

# THE COMMONWEALTH FUND HEALTH CARE OPINION LEADERS SURVEY

July 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 230 opinion leaders in health policy and innovators in health care delivery and finance. This was the fourth in a series of six bimonthly surveys designed to highlight leaders' perspectives on the most important and timely health policy issues facing the nation. This survey focused on Medicare and its future. 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.

## **Summary**

As Medicare celebrates its 40th anniversary, public health experts and politicians are debating the program's success and failures as well as what new directions should be explored. Depending on one's political affiliations and interests, views within this ongoing debate vary substantially. We asked respondents from our leaders' panel to share their opinions by rating the overall success of Medicare as well as the success of specific aspects of the program. Panelists also were given a list of suggested program changes and asked to indicate if they would favor or oppose each proposal.

## **Has Medicare Been a Success?**

Overall, the vast majority of panelists from all sectors—academia, health care delivery, business/insurance/other health care industry, and government/labor/consumer advocacy—believe that Medicare is a successful program. Respondents also expressed overall enthusiasm when asked about specific features of Medicare; however, clear preferences emerged when respondents were asked to comment on the success of these individual aspects of the program. Medicare's main goal, to provide beneficiaries with stable, predictable coverage over time and guaranteed access to basic medical care for seniors and qualifying disabled, is the clear favorite among panelists, having been rated a success (net ratings of extremely successful, very successful, or successful) by nearly all (92%). One other aspect—providing support for medical education and training programs—also received high ratings, with more than three-quarters of leaders (80%) considering it successful.

Features of the program not rated as highly as these two aspects of the program, but still endorsed by clear majorities (71% to 60%), include providing financial protection for those vulnerable due to low income or poor health, improving the health status of beneficiaries, stimulating and spreading new technology and treatments, helping decrease racial disparities, and helping ensure the financial stability of health care providers.

Fewer than half of the panelists, but still a substantial minority (41%), say they believe that providing home care, allowing frail elderly and disabled to live independently is a successful feature of Medicare. Opinion leaders also agree that the program has not been successful in using

Medicare’s purchasing leverage to improve quality of care and encouraging healthier lifestyles and preventive care—only small minorities of respondents consider these aspects of the program a success (21% and 12%, respectively).

### **Medicare Advantage Plans vs. Medicare Fee-for-Service**

Opinion leaders are almost equally divided (35% to 27%, not statistically different) in their views on which of the two types of plans—Medicare Advantage or Medicare fee-for-service (FFS)—buys more value for the money spent. A substantial minority indicated that they are not sure. Only respondents from the business/insurance/other health industry clearly favor Medicare Advantage over Medicare FFS, by a 52 percent to 14 percent margin.

### **Medicare’s Future**

When asked about a number of policy changes for Medicare, a majority of respondents favored nearly all of the proposed changes. Three options emerged as the most favored by panelists regardless of sector. These were: 1) using Medicare leverage to accelerate adoption of electronic medical records and health information technology, followed closely by 2) using Medicare’s leverage to reward providers for performance on quality and efficiency and 3) having Medicare beneficiaries designate a primary care medical home and reward providers for coordinating care and ensuring receipt of preventive care.

Only one policy change was strongly opposed across sectors. Two-thirds of panelists overall opposed the idea of capping federal spending per Medicare beneficiary through premium support or other means.

Some proposed changes highlighted divergent interest of sectors. For example, about half of all panelists say they favor eliminating extra payments for private health plans, but only a quarter of those representing business/insurance/other health industry favors this option.

## **KEY FINDINGS**

### **Overall Success of Medicare Program (Table 1)**

*Respondents were first asked to evaluate how they felt about the success of the Medicare program overall.*

**Note:** All percentages in Tables 1 and 2 reflect combined net ratings of extremely successful, very successful, and successful. These combined net ratings are referred to as “successful.”

- *Overall success of Medicare program.* Overall, the vast majority of respondents (86%) feel that the Medicare program has been successful, and 23 percent of those respondents consider it extremely successful. This belief is shared by the majority of all leaders in the fields of academia, health care delivery, business/insurance/other health care industry, and government/labor/consumer advocacy. Government/labor/consumer advocacy are more likely than respondents from business/insurance/other health industry to say that the program has been a success.

- ◇ Academic/Research Institution: 86%
- ◇ Health Care Delivery: 88%

- ◇ Business/Insurance/Other Health Care Industry: 80%
- ◇ Government/Labor/Consumer Advocacy: 93%

**Success of Specific Aspects of Medicare Program (Table 2)**

*Respondents were asked to indicate how successful they think each of 10 specific aspects of the Medicare program has been.*

- Respondent agreed that Medicare is very successful at providing beneficiaries with stable, predictable coverage over time and guaranteed access to basic medical care for seniors and qualifying disabled. Nine of 10 respondents (92%) feel that Medicare has been successful in providing stable and guaranteed access to health care for seniors and the disabled; 37 percent of those panelists consider it extremely successful in this regard. Of all specific aspects of Medicare presented to the leaders, respondents of all sectors feel it has been the most successful. However, respondents who work in the field of government/labor/consumer advocacy are more likely than leaders from the health care delivery sector to hold this belief.
  - ◇ Academic/Research Institution: 90%
  - ◇ Health Care Delivery: 84%
  - ◇ Business/Insurance/Other Health Care Industry: 91%
  - ◇ Government/Labor/Consumer Advocacy: 97%
  
- A large majority of our panelists (80%) report that providing support for medical education and training programs has been a successful aspect of the Medicare program, with 19 percent of those respondents calling it extremely successful. It comes in second among all sectors.
  - ◇ Academic/Research Institution: 82%
  - ◇ Health Care Delivery: 81%
  - ◇ Business/Insurance/Other Health Care Industry: 75%
  - ◇ Government/Labor/Consumer Advocacy: 87%
  
- Providing financial protection for those vulnerable due to low-income and/or poor health is considered a successful feature of Medicare by nearly three-quarters of respondents overall (71%); 15 percent of those panelists rate it extremely successful.
  - ◇ Academic/Research Institution: 72%
  - ◇ Health Care Delivery: 71%
  - ◇ Business/Insurance/Other Health Care Industry: 62%
  - ◇ Government/Labor/Consumer Advocacy: 73%
  
- Slightly more than two-thirds of respondents (67%) say that improving health status of beneficiaries, functional impairment, and/or reduced mortality has been a successful aspect of Medicare, reflecting near-consensus among the sectors; 12 percent of those call this aspect of the program extremely successful. As with the previous aspect, respondents

from academia are more likely than those from the business/insurance/other health care industry sector to consider this a success.

- ◇ Academic/Research Institution: 71%
  - ◇ Health Care Delivery: 64%
  - ◇ Business/Insurance/Other Health Care Industry: 57%
  - ◇ Government/Labor/Consumer Advocacy: 73%
- Stimulating and supporting the spread of new medical technology and treatment methods is viewed by 64 percent of panelists to be a successful aspect of the program; 13 percent of those respondents consider it extremely successful. Respondents from academia are more likely than panelists from the health care delivery sector and government/labor/consumer advocacy to respond this way.
    - ◇ Academic/Research Institution: 73%
    - ◇ Health Care Delivery: 55%
    - ◇ Business/Insurance/Other Health Care Industry: 54%
    - ◇ Government/Labor/Consumer Advocacy: 63%
  - Sixty-one percent of opinion leaders believe that Medicare has been successful in helping decrease racial disparities through improved access to care for minority beneficiaries, and seven percent of those leaders believe it has been extremely successful in this regard. Academia is more enthusiastic about its success than respondents from health care delivery or the business/insurance/other health care industry.
    - ◇ Academic/Research Institution: 72%
    - ◇ Health Care Delivery: 59%
    - ◇ Business/Insurance/Other Health Care Industry: 48%
    - ◇ Government/Labor/Consumer Advocacy: 60%
  - Overall, helping ensure the financial stability of health care providers and their ability to serve the poor and uninsured is considered a success by a clear majority of panelists (60%); eight percent of these respondents say this aspect of Medicare is extremely successful. In general, academia has a higher opinion of the success of most aspects of the Medicare program and, with regards to this aspect of Medicare, respondents from academia as well as from government/labor/consumer advocacy are more likely than those in health care delivery and business/insurance/other health care industry to say that the program has been successful.
    - ◇ Academic/Research Institution: 67%
    - ◇ Health Care Delivery: 43%
    - ◇ Business/Insurance/Other Health Care Industry: 48%
    - ◇ Government/Labor/Consumer Advocacy: 80%

- There is consensus among panelists that providing home care, allowing frail elderly and disabled to live independently at home or in the community, has not been a highly successful feature of Medicare. Less than half of opinion leaders (41%) think of it as successful.
  - ◇ Academic/Research Institution: 41%
  - ◇ Health Care Delivery: 47%
  - ◇ Business/Insurance/Other Health Care Industry: 38%
  - ◇ Government/Labor/Consumer Advocacy: 37%
  
- Near the bottom of the list is using purchasing leverage to improve quality of care. Only about one of five respondents (21%) agrees that this has been a winning feature of Medicare.
  - ◇ Academic/Research Institution: 19%
  - ◇ Health Care Delivery: 17%
  - ◇ Business/Insurance/Other Health Care Industry: 28%
  - ◇ Government/Labor/Consumer Advocacy: 17%
  
- Encouraging healthier lifestyles and preventive care is another aspect on which all respondents, regardless of sector, see eye to eye. Very few respondents (12%) overall think of it as a success. Compared with respondents' views on the other aspects of the program, this appears to be an area where Medicare has the greatest need for improvement.
  - ◇ Academic/Research Institution: 10%
  - ◇ Health Care Delivery: 16%
  - ◇ Business/Insurance/Other Health Care Industry: 14%
  - ◇ Government/Labor/Consumer Advocacy: 7%

**Medicare Advantage Plans vs. Medicare Fee-for-Service (Table 3)**

*Respondents were asked to indicate which of the two types of plans—Medicare Advantage or Medicare fee-for-service (FFS)—buys more value for money spent.*

- Opinion leaders are almost equally divided (35% to 27%, not statistically different) when it comes to deciding which of these two types of plans buys more value. A substantial minority (30%) of panelists indicates that they are not sure. Only respondents from the business/insurance/other health industry clearly favor Medicare Advantage plans over Medicare FFS, by a 52 percent to 14 percent margin, with other sectors evenly split between these two alternatives.

Medicare Advantage plans:

- ◇ Academic/Research Institution: 28%
- ◇ Health Care Delivery: 28%
- ◇ Business/Insurance/Other Health Care Industry: 52%
- ◇ Government/Labor/Consumer Advocacy: 30%

Medicare FFS:

- ◇ Academic/Research Institution: 31%
- ◇ Health Care Delivery: 22%
- ◇ Business/Insurance/Other Health Care Industry: 14%
- ◇ Government/Labor/Consumer Advocacy: 30%

#### **The Future of Medicare (Table 4)**

*Respondents were asked to consider a number of changes to the Medicare program and were asked which ones they favor and which ones they oppose.*

- Three of the proposed changes stand out for being favored by the vast majority of all opinion leaders as well as respondents of all five sectors: 1) using Medicare leverage to accelerate adoption of electronic medical records and health information is favored by the most panelists (89%); 2) using Medicare's leverage to reward providers for performance on quality and efficiency (87%); and 3) having Medicare beneficiaries designate a primary care medical home and reward providers for coordinating care and ensuring receipt of preventive care (84%) are the top picks of all sectors, favored by 80 percent to 93 percent of respondents.
- More than two of three panelists support having higher-income Medicare beneficiaries pay higher premiums (68%), allowing those under age 65 to contribute to a Medicare savings account to be used when covered by Medicare for premiums and out-of-pocket costs for acute and long-term care (67%), and raising taxes to ensure Medicare's long-term solvency (67%). Similar numbers of respondents favor having Medicare offer its own comprehensive benefit package as an alternative to Medigap or Medicare Advantage (67%), eliminating the two-year waiting period for coverage of the disabled (67%), and permitting older adults ages 50 to 64 to purchase coverage under Medicare (65%). Even though these proposed changes have similar levels of support from panelists overall, there are significant differences among the sectors.

Having higher-income Medicare beneficiaries pay higher premiums:

- ◇ Academic/Research Institution: 71%
- ◇ Health Care Delivery: 76%
- ◇ Business/Insurance/Other Health Care Industry: 71%
- ◇ Government/Labor/Consumer Advocacy: 67%

Allowing those under age 65 to contribute to a Medicare savings account to be used when covered by Medicare for premiums and out-of-pocket costs for acute and long-term care is more likely to be favored by respondents of the health care delivery and business/insurance/other health industry sectors than by academics or people who are affiliated with government/labor/consumer advocacy.

- ◇ Academic/Research Institution: 58%
- ◇ Health Care Delivery: 74%
- ◇ Business/Insurance/Other Health Care Industry: 72%
- ◇ Government/Labor/Consumer Advocacy: 57%

Respondents who come from business/insurance/other health industry are less likely than the three other sectors to favor raising taxes to ensure Medicare's long-term solvency, while panelists from government/labor/consumer advocacy are more likely than respondents from health care delivery to favor a tax increase.

- ◇ Academic/Research Institution: 71%
- ◇ Health Care Delivery: 64%
- ◇ Business/Insurance/Other Health Care Industry: 48%
- ◇ Government/Labor/Consumer Advocacy: 83%

Having Medicare offer its own comprehensive benefit package as an alternative to Medigap or Medicare Advantage is an option that appeals to all sectors, except to respondents from the business/insurance/other health industry.

- ◇ Academic/Research Institution: 71%
- ◇ Health Care Delivery: 76%
- ◇ Business/Insurance/Other Health Care Industry: 48%
- ◇ Government/Labor/Consumer Advocacy: 70%

As with the previous proposed change, eliminating the two-year waiting period for coverage of the disabled is the least popular with the business/insurance/other health industry sector. Respondents from this sector are less likely than leaders from health care delivery or government/labor/consumer advocacy to favor this approach.

- ◇ Academic/Research Institution: 68%
- ◇ Health Care Delivery: 72%
- ◇ Business/Insurance/Other Health Care Industry: 58%
- ◇ Government/Labor/Consumer Advocacy: 77%

Only a slight majority of panelists from business/insurance/other health industry (52%) favors permitting older adults ages 50 to 64 to purchase coverage under Medicare. The overall percentage of respondents supporting such a change is much higher.

- ◇ Academic/Research Institution: 69%
- ◇ Health Care Delivery: 74%
- ◇ Business/Insurance/Other Health Care Industry: 52%
- ◇ Government/Labor/Consumer Advocacy: 77%

- Overall, eliminating extra payments for private health plans is favored by 47 percent of all respondents. Yet, the majority of respondents from academia, health care delivery, and government/labor/consumer advocacy support this change. Again, opinion leaders from the business/insurance/other health care industry are much less likely to agree with the other sectors. Only one of four approves of such a change in policy.

- ◇ Academic/Research Institution: 53%
- ◇ Health Care Delivery: 53%

- ◇ Business/Insurance/Other Health Care Industry: 25%
  - ◇ Government/Labor/Consumer Advocacy: 60%
- Capping federal spending per Medicare beneficiary through premium support or other means stands out as the only policy proposal that receives a strong pushback from all sectors. Two-thirds (66%) of all panelists *oppose* this approach while leaders who work within government/labor/advocacy are more likely than respondents from academia and the business/insurance/other health care industry to oppose these spending caps.
    - ◇ Academic/Research Institution: 64% oppose (19% favor)
    - ◇ Health Care Delivery: 69% oppose (16% favor)
    - ◇ Business/Insurance/Other Health Care Industry: 61% oppose (17% favor)
    - ◇ Government/Labor/Consumer Advocacy: 80% oppose (7% favor)

### **About the Respondents (Tables 5, 6, 7)**

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* (51%)\*
- *Health Care Delivery* (25%)\*, 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* (30%)\*, including health insurance, pharmaceutical, other industries/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 (31%) followed by policy analysts (27%), CEOs and presidents (22%), and physicians (19%). Others work in administration/management (17%) or are consultants (13%). 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.



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**TABLE 1**  
**Overall Success of Medicare**  
“Overall, how successful do you think the Medicare program has been?”

Base: 230 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
<b>Extremely/very successful/successful</b>	<b>86</b>	<b>86</b>	<b>88</b>	<b>80</b>	<b>93</b>
Extremely successful	23	25	26	17	27
Very successful	43	46	41	39	40
Successful	19	16	21	23	27
<b>Somewhat/not at all successful</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>19</b>	<b>7</b>
Somewhat successful	14	14	12	19	7
Not at all successful	—	—	—	—	—
Not sure/No answer	*	—	—	1	—

\* Fewer than 1 percent of respondents gave this answer.

**TABLE 2**  
**Specific Components of Medicare**  
“How successful has Medicare been in accomplishing each of the following?”

Base: 230 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
<b>Providing beneficiaries with stable, predictable coverage over time and guaranteed access to basic medical care for seniors and qualifying disabled</b>	<b>92</b>	<b>90</b>	<b>84</b>	<b>91</b>	<b>97</b>
Extremely successful	37	36	38	32	53
Very successful	32	34	26	29	20
Successful	24	19	21	30	23
<b>Somewhat/ not at all successful</b>	<b>7</b>	<b>9</b>	<b>16</b>	<b>7</b>	<b>3</b>
Somewhat successful	7	9	16	7	3
Not at all successful	—	—	—	—	—
Not sure/No answer	*	1	—	1	—

\* Fewer than 1 percent of respondents gave this answer.

**TABLE 2**  
**Specific Components of Medicare (continued)**

Base: 230 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<b>Providing support for medical education and training programs</b>	<b>Extremely/ very successful/ successful</b>	<b>80</b>	<b>82</b>	<b>81</b>	<b>75</b>	<b>87</b>
	Extremely successful	19	25	17	12	20
	Very successful	34	37	31	32	37
	Successful	27	20	33	32	30
	<b>Somewhat/ not at all successful</b>	<b>14</b>	<b>14</b>	<b>16</b>	<b>19</b>	<b>3</b>
	Somewhat successful	10	10	12	14	3
	Not at all successful	3	4	3	4	—
	Not sure/No answer	6	3	3	6	10
<b>Providing financial protection for those vulnerable due to low-income and/or poor health</b>	<b>Extremely/ very successful/ successful</b>	<b>71</b>	<b>72</b>	<b>71</b>	<b>62</b>	<b>73</b>
	Extremely successful	15	11	26	16	17
	Very successful	32	35	28	22	27
	Successful	24	26	17	25	30
	<b>Somewhat/ not at all successful</b>	<b>28</b>	<b>28</b>	<b>29</b>	<b>36</b>	<b>27</b>
	Somewhat successful	24	23	21	32	23
	Not at all successful	4	5	9	4	3
	Not sure/No answer	*	—	—	1	—
<b>Improving health status of beneficiaries, functional impairment, and/or reduced mortality</b>	<b>Extremely/ very successful/ successful</b>	<b>67</b>	<b>71</b>	<b>64</b>	<b>57</b>	<b>73</b>
	Extremely successful	12	14	12	7	13
	Very successful	28	34	22	23	20
	Successful	27	23	29	26	40
	<b>Somewhat/ not at all successful</b>	<b>31</b>	<b>26</b>	<b>36</b>	<b>41</b>	<b>27</b>
	Somewhat successful	27	25	34	33	23
	Not at all successful	3	2	2	7	3
	Not sure/No answer	2	3	—	3	—
<b>Stimulating and supporting spread of new medical technology and treatment methods</b>	<b>Extremely/ very successful/ successful</b>	<b>64</b>	<b>73</b>	<b>55</b>	<b>54</b>	<b>63</b>
	Extremely successful	13	18	9	7	13
	Very successful	27	31	24	23	27
	Successful	24	24	22	23	23
	<b>Somewhat/ not at all successful</b>	<b>33</b>	<b>25</b>	<b>40</b>	<b>41</b>	<b>37</b>
	Somewhat successful	25	23	28	25	37
	Not at all successful	7	3	12	16	—
	Not sure/No answer	3	2	5	6	—

\* Fewer than 1 percent of respondents gave this answer.

**TABLE 2**  
**Specific Components of Medicare (continued)**

Base: 230 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<b>Helping decrease racial disparities through improved access to care for minority beneficiaries</b>	<b>Extremely/ very successful/ successful</b>	<b>61</b>	<b>72</b>	<b>59</b>	<b>48</b>	<b>60</b>
	Extremely successful	7	10	2	4	10
	Very successful	26	30	29	17	27
	Successful	29	32	28	26	23
	<b>Somewhat/ not at all successful</b>	<b>33</b>	<b>25</b>	<b>38</b>	<b>43</b>	<b>33</b>
	Somewhat successful	27	19	29	36	27
	Not at all successful	7	6	9	7	7
Not sure/No answer	2	3	3	9	7	
<b>Helping ensure the financial stability of health care providers and their ability to serve the poor and uninsured</b>	<b>Extremely/ very successful/ successful</b>	<b>60</b>	<b>67</b>	<b>43</b>	<b>48</b>	<b>80</b>
	Extremely successful	8	10	3	7	20
	Very successful	26	33	22	17	20
	Successful	25	24	17	23	40
	<b>Somewhat/ not at all successful</b>	<b>39</b>	<b>31</b>	<b>55</b>	<b>51</b>	<b>17</b>
	Somewhat successful	30	24	36	43	13
	Not at all successful	9	8	19	7	3
Not sure/No answer	2	2	2	1	3	
<b>By providing home care, allowing frail elderly and disabled to live independently at home or in the community</b>	<b>Extremely/ very successful/ successful</b>	<b>41</b>	<b>41</b>	<b>47</b>	<b>38</b>	<b>37</b>
	Extremely successful	3	4	7	—	3
	Very successful	13	12	16	14	3
	Successful	24	25	24	23	30
	<b>Somewhat/ not at all successful</b>	<b>56</b>	<b>58</b>	<b>48</b>	<b>58</b>	<b>63</b>
	Somewhat successful	47	48	41	51	50
	Not at all successful	9	9	7	7	13
Not sure/No answer	3	2	5	4	—	
<b>Using purchasing leverage to improve quality of care</b>	<b>Extremely/ very successful/ successful</b>	<b>21</b>	<b>19</b>	<b>17</b>	<b>28</b>	<b>17</b>
	Extremely successful	1	2	2	1	3
	Very successful	4	4	2	6	3
	Successful	16	14	14	20	10
	<b>Somewhat/ not at all successful</b>	<b>77</b>	<b>81</b>	<b>83</b>	<b>71</b>	<b>77</b>
	Somewhat successful	38	36	52	29	57
	Not at all successful	39	45	31	42	20
Not sure/No answer	1	—	—	1	7	

**TABLE 2**  
**Specific Components of Medicare (continued)**

Base: 230 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<b>Encouraging healthier lifestyles and preventive care</b>	<b>Extremely/ very successful/ successful</b>	<b>12</b>	<b>10</b>	<b>16</b>	<b>14</b>	<b>7</b>
	Extremely successful	*	1	2	—	—
	Very successful	2	3	—	1	—
	Successful	10	7	14	13	7
	<b>Somewhat/ not at all successful</b>	<b>87</b>	<b>89</b>	<b>83</b>	<b>83</b>	<b>93</b>
	Somewhat successful	44	44	50	30	53
	Not at all successful	43	45	33	52	40
Not sure/No answer	2	1	2	3	—	

\* Fewer than 1 percent of respondents gave this answer.

**TABLE 3**  
**Medicare Advantage vs. Medicare FFS**  
“In general, do you think Medicare Advantage plans or  
Medicare fee-for-service (FFS) buys more value for money spent?”

Base: 230 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Medicare Advantage buys more value for money spent	35	28	28	52	30
Medicare FFS buys more value for money spent	27	31	22	14	30
Both buy equal value for money spent	8	8	12	9	7
Not sure	30	33	38	25	33

**TABLE 4**  
**The Future of Medicare**

“Health policy experts have suggested various changes to the Medicare program.  
Do you favor or oppose changing Medicare in the following ways?”

Base: 230 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<b>Using Medicare leverage to accelerate adoption of electronic medical records and health information technology</b>	<b>Favor</b>	<b>89</b>	<b>86</b>	<b>84</b>	<b>91</b>	<b>93</b>
	Oppose	3	1	2	6	—
	Not sure/ No answer	8	14	14	3	7
<b>Using Medicare’s leverage to reward providers for performance on quality and efficiency</b>	<b>Favor</b>	<b>87</b>	<b>86</b>	<b>83</b>	<b>90</b>	<b>90</b>
	Oppose	4	5	5	4	—
	Not sure/ No answer	8	9	12	6	10
<b>Having Medicare beneficiaries designate a primary care “medical home” and reward providers for coordinating care and ensuring receipt of preventive care</b>	<b>Favor</b>	<b>84</b>	<b>85</b>	<b>86</b>	<b>80</b>	<b>90</b>
	Oppose	6	8	5	7	3
	Not sure	10	8	9	13	7
<b>Having higher-income Medicare beneficiaries pay higher premiums</b>	<b>Favor</b>	<b>68</b>	<b>71</b>	<b>76</b>	<b>71</b>	<b>67</b>
	Oppose	22	20	17	20	23
	Not sure	9	8	7	9	10
<b>Allowing those under age 65 to contribute to a Medicare savings account to be used when covered by Medicare for premiums and out-of-pocket costs for acute and long-term care</b>	<b>Favor</b>	<b>67</b>	<b>58</b>	<b>74</b>	<b>72</b>	<b>57</b>
	Oppose	17	25	14	7	20
	Not sure	16	16	12	20	23
<b>Raising taxes to ensure Medicare’s long-term solvency</b>	<b>Favor</b>	<b>67</b>	<b>71</b>	<b>64</b>	<b>48</b>	<b>83</b>
	Oppose	23	19	21	38	7
	Not sure	10	9	16	13	10
<b>Having Medicare offer its own comprehensive benefit package as an alternative to Medigap or Medicare Advantage, including hospital, physician, prescription drug, and other services with modest cost-sharing</b>	<b>Favor</b>	<b>67</b>	<b>71</b>	<b>76</b>	<b>48</b>	<b>70</b>
	Oppose	17	12	14	32	3
	Not sure	16	17	10	20	27
<b>Eliminating the two-year waiting period for coverage of the disabled</b>	<b>Favor</b>	<b>67</b>	<b>68</b>	<b>72</b>	<b>58</b>	<b>77</b>
	Oppose	16	14	10	23	3
	Not sure	18	18	17	19	20

**TABLE 4**  
**The Future of Medicare (continued)**

Base: 230 Respondents

		Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
<b>Permitting older adults ages 50–64 to purchase coverage under Medicare</b>	<b>Favor</b>	<b>65</b>	<b>69</b>	<b>74</b>	<b>52</b>	<b>77</b>
	Oppose	23	19	22	33	13
	Not sure	12	12	3	14	10
<b>Eliminating extra payments for private health plans</b>	<b>Favor</b>	<b>47</b>	<b>53</b>	<b>53</b>	<b>25</b>	<b>60</b>
	Oppose	31	24	24	48	20
	Not sure	22	23	22	28	20
<b>Capping federal spending per Medicare beneficiary through premium support or other means</b>	<b>Favor</b>	<b>18</b>	<b>19</b>	<b>16</b>	<b>17</b>	<b>7</b>
	Oppose	66	64	69	61	80
	Not sure	16	17	16	22	13

**TABLE 5**  
**Place of Employment**

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

Base: 289 Respondents

	<b>%</b>
<b>Academic and Research Institutions</b>	
Medical, public health, nursing, or other health professional school	22
Think Tank/Health Care Institute/Policy Research Institution	18
University setting not in a medical, public health, nursing, or other health professional school	9
Foundation	7
Medical Publisher	1
<b>Health Care Delivery and Professional, Trade, or Consumer Organizations</b>	
Medical society or professional association or organization	10
Hospital	7
Physician practice/Other clinical practice (patient care)	3
Clinic	3
Hospital or related professional association or organization	5
Nursing home/Long-term care facility	1
Allied health society or professional association or organization	2
<b>Other Industry/Business Settings</b>	
Health care consulting firm	7
CEO, CFO, Benefits manager	4
Accrediting body and organization (non-governmental)	2
Polling organization	—
Financial service industry	*
Other	3
<b>Labor Consumer Advocacy Groups and Health Care Improvement Organizations</b>	
Labor/Consumer/Seniors' advocacy group	4
Health care improvement organization	3
<b>Health Insurance and Professional Organization</b>	
Health insurance/managed care industry	8
Health insurance and business association or organization	3
<b>Government</b>	
Non-elected federal executive branch official	3
Staff for a federal elected official or federal legislative committee	1
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	*
Staff for non-elected federal executive branch official	1
Staff for non-elected state executive branch official	—
<b>Pharmaceutical Industry and Professional Organization</b>	
Drug manufacturer	5
Pharmaceutical/Medical device trade association organization	—
Biotech company	2
Device company	*

\* Fewer than 1 percent of respondents gave this answer.

**TABLE 6**  
**Type of Employment**

“How would you describe your current employment position?”

Base: 230 Respondents

	<b>%</b>
Teacher, researcher, professor	31
Policy analyst	27
CEO/President	22
Physician	19
Administration/Management	17
Consultant	13
Department head/Dean	7
Lobbyist	6
Policymaker or policy staff (federal)	5
Foundation officer	5
Consumer advocate	5
Health care purchaser	4
Other health care provider (not physician)	3
Policymaker or policy staff (state)	2
Investment analyst	—
Other	2
Retired	4

**TABLE 7**  
**Permission to Be Named as a Survey Participant**

Base: 230 Respondents

	<b>%</b>
Yes	87
No	13
No answer	1



## **APPENDIX**

### **METHODOLOGY**

The online survey was conducted by Harris Interactive with 230 opinion leaders in health policy and innovators in health care delivery and finance between June 9th, 2005, and June 22nd, 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 1,290 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Of the 1,290 e-mail invitations, one was returned as undeliverable. Steps were taken to attempt to correct the e-mail address and locate the individual, but these efforts were unsuccessful. Data collection took place between June 9th, 2005 and June 22nd, 2005. A total of three reminders were sent to anyone who had not responded. The response rate was 18 percent. Typically, samples of this size are associated with a sampling error of +/- 6.5%.