THE COMMONWEALTH FUND
HEALTH CARE OPINION LEADERS SURVEY

December 2005

Introduction

The latest Commonwealth Fund Health Care Opinion Leaders Survey was conducted by Harris Interactive on behalf of The Commonwealth Fund, with a broad group of nearly 250 opinion leaders in health policy and innovators in health care delivery and finance. This was the sixth in a series of bimonthly surveys designed to highlight leaders' perspectives on the most timely health policy issues facing the nation. This survey focused on the nation's long-term care needs.

With the aging of the baby boom generation and the increasing life expectancy of Americans, health policy experts are rightfully concerned about the array of long-term care services that will be required to provide the elderly with proper care. While some countries have already adopted measures such as mandatory long-term care insurance, the U.S. is still debating how to finance long-term care as well as improve the quality of services provided. We asked opinion leaders from our panel to weigh in on approaches to paying for the country's long-term care needs and policy strategies to manage the growing cost of long-term care. Concerns about the quality of long-term care have also been raised, so opinion leaders were asked to share their thoughts on the effectiveness of a number of approaches that would assure high-quality care. Panelists were also asked about their familiarity with a movement best known as "culture change" or "resident-centered-care," which seeks to humanize nursing homes and other long term-care facilities and improve quality of life for residents and staff.

Potential respondents for this series of surveys 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. Detailed methodology is provided in the Appendix.

Executive Summary

Who Should Pay for the Long-Term Care Needs of Americans?

There is no silver bullet for dealing with the cost of long-term care, according to panelists. Yet opinion leaders agree that individuals in need of long-term care should not be left to fend for themselves. Instead, government and individuals should share responsibility, the findings show. Although none of the payment approaches presented to opinion leaders captured an enthusiastic majority, more than half of respondents (61%) believe that individuals and government should share the responsibility for financing long-term care about equally. This is the most-endorsed approach among leaders from all sectors: academic/research institutions, health care delivery, business/insurance/other health industry, and government/labor/consumer advocacy. Nearly half of panelists (47%) believe that adult children should take on some of the burden and be expected to contribute in part to their parents' long-term care needs. There is also a substantial minority of leaders (41%) who believe that government should cover all or most long-term expenses. Only one in three panelists (33%) agree that employers should be expected to contribute in part to their employees/retirees long-term care costs. The least popular approach in this category is making the individual mostly responsible for long-term care costs, with only 26 percent of

opinion leaders agreeing that this is the solution. Not surprisingly, panelists from the business/insurance/other health industry sector are much more in favor of this approach than their colleagues from academia or the health care delivery sectors.

The Growing Cost of Long-Term Care

Leaders favored two strategies when presented with a range of options to address the growing cost of long-term care services—adding a long-term care insurance benefit to Medicare, financed by a premium (80%), and providing tax incentives for individuals to purchase private long-term care insurance (75%). Fewer respondents, but still a majority, favored transferring responsibility for Medicaid long-term care from states to the federal government (68%), letting individuals establish tax-favored medical savings accounts to purchase long-term care insurance (63%), and tighten rules and state enforcement of Medicaid asset transfer restrictions (61%).

Less popular was a strategy of giving frail elderly and disabled Medicaid beneficiaries vouchers to purchase their own long-term care services. As the only proposed policy option in this category that did not gain the support of a majority of respondents (40%), this approach is the least favorite among respondents of all sectors. Support of the other strategies varied by sector.

Assuring and Improving the Quality of Long-Term Care

Most panelists supported a range of strategies designed to assure and improve quality of care in home health care, nursing homes, and assisted living arrangements, but show no overwhelming enthusiasm for any of them. About two-thirds of leaders rate as effective in improving high-quality care strategies such as increased availability of consumer report cards on nursing home and home health care (66%); payment incentives for quality such as pay-for-performance (66%); and more effective use of state enforcement remedies and sanctions against low quality providers (65%). Most also support increased payment rates to providers of long-term care services (59%) and the establishment of staffing requirements for nursing homes (57%). Again, no clear favorite strategy emerged. However, less than half of the leaders (45%) say that they think that the provision of technical assistance to improve quality through the Medicare Quality Improvement Organization program is an effective way to ensure and improve quality of care.

Overall, there is substantial consensus among the panelists regardless of sector. However, respondents from the business/insurance/other health industry are more likely than leaders from academia and health care delivery to endorse the increased availability of consumer report cards. They were also more likely than those in academia and government/labor/consumer advocacy to consider payment incentives an effective way to improve quality of care.

"Culture Change" or "Resident-Centered" Care

Over the last few years a movement called "culture change" or "resident-centered care" has emerged within the nursing home community, part of an effort to improve the quality of care provided nursing home residents. However, only about one in four opinion leaders responding to the survey (27%) is familiar with this effort. Thirty-five percent report that they are somewhat familiar with the movement, but 37 percent say that they are not at all familiar with it or have never heard of it. Interestingly, the level of familiarity does not vary by sector.

Among leaders who are at least "somewhat familiar" with "culture change" or "resident-centered-care," only about one in four (26%) feel that it's been effective in its goal, but nearly half say that they would

rate it "somewhat effective." Of those who were at least somewhat familiar with this movement, 28 percent were not sure whether it has had any impact.

Key Findings

Financing Long-Term Care (Table 1)

Respondents were first asked if they agree or disagree with a number of approaches designed to pay for long-term care needs.

Note: All percentages in Table 1 reflect combined net ratings of strongly agree and agree. These combined net ratings are referred to as "agree."

- Overall, none of the approaches presented to respondents received overwhelming support. However, leaders of all sectors agreed that the responsibility of paying for long-term care should be shared. Most respondents (61%) say that *individuals and government should share responsibility for financing long-term care about equally.* Panelists from the health care delivery sector are most likely and those from academia least likely to agree with this approach.
    - ◊ Academic/Research Institution: 56%
    - ◊ Health Care Delivery: 70%
    - ◊ Business/Insurance/Other Health Care Industry: 66%
    - ◊ Government/Labor/Consumer Advocacy: 58%
- About half of respondents (47%) believe *that adult children should be expected to contribute in part to their parents' long-term costs* with no major differences among leaders of the different sectors.
    - ◊ Academic/Research Institution: 45%
    - ◊ Health Care Delivery: 54%
    - ◊ Business/Insurance/Other Health Care Industry: 57%
    - ◊ Government/Labor/Consumer Advocacy: 44%
- Placing responsibility solely on the government is an approach that is only agreed upon by two in five panelists (41%). However, academics and respondents from government/labor/consumer advocacy are more likely than their colleagues from the business/insurance/other health industry sector to agree that *government programs should cover all or most long-term care costs.*
    - ◊ Academic/Research Institution: 48%
    - ◊ Health Care Delivery: 35%
    - ◊ Business/Insurance/Other Health Care Industry: 29%
    - ◊ Government/Labor/Consumer Advocacy: 53%
- *Employers should be expected to contribute in part to their employees/retirees long-term costs* is only endorsed by one in three leaders (33%), reflecting a broad consensus among the sectors.
    - ◊ Academic/Research Institution: 35%
    - ◊ Health Care Delivery: 33%
    - ◊ Business/Insurance/Other Health Care Industry: 36%

- ◊ Government/Labor/Consumer Advocacy: 36%

- The least agreed-upon approach to finance long-term care for the elderly of the nation is to put the burden of paying for such care on the patient. Overall, only about one in four panelists (26%) say that *individuals should pay for all or most of their own long-term care*, with respondents from the business/insurance/other health industry being more likely than their colleagues from academia and the health care delivery sector to feel this way.

    - ◊ Academic/Research Institution: 22%
    - ◊ Health Care Delivery: 20%
    - ◊ Business/Insurance/Other Health Care Industry: 40%
    - ◊ Government/Labor/Consumer Advocacy: 28%

The Growing Cost of Long-Term Care (Table 2)

As a follow-up to asking about the financing of long-term care, respondents were asked to indicate if they favor or oppose a number of potential policy strategies to address the growing cost of long-term care.

Note: All percentages in Table 2 reflect combined net ratings of strongly favor and favor. These combined net ratings are referred to as "favor."

- A sizable majority of respondents from all sectors agree that *adding a long-term care benefit to Medicare, financed by a premium* (80%) is a desirable strategy for addressing the ever-increasing costs of long-term care services in the United States.

    - ◊ Academic/Research Institution: 81%
    - ◊ Health Care Delivery: 83%
    - ◊ Business/Insurance/Other Health Care Industry: 78%
    - ◊ Government/Labor/Consumer Advocacy: 83%

- Three in four panelists (75%) favor *providing tax incentives for individuals to purchase private long-term care insurance.* However, respondents who are involved in health care delivery and the business/insurance/other health industry are more likely than academics and leaders from government/labor/consumer advocacy to endorse this approach.

    - ◊ Academic/Research Institution: 70%
    - ◊ Health Care Delivery: 87%
    - ◊ Business/Insurance/Other Health Care Industry: 84%
    - ◊ Government/Labor/Consumer Advocacy: 61%

Three strategies that were presented to the panelists were favored by a majority of respondents, but somewhat less popular than the most favored options. About two in three leaders were in favor of *transferring the responsibility for costs from states to the federal government* (68%); *letting individuals buy insurance using tax-favored medical savings accounts* (63%); and *tightening rules and state enforcement of Medicaid asset transfer restrictions* (61%).

Academics and leaders from government/labor/consumer advocacy are more likely than panelists from the business/insurance/other health industry to endorse *transferring responsibility for Medicaid long-term care from states to the federal government*. In addition, respondents who identified themselves as coming from government/labor/consumer advocacy are also more likely than leaders from health care delivery to be in favor of this transfer of responsibility.

- ◊ Academic/Research Institution: 73%
- ◊ Health Care Delivery: 63%
- ◊ Business/Insurance/Other Health Care Industry: 55%
- ◊ Government/Labor/Consumer Advocacy: 83%

Letting individuals establish tax-favored medical savings accounts to purchase long-term care insurance is more favored by respondents in the health care delivery sector and business/insurance/other health care industry than by respondents who work in academia or government/labor/consumer advocacy.

- ◊ Academic/Research Institution: 57%
- ◊ Health Care Delivery: 81%
- ◊ Business/Insurance/Other Health Care Industry: 78%
- ◊ Government/Labor/Consumer Advocacy: 56%

There is broad consensus among small majorities of panelists from all sectors that *tightening rules and state enforcement of Medicaid asset transfer restrictions* is a good strategy to counter the ever-growing cost of long-term care services.

- ◊ Academic/Research Institution: 60%
- ◊ Health Care Delivery: 63%
- ◊ Business/Insurance/Other Health Care Industry: 67%
- ◊ Government/Labor/Consumer Advocacy: 61%

- The least favored approach to curtail the cost of long-term care among all leaders—without any significant differences based on the sector—is *giving frail elderly and disabled Medicaid beneficiaries vouchers to purchase their own long-term care services.* This strategy only resonated with two in five panelists (40%) overall.

  - ◊ Academic/Research Institution: 40%
  - ◊ Health Care Delivery: 43%
  - ◊ Business/Insurance/Other Health Care Industry: 48%
  - ◊ Government/Labor/Consumer Advocacy: 33%

Assuring and Improving High Quality of Long-Term Care (Table 3)

Respondents were asked to evaluate the effectiveness of a number of strategies that would assure and improve the high quality of long-term care.

Note: All percentages in Table 3 reflect combined net ratings of extremely effective, very effective, and effective. These combined net ratings are referred to as "effective."

There was no clear favorite among strategies designed to assure and improve the high quality of care. In general, there were few differences among leaders of the four different sectors, but two strategies emerged as favorites among those in the business/insurance/other health industry sector.

- *Increased availability of consumer report cards on nursing home and home health care* resonates with two in three respondents (66%) overall as an effective quality-improvement method. However, four in five leaders from the business/insurance/other health industry sector consider this approach potentially effective. Panelists from this sector are more likely than academics or leaders in the health care industry to feel this way.

    - ◊ Academic/Research Institution: 62%
    - ◊ Health Care Delivery: 63%
    - ◊ Business/Insurance/Other Health Care Industry: 81%
    - ◊ Government/Labor/Consumer Advocacy: 69%

  In a virtual tie with increased availability of consumer report cards are *payment incentives for quality, such as pay-for-performance* (66%). The majority of every group of panelists consider this approach promising, and as with the consumer report cards, differences emerge in the business/insurance/other health industry, where a more sizable majority of respondents think that it would be an effective strategy to assure and improve the quality of nursing homes and home care for the elderly. Again, leaders of this sector are more likely than academics or respondents from government/labor/consumer advocacy to be enthusiastic about this approach.

    - ◊ Academic/Research Institution: 63%
    - ◊ Health Care Delivery: 69%
    - ◊ Business/Insurance/Other Health Care Industry: 83%
    - ◊ Government/Labor/Consumer Advocacy: 64%

  More effective use of state enforcement remedies and sanctions against low quality providers is also favored by a majority of respondents, with 65 percent saying that enforcing remedies and sanctions would be effective; broad consensus on this issue is seen among leaders from all sectors.

    - ◊ Academic/Research Institution: 63%
    - ◊ Health Care Delivery: 63%
    - ◊ Business/Insurance/Other Health Care Industry: 66%
    - ◊ Government/Labor/Consumer Advocacy: 72%

- Following closely is an approach that would focus on increased *payment rates to providers of long-term care services*. A small majority of respondents overall (59%) support this strategy, and once again panelists in all sectors believe that this would be an effective way to achieve quality improvement.

- ◊ Academic/Research Institution: 67%
- ◊ Health Care Delivery: 59%
- ◊ Business/Insurance/Other Health Care Industry: 59%
- ◊ Government/Labor/Consumer Advocacy: 53%

Establishment of staffing requirements for nursing homes is another tactic popular with a small majority. Fifty-seven percent of panelists feel that having requirements that regulate staffing in long-term care facilities would lead to improved quality of care for patients in these facilities. Leaders of all sectors have similar views on this.

- ◊ Academic/Research Institution: 62%
- ◊ Health Care Delivery: 54%
- ◊ Business/Insurance/Other Health Care Industry: 52%
- ◊ Government/Labor/Consumer Advocacy: 69%

- *Provision of technical assistance to improve quality through the Medicare Quality Improvement Organization program* is endorsed by nearly half of all leaders (45%), the least favored of the listed strategies by panelists overall, with few differences seen among the sectors.

  - ◊ Academic/Research Institution: 41%
  - ◊ Health Care Delivery: 48%
  - ◊ Business/Insurance/Other Health Care Industry: 55%
  - ◊ Government/Labor/Consumer Advocacy: 53%

Resident-Centered Care (Table 4)

Respondents were asked how familiar they are with the "culture change" or "resident-centered care" movement in nursing homes and other long-term care facilities.

Note: All percentages in Table 4 reflect combined net ratings of extremely familiar, very familiar and familiar. These combined net ratings are referred to as "familiar."

Only slightly more than one in four panelists (27%) are familiar with the movement known as "culture change" or "resident-centered care." Work on culture change has now been included by the Centers for Medicare and Medicaid Services in the Eighth Scope of Work for Quality Improvement Organizations, yet clearly this movement—established to individualize nursing home care to meet the needs of residents—has not yet come to the attention of our respondents. About one in three leaders (35%) say that they are somewhat familiar with it, but about the same number (37%) report that they are not at all familiar with it or have never heard of it. Respondents from the business/insurance/other health industry are less likely than respondents from the government/labor/consumer advocacy sector to have heard of "culture change" or "resident-centered care."

- ◊ Academic/Research Institution: 29%; (38% have never heard of it)
- ◊ Health Care Delivery: 28%; (35% have never heard of it)
- ◊ Business/Insurance/Other Health Care Industry: 17%; (45% have never heard of it)
- ◊ Government/Labor/Consumer Advocacy: 33%; (22% have never heard of it)

Effectiveness of "Culture Change" or "Resident-Centered Care" (Table 5)

We followed up with panelists who said that they were at least somewhat familiar with the "culture change" or "resident-centered care" movement about how effective the movement has been in improving the quality of care in nursing homes.

Only one in four respondents (26%) who are at least somewhat familiar with this movement think that it is an effective way to improve the quality of care in long-term care facilities. However, many more panelists (43%) feel that it is somewhat effective in meeting its goal of achieving better care in nursing homes. Almost nobody believes that the movement is not at all effective; leaders of all sectors share this opinion.

- ◊ Academic/Research Institution: 26%
- ◊ Health Care Delivery: 31%
- ◊ Business/Insurance/Other Health Care Industry: 23%
- ◊ Government/Labor/Consumer Advocacy: 21%

About the Respondents (Tables 6, 7, 8)

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* (59%)*
- *Health Care Delivery* (22%)*, 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* (24%)*, including health insurance, pharmaceutical, other industries/business, financial industry, and health care improvement organizations
- *Government/Labor/Consumer Advocacy* (15%)*, including government, labor, and consumer advocacy.

Respondents mentioned most often that they are teachers, researchers, or professors (37%) followed by policy analysts (22%), CEOs and presidents (21%), and physicians (19%). Others work in administration/management (15%) or are consultants (12%). The vast majority of respondents agreed to be named by The Commonwealth Fund as one of the survey participants (87%).

* percentages total more than 100 as respondents were able to give more than one answer.

TABLE 1
FINANCING LONG-TERM CARE

"The aging of the Baby Boom generation will create an unprecedented need for long-term care services in the U.S. How much do you agree or disagree with the following approaches to paying for such long-term care efforts?"

Base: 246 Respondents

		Total	**Academic/ Research Institution**	**Health Care Delivery**	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	**%**	**%**	**%**	**%**
Individuals and government should share responsibility for financing long-term care about equally.	**Agree (net)**	**61**	**56**	**70**	**66**	**58**
	Strongly agree	22	19	30	28	19
	Agree	39	37	41	38	39
	Disagree (net)	**32**	**36**	**28**	**29**	**31**
	Disagree	25	27	20	26	28
	Strongly disagree	7	9	7	3	3
	Not sure/No answer	7	8	2	5	11
Adult children should be expected to contribute in part to their parents' long-term costs.	**Agree (net)**	**47**	**45**	**54**	**57**	**44**
	Strongly agree	5	4	2	12	-
	Agree	42	41	52	45	44
	Disagree (net)	**48**	**50**	**41**	**38**	**53**
	Disagree	33	31	26	31	36
	Strongly disagree	15	19	15	7	17
	Not sure/No answer	5	5	6	5	3
Government programs should cover all or most long-term care costs.	**Agree (net)**	**41**	**48**	**35**	**29**	**53**
	Strongly agree	16	19	13	9	19
	Agree	25	28	22	21	33
	Disagree (net)	**54**	**47**	**57**	**67**	**42**
	Disagree	43	38	48	52	31
	Strongly disagree	11	10	9	16	11
	Not sure/No answer	5	5	7	3	6
Employers should be expected to contribute in part to their employees/retirees long-term care costs.	**Agree (net)**	**33**	**35**	**33**	**36**	**36**
	Strongly agree	9	9	6	12	6
	Agree	25	26	28	24	31
	Disagree (net)	**58**	**54**	**56**	**60**	**53**
	Disagree	39	37	46	34	33
	Strongly disagree	18	17	9	26	19
	Not sure/No answer	9	11	11	3	11
Individuals should pay for all or most of their own long-term care.	**Agree (net)**	**26**	**22**	**20**	**40**	**28**
	Strongly agree	7	6	6	9	3
	Agree	19	15	15	31	25
	Disagree (net)	**69**	**73**	**74**	**57**	**67**
	Disagree	50	48	69	47	47
	Strongly disagree	19	25	6	10	19
	Not sure/No answer	5	6	6	3	6

TABLE 2
GROWING COST OF LONG-TERM CARE

"Below is a list of potential policy strategies to address the growing cost of long-term care. How much do you favor or oppose each of the following?"

Base: 246 Respondents

		Total	**Academic/ Research Institution**	**Health Care Delivery**	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	**%**	**%**	**%**	**%**
Add a long-term care benefit to Medicare, financed by a premium.	**Favor (net)**	**80**	**81**	**83**	**78**	**83**
	Strongly favor	36	39	44	26	42
	Favor	44	42	39	52	42
	Oppose (net)	**13**	**13**	**4**	**16**	**8**
	Oppose	8	8	2	9	6
	Strongly oppose	5	5	2	7	3
	Not sure/No answer	7	6	13	7	8
Provide tax incentives for individuals to purchase private long-term care insurance.	**Favor (net)**	**75**	**70**	**87**	**84**	**61**
	Strongly favor	30	24	43	45	19
	Favor	46	46	44	40	42
	Oppose (net)	**20**	**26**	**11**	**9**	**31**
	Oppose	15	18	11	7	22
	Strongly oppose	5	8	-	2	8
	Not sure/No answer	4	4	2	7	8
Transfer responsibility for Medicaid long-term care from states to the federal government.	**Favor (net)**	**68**	**73**	**63**	**55**	**83**
	Strongly favor	31	35	39	24	36
	Favor	37	38	24	31	47
	Oppose (net)	**21**	**19**	**24**	**29**	**11**
	Oppose	17	16	22	21	8
	Strongly oppose	4	3	2	9	3
	Not sure/No answer	11	8	13	16	6
Let individuals establish tax-favored medical savings accounts to purchase long-term care insurance.	**Favor (net)**	**63**	**57**	**81**	**78**	**56**
	Strongly favor	20	16	22	36	14
	Favor	43	41	59	41	42
	Oppose (net)	**32**	**38**	**17**	**19**	**39**
	Oppose	23	26	13	16	31
	Strongly oppose	9	12	4	3	8
	Not sure/No answer	5	6	2	3	6
Tighten rules and state enforcement of Medicaid asset transfer restrictions.	**Favor (net)**	**61**	**60**	**63**	**67**	**61**
	Strongly favor	15	15	15	21	11
	Favor	46	45	48	47	50
	Oppose (net)	**27**	**29**	**20**	**22**	**28**
	Oppose	22	24	17	17	19
	Strongly oppose	5	6	4	5	8
	Not sure/No answer	12	10	17	10	11
Give frail elderly and disabled Medicaid beneficiaries vouchers to purchase their own long-term care services.	**Favor (net)**	**40**	**40**	**43**	**48**	**33**
	Strongly favor	8	9	9	10	6
	Favor	33	31	33	38	28
	Oppose (net)	**47**	**47**	**46**	**40**	**50**
	Oppose	37	36	39	31	33
	Strongly oppose	10	10	7	9	17
	Not sure/No answer	13	14	11	12	17

TABLE 3
ASSURING AND IMPROVING QUALITY OF LONG-TERM CARE

"Recent research has raised concerns about the quality of care and the effectiveness of regulations in home health, nursing homes, and assisted living arrangement. How effective do you think each of the following strategies would be in assuring and improving high quality of care?"

Base: 246 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Increased availability of consumer report cards on nursing home and home health care.	**Extremely/ very effective/ effective (net)**	**66**	**62**	**63**	**81**	**69**
	Extremely effective	9	8	11	10	6
	Very effective	21	19	20	31	28
	Effective	36	35	31	40	36
	Somewhat/ not at all effective (net)	**32**	**36**	**33**	**16**	**31**
	Somewhat effective	25	26	30	12	22
	Not at all effective	7	10	4	3	8
	Not sure/No answer	2	2	4	3	-
Payment incentives for quality, such as pay-for-performance.	**Extremely/ very effective/ effective (net)**	**66**	**63**	**69**	**83**	**64**
	Extremely effective	10	10	17	14	3
	Very effective	20	21	24	21	19
	Effective	35	32	28	48	42
	Somewhat/ not at all effective (net)	**27**	**29**	**30**	**12**	**25**
	Somewhat effective	23	25	24	10	22
	Not at all effective	4	4	6	2	3
	Not sure/No answer	7	8	2	5	11
More effective use of state enforcement remedies and sanctions against low quality providers.	**Extremely/ very effective/ effective (net)**	**65**	**63**	**63**	**66**	**72**
	Extremely effective	9	9	9	14	6
	Very effective	21	19	20	19	36
	Effective	35	35	33	33	31
	Somewhat/ not at all effective (net)	**33**	**35**	**35**	**29**	**28**
	Somewhat effective	29	31	33	26	25
	Not at all effective	3	3	2	3	3
	Not sure/No answer	3	2	2	5	-
Increased payment rates to providers of long-term care services.	**Extremely/ very effective/ effective (net)**	**59**	**67**	**59**	**59**	**53**
	Extremely effective	8	10	13	7	3
	Very effective	14	17	19	14	8
	Effective	37	39	28	38	42
	Somewhat/ not at all effective (net)	**37**	**31**	**37**	**36**	**44**
	Somewhat effective	31	26	31	29	39
	Not at all effective	6	5	6	7	6
	Not sure/No answer	4	3	4	5	3

TABLE 3
QUALITY OF CARE (CONTINUED)

Base: 246 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Establishment of staffing requirements for nursing homes.	**Extremely/ very effective/ effective (net)**	**57**	**62**	**54**	**52**	**69**
	Extremely effective	9	10	11	5	8
	Very effective	17	18	13	14	33
	Effective	32	34	30	33	28
	Somewhat/ not at all effective (net)	**38**	**36**	**39**	**40**	**28**
	Somewhat effective	30	30	37	28	22
	Not at all effective	8	6	2	12	6
	Not sure/No answer	5	2	7	9	3
Provision of technical assistance to improve quality through the Medicare Quality Improvement Organization program.	**Extremely/ very effective/ effective (net)**	**45**	**41**	**48**	**55**	**53**
	Extremely effective	3	3	7	5	-
	Very effective	14	13	17	16	17
	Effective	28	26	24	34	36
	Somewhat/ not at all effective (net)	**43**	**47**	**43**	**38**	**36**
	Somewhat effective	37	41	41	31	31
	Not at all effective	6	6	2	7	6
	Not sure/No answer	12	12	9	7	11

TABLE 4
Resident-Centered Care

"In recent years, a movement to individualize nursing home care to meet the needs of their residents, known as 'culture change' or 'resident-centered care,' has begun to change the way nursing home care is delivered. How familiar are you with the 'culture change' or 'resident-centered care' movement in nursing homes?"

Base: 246 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Extremely/very familiar/familiar (net)	**27**	**29**	**28**	**17**	**33**
Extremely familiar	8	10	7	3	8
Very familiar	8	8	4	3	11
Familiar	12	10	17	10	14
Somewhat/not at all familiar/never heard of it (net)	**72**	**70**	**72**	**81**	**67**
Somewhat familiar	35	33	37	36	44
Not at all familiar/never heard of it	37	38	35	45	22
Not sure/No answer	1	1	-	2	-

TABLE 5
RESIDENT-CENTERED CARE (CONTINUED)

"How effective do you think the 'culture change' or 'resident-centered care' movement has been in improving the quality of care in nursing homes?"

Base: Respondents at least "somewhat familiar" with "culture change": 152 Respondents

	Total	**Academic/ Research Institution**	**Health Care Delivery**	**Business/ Insurance/ Other Health Care Industry**	**Government/ Labor/ Consumer Advocacy**
	%	**%**	**%**	**%**	**%**
Extremely/very effective/effective (net)	**26**	**26**	**31**	**23**	**21**
Extremely effective	3	3	-	6	-
Very effective	9	10	11	3	7
Effective	14	12	20	13	14
Somewhat/not at all effective (net)	**45**	**42**	**43**	**52**	**50**
Somewhat effective	**43**	**39**	**43**	**48**	**43**
Not at all effective	3	2	-	3	7
Not sure/No answer	29	33	26	26	29

TABLE 6
PLACE OF EMPLOYMENT
"Which of the following best describes the type of place or institution for which you work?"

Base: 246 Respondents

	%
Academic and Research Institutions	
Medical, public health, nursing, or other health professional school	28
Think Tank/Health Care Institute/Policy Research Institution	15
University setting not in a medical, public health, nursing, or other health professional school	12
Foundation	9
Medical Publisher	2
Health care delivery and Professional, Trade, or consumer Organizations	
Medical society or professional association or organization	8
Hospital	7
Physician practice/Other clinical practice (patient care)	4
Clinic	2
Hospital or related professional association or organization	3
Nursing home/Long-term care facility	2
Allied health society or professional association or organization	2
Other industry/business settings	
Health care consulting firm	6
CEO, CFO, Benefits Manager	4
Accrediting body and organization (non-governmental)	2
Polling organization	*
Financial service industry	-
Other	3
Labor Consumer advocacy groups and health care improvement organizations	
Labor/Consumer/Seniors' advocacy group	5
Health care improvement organization	3
Health Insurance and Professional Organization	
Health insurance/managed care industry	4
Health insurance and business association or organization	1
Government	
Non-elected federal executive branch official	3
Staff for a federal elected official or federal legislative committee	1
Non-elected state executive branch official	2
Staff for a state elected official or state legislative committee	1
Staff for non-elected federal executive branch official	-
Staff for non-elected state executive branch official	-
Pharmaceutical industry and Professional Organization	
Drug manufacturer	3
Pharmaceutical/Medical device trade association organization	1
Biotech company	*
Device company	-

TABLE 7
TYPE OF EMPLOYMENT
"How would you describe your current employment position?"

Base: 246 Respondents

	%
Teacher, Researcher, Professor	37
Policy Analyst	22
CEO/President	21
Physician	19
Administration/Management	15
Consultant	11
Foundation officer	7
Department head/Dean	5
Consumer advocate	5
Health care purchaser	7
Policymaker or policy staff (federal)	3
Policymaker or policy staff (state)	3
Lobbyist	3
Other health care provider (not physician)	3
Investment analyst	*
Regulator	*
Other	4
Retired	4

TABLE 8
PERMISSION TO BE NAMED AS A SURVEY PARTICIPANT

Base: 246 Respondents

	%
Yes	87
No	12
No answer	1

APPENDIX

METHODOLOGY

The online survey was conducted by Harris Interactive with 246 opinion leaders in health policy and innovators in health care delivery and finance between November 9th, 2005 and December 5th, 2005.

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 consider to be leaders and innovators in health care. 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 1,287 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Of the 1,287 e-mail invitations, 136 were returned as undeliverable. 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 9th, 2005 and December 5th, 2005. A total of five reminders were sent to anyone who had not responded. The response rate was 21 percent. Typically, samples of this size are associated with a sampling error of +/- 6%.