14	14
	Not very effective	11	13	10	9	8
	Not at all effective	3	4	3	5	5
	Not sure/No answer	2	3	1	—	—
<p style="text-align: center;">Have all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods and rates.</p> <p>Ranking of extremely/very effective by sector: Total: 2 Academic/Research Institution: 2 Health Care Delivery: 2 Business/Insurance/Other Health Care Industry: 3 (tie) Government/Labor/Consumer Advocacy: 2</p>	Extremely/ very effective	44	46	49	40	46
	Extremely effective	15	18	13	15	11
	Very effective	28	28	35	24	35
	Somewhat effective	21	21	19	19	24
	Not very/ not at all effective	30	28	29	35	19
	Not very effective	18	18	21	17	11
	Not at all effective	12	10	9	18	8
	Not sure/No answer	5	5	2	6	11
<p style="text-align: center;">Promote best practices and support provider learning collaboratives to improve efficiency and quality.</p> <p>Ranking of extremely/very effective by sector: Total: 3 Academic/Research Institution: 4 (tie) Health Care Delivery: 3 Business/Insurance/Other Health Care Industry: 2 Government/Labor/Consumer Advocacy: 3</p>	Extremely/ very effective	38	30	40	41	43
	Extremely effective	9	5	15	12	11
	Very effective	29	25	25	29	32
	Somewhat effective	38	43	38	35	32
	Not very/ not at all effective	23	25	21	23	24
	Not very effective	17	18	15	18	16
	Not at all effective	6	7	6	5	8
	Not sure/No answer	1	2	1	1	—

TABLE 1
PRICE (continued)

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<p align="center">Make public information available on comparative provider quality and total costs of care.</p> <p>Ranking of extremely/very effective by sector: Total: 4 Academic/Research Institution: 3 Health Care Delivery: 5 Business/Insurance/Other Health Care Industry: 3 (tie) Government/Labor/Consumer Advocacy: 5</p>	Extremely/ very effective	35	31	26	40	35
	Extremely effective	8	7	3	13	11
	Very effective	26	24	24	27	24
	Somewhat effective	42	44	47	45	38
	Not very/ not at all effective	24	24	26	15	27
	Not very effective	19	19	19	13	22
	Not at all effective	4	5	7	3	5
	Not sure/No answer	*	1	—	—	—
<p align="center">Feed back comparative information on total resource consumption and quality to physicians and hospitals.</p> <p>Ranking of extremely/very effective by sector: Total: 5 Academic/Research Institution: 4 (tie) Health Care Delivery: 4 Business/Insurance/Other Health Care Industry: 3 (tie) Government/Labor/Consumer Advocacy: 4</p>	Extremely/ very effective	33	30	35	40	41
	Extremely effective	8	6	12	5	14
	Very effective	25	24	24	35	27
	Somewhat effective	42	39	44	35	46
	Not very/ not at all effective	24	28	21	26	11
	Not very effective	19	23	16	21	3
	Not at all effective	5	5	4	5	8
	Not sure/No answer	1	2	—	—	3

* Note: Less than 1 percent.

**TABLE 2
UTILIZATION**

“How effective do you think each of these possible actions would be to reduce unnecessary utilization of health care services?”

Base: 289 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<p align="center">Improve disease management services for patients with high-cost conditions and enhance primary care case management.</p> <p>Ranking of extremely/very effective by sector: Total: 1 Academic/Research Institution: 1 Health Care Delivery: 1 Business/Insurance/Other Health Care Industry: 1 Government/Labor/Consumer Advocacy: 2</p>	Extremely/ very effective	56	51	71	58	57
	Extremely effective	19	18	25	17	22
	Very effective	37	34	46	41	35
	Somewhat effective	35	39	21	35	32
	Not very/ not at all effective	6	8	7	8	11
	Not very effective	5	6	3	5	5
	Not at all effective	1	3	4	3	5
	Not sure/No answer	3	2	1	—	—
<p align="center">Use evidence-based medicine guidelines or protocols to determine when a given test or procedure should be done.</p> <p>Ranking of extremely/very effective by sector: Total: 2 Academic/Research Institution: 2 Health Care Delivery: 2 Business/Insurance/Other Health Care Industry: 3 Government/Labor/Consumer Advocacy: 1</p>	Extremely/ very effective	52	50	57	49	65
	Extremely effective	16	16	22	14	16
	Very effective	36	34	35	35	49
	Somewhat effective	34	34	28	38	24
	Not very/ not at all effective	10	14	13	13	11
	Not very effective	8	11	9	10	5
	Not at all effective	2	3	4	3	5
	Not sure/No answer	3	2	1	—	—
<p align="center">Expand the use of information technology.</p> <p>Ranking of extremely/very effective by sector: Total: 3 Academic/Research Institution: 3 Health Care Delivery: 3 Business/Insurance/Other Health Care Industry: 2 Government/Labor/Consumer Advocacy: 3</p>	Extremely/ very effective	46	42	56	51	51
	Extremely effective	16	13	16	19	14
	Very effective	30	30	40	32	38
	Somewhat effective	40	42	32	37	32
	Not very/ not at all effective	10	11	9	12	14
	Not very effective	8	8	4	10	8
	Not at all effective	2	3	4	1	5
	Not sure/No answer	5	4	2	—	3

TABLE 2
UTILIZATION (continued)

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<p align="center">Implement better measures of over-utilization and reporting on over-utilization.</p> <p>Ranking of extremely/very effective by sector: Total: 4 Academic/Research Institution: 4 Health Care Delivery: 4 Business/Insurance/Other Health Care Industry: 4 (tie) Government/Labor/Consumer Advocacy: 4</p>	Extremely/ very effective	36	35	38	40	41
	Extremely effective	6	4	4	6	11
	Very effective	30	30	34	33	30
	Somewhat effective	43	44	47	40	41
	Not very/ not at all effective	17	18	12	19	14
	Not very effective	14	15	7	14	8
	Not at all effective	3	4	4	5	5
	Not sure/No answer	4	3	3	1	5
<p align="center">Patients pay a substantially higher share of their health care costs.</p> <p>Ranking of extremely/very effective by sector: Total: 5 Academic/Research Institution: 5 Health Care Delivery: 5 Business/Insurance/Other Health Care Industry: 4 (tie) Government/Labor/Consumer Advocacy: 5</p>	Extremely/ very effective	31	29	28	40	24
	Extremely effective	8	6	3	15	11
	Very effective	23	23	25	24	14
	Somewhat effective	31	32	35	29	19
	Not very/ not at all effective	36	39	35	31	57
	Not very effective	27	30	22	23	38
	Not at all effective	8	9	13	8	19
	Not sure/No answer	2	1	1	—	—

**TABLE 3
OVERHEAD**

“Focusing on insurance overhead, how effective do you think each of these possible actions would be to reduce high insurance overhead (difference between premiums and medical outlays)?”

Base: 289 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Increasing collaboration among public programs and private insurers to streamline administrative costs, including standardizing insurance products and processes. Ranking of extremely/very effective by sector: Total: 1 Academic/Research Institution: 1 Health Care Delivery: 1 Business/Insurance/Other Health Care Industry: 1 Government/Labor/Consumer Advocacy: 1	Extremely/ very effective	41	43	56	36	43
	Extremely effective	8	8	9	6	14
	Very effective	34	35	47	29	30
	Somewhat effective	35	37	31	38	38
	Not very/ not at all effective	18	20	13	23	16
	Not very effective	15	14	9	19	14
	Not at all effective	4	6	4	4	3
	Not sure/No answer	5	1	—	2	3
Making health insurance a public utility regulated by states. Ranking of extremely/very effective by sector: Total: 2 Academic/Research Institution: 2 Health Care Delivery: 3 (tie) Business/Insurance/Other Health Care Industry: 5 Government/Labor/Consumer Advocacy: 1 (tie)	Extremely/ very effective	29	35	29	19	43
	Extremely effective	11	16	9	6	14
	Very effective	18	19	21	13	30
	Somewhat effective	21	23	29	15	19
	Not very/ not at all effective	40	34	35	60	32
	Not very effective	26	23	26	35	27
	Not at all effective	14	11	9	26	5
	Not sure/No answer	10	8	6	5	5
A more competitive market with strong competition among different insurers. Ranking of extremely/very effective by sector: Total: 3 Academic/Research Institution: 3 Health Care Delivery: 3 (tie) Business/Insurance/Other Health Care Industry: 2 Government/Labor/Consumer Advocacy: 5	Extremely/ very effective	25	24	29	32	11
	Extremely effective	7	9	6	9	3
	Very effective	17	15	24	23	8
	Somewhat effective	31	30	29	40	35
	Not very/ not at all effective	37	42	40	26	46
	Not very effective	30	34	35	23	32
	Not at all effective	7	9	4	3	14
	Not sure/No answer	7	4	1	2	8

TABLE 3
OVERHEAD (continued)

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
State electronic clearinghouses with consolidated electronic information on enrollees and claims. Ranking of extremely/very effective by sector: Total: 4 Academic/Research Institution: 5 Health Care Delivery: 2 Business/Insurance/Other Health Care Industry: 3 (tie) Government/Labor/Consumer Advocacy: 3	Extremely/very effective	22	18	35	21	30
	Extremely effective	4	4	4	4	11
	Very effective	18	15	31	17	19
	Somewhat effective	40	44	40	42	43
	Not very/not at all effective	24	25	21	28	19
	Not very effective	18	20	16	18	16
	Not at all effective	5	6	4	10	3
	Not sure/No answer	14	12	4	9	8
Public information on private insurance administrative overhead, including medical loss ratios by product line, expenses, profits, and reserves. Ranking of extremely/very effective by sector: Total: 5 Academic/Research Institution: 4 Health Care Delivery: 5 Business/Insurance/Other Health Care Industry: 3 (tie) Government/Labor/Consumer Advocacy: 4	Extremely/very effective	21	22	26	21	19
	Extremely effective	6	6	6	6	5
	Very effective	16	16	21	14	14
	Somewhat effective	35	37	43	32	46
	Not very/not at all effective	39	40	31	46	30
	Not very effective	31	30	24	36	27
	Not at all effective	8	9	7	10	3
	Not sure/No answer	5	1	—	1	5

TABLE 4
PLACE OF EMPLOYMENT

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

Base: 289 Respondents

	%
Academic and Research Institutions	
Medical, public health, nursing, or other health professional school	26
Think Tank/Health Care Institute/Policy Research Institution	19
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	9
Medical publisher	2
Health Care Delivery and Professional, Trade, or Consumer Organizations	
Medical society or professional association or organization	8
Hospital	8
Physician practice/Other clinical practice (patient care)	7
Clinic	2
Hospital or related professional association or organization	4
Nursing home/Long-term care facility	1
Allied health society or professional association or organization	*
Other Industry/Business Settings	
Health care consulting firm	7
CEO, CFO, Benefits manager	5
Accrediting body and organization (non-governmental)	1
Polling organization	1
Financial service industry	*
Other	2
Labor Consumer Advocacy Groups and Health Care Improvement Organizations	
Labor/Consumer/Seniors’ advocacy group	4
Health care improvement organization	4
Health Insurance and Professional Organization	
Health insurance/managed care industry	4
Health insurance and business association or organization	3
Government	
Non-elected federal executive branch official	2
Staff for a federal elected official or federal legislative committee	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	1
Pharmaceutical Industry and Professional Organization	
Drug manufacturer	3
Pharmaceutical/Medical device trade association organization	1
Biotech company	1
Device company	*
No answer	4

* Fewer than 1 percent of respondents gave this answer.

TABLE 5
TYPE OF EMPLOYMENT

“How would you describe your current employment position?”

Base: 289 Respondents

	%
Teacher, researcher, professor	37
Policy analyst	25
CEO/President	22
Physician	20
Administration/Management	16
Consultant	9
Foundation officer	8
Health care purchaser	7
Consumer advocate	6
Department head/Dean	4
Policymaker or policy staff (federal)	4
Lobbyist	4
Policymaker or policy staff (state)	3
Other health care provider (not physician)	3
Investment analyst	*
Other	2
Retired	3
No answer	4

TABLE 6
PERMISSION TO BE NAMED AS A SURVEY PARTICIPANT

Base: 289 Respondents

	%
Yes	86
No	10
No answer	4

APPENDIX

METHODOLOGY

The online survey was conducted by Harris Interactive with 289 opinion leaders in health policy and innovators in health care delivery and finance between April 7, 2005, and April 21, 2005.

The sample for this survey was developed through 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 1,314 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the survey to the entire list. Of the 1,314 e-mail invitations, 58 were returned as undeliverable, resulting in a final sample of 1,256. 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 April 7, 2005, and April 21, 2005. A total of three reminders were sent to anyone who had not responded. The response rate was 23 percent. Typically, samples of this size are associated with a sampling error of +/- 6%.