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J:\US\NYC\27xxx\279xx\27901 CMWF Leaders Year 2\27901_CMWF_D_9.07\Questionnaire

The Commonwealth Fund Panel of Expert May 2007 (The Commonwealth Fund)

TITLE FOR INITIAL SURVEY PAGE: The Commonwealth Fund Health Care Opinion Leaders Survey

Field Period: October 2007

SUBJECTS FOR QUESTIONNAIRE

400: Preloaded variables
500: Introduction
600: Transparency Survey
1000: Demographics

Proprietary Questions Not To Be Released: ALL

Harris Interactive-approved Results Items: N/A

Use of Instant Results System: NO

Harris Interactive-approved Soft Exit Items: N/A

Survey Progress Bars: Dynamic

Number of Response Equivalentents (REs):

Estimated Survey Duration: 8 minutes

Survey Template: HI CORPORATE

TTT Code (Q23): 359999

Survey Description: Survey on opinion leaders in the health care field

Demographics Template: CUSTOM

[PROGRAMMER NOTE: PLEASE ENSURE THAT ALL MISSING DATA IS REPRESENTED IN SPSS DATA SET AS OUT OF RANGE NEGATIVE NUMBERS. ALL QUESTIONS IN THE SURVEY ARE NON-MANDATORY.]

SECTION 400: PRE-LOADED VARIABLE

BASE: ALL RESPONDENTS

Q400 (QV8) Fund List

- 1 Academic and Research Institution
- 2 Government
- 3 Health Care Delivery
- 4 Other Industry/Business Setting
- 5 Pharmaceutical Industry
- 6 Professional Trade, Consumer Organization
- 99 MISSING

BASE: Preloaded all respondents

Q403 (QV9) email address

BASE: preloaded all respondents

Q404 (QV10) Full Name

BASE: All RESPONDENTS

Q405 (QV11) Sample ID

BASE: ALL RESPONDENTS

Q75 (QV7) 998 **General Client Sample**

BASE: ALL RESPONDENTS

Q99 **SCREENER QUALIFICATION IDENTIFICATION QUESTION (DOES NOT APPEAR ON SCREEN)**

- 1 **SCREENER QUALIFIED RESPONDENTS, (all are eligible who have answered at least 1 question and have gone through entire survey) QUOTA OPEN**
- 6 NOT SCREENER QUALIFIED (other)

SECTION 500 INTRODUCTION

BASE: ALL RESPONDENTS

Q505 Thank you for participating in the Commonwealth Fund Health Care Opinion Leaders Survey. We would like to ask for your views on the issue of transparency of health care quality and price information. Your responses will be reported in the aggregate only and will never be linked to you personally.

“Transparency” in quality and price has been identified as a strategy to improve health system performance. In this context, transparency is defined as the public reporting of information (e.g., health care report cards). Although “price” can have many meanings, we are using the term “price” in the questions below to mean the effective price paid after discounts; for complex events such as a hospitalization or a surgery, the price would include the total effective price for the entire event (e.g., for inpatient surgery, the hospital bed and ancillary services, the surgeon, anesthesiologist, and radiologist, and all other services directly related to the surgery).

SECTION 600: TRANSPARENCY SURVEY

BASE: ALL RESPONDENTS

Q600 How important do you think increased transparency in quality and price is to improving U.S. health system performance?

	Total (N=241)
	%
Not important	2
Somewhat important	21
Important	27
Very important	50
Not sure	0

BASE: ALL RESPONDENTS

Q605 How much impact do you think quality and price transparency will have on total U.S. health system spending?

	Total (N=241)
	%
Reduce spending by greater than 5 percent	17
Reduce spending by 1 to 5 percent	31
Reduce spending by less than 1 percent	21
No impact on spending	19
Increase spending	2
Not sure	9

BASE: ALL RESPONDENTS

Q610 Below are four potential objectives of enhanced transparency on provider quality and price. How important is each of the following in improving health system performance?

Total (N=241) %	Not important	Somewhat important	Important	Very important	Not sure
Stimulate provider performance improvement activities	2	12	25	59	0
Encourage payers to recognize or reward quality and efficiency	4	19	32	44	0
Help patients make informed choices about their care	5	29	29	37	0
Inform accreditation, certification, and licensing entities in establishing and upholding performance standards	10	27	31	31	0

BASE: ALL RESPONDENTS

Q615 How much of a priority should be attached to improving provider transparency in each of the following areas?

Total (N=241) %	Not a priority	A priority	High priority	Not sure
Clinical quality (e.g., processes of care; health outcomes such as mortality or infection rates)	0	15	82	1
Patient experience of care	4	41	53	1
Price	10	48	38	3

BASE: ALL RESPONDENTS

Q620 Who do you think should be responsible for setting standards for quality and price measurement and reporting so that the data is useful to providers, payers and patients?

	Total (N=241) %
Public and private payers	10
An existing federal agency	18
A new public/private national entity	56
Provider professional societies	4
Not sure	12

BASE: ALL RESPONDENTS

Q625 As more Americans are enrolled in high-deductible health plans and/or health savings accounts, the argument is made that they need access to price and quality data in order to make best use of their own dollars. How well do you think patients will be able to make such decisions given the data that will be available to them over the next 2-3 years?

	Total (N=241) %
Not likely	53
Somewhat likely	35
Likely	8
Very likely	3
Not sure	0

BASE: ALL RESPONDENTS

Q630 Do you support having payers differentially pay providers based on publicly reported quality and price data?

	Total (N=241)
	%
Do not support	9
Somewhat support	30
Support	25
Strongly Support	29
Not sure	7

BASE: ALL RESPONDENTS

Q635 Do you support public reporting of health plan medical loss ratios (percentage of premium dollars spent on medical care)?

	Total (N=241)
	%
Do not support	5
Somewhat support	9
Support	28
Strongly Support	54
Not sure	1

BASE: ALL RESPONDENTS

Q640 Do you support public reporting of drug prices charged to major purchasers (e.g., the Veterans Administration, Medicaid, Medicare Part D plans, private pharmacy benefit managers)?

	Total (N=241)
	%
Do not support	6
Somewhat support	8
Support	23
Strongly Support	61
Not sure	2

BASE: ALL RESPONDENTS

Q645 Data collection for performance measurement can be costly. Who should bear the burden of these costs?

	Total (N=241)
	%
The cost should be shared between providers, insurers, and government	75
The insurers	11
The government	7
The provider	5
Not sure	2

BASE: ALL RESPONDENTS

Q650 How important is widespread adoption of health information technology to achieving a meaningful system of transparency?

	Total (N=241)
	%
Not important	2
Somewhat important	10
Important	20
Very important	68
Not sure	0

BASE: ALL RESPONDENTS

Q655 As part of their health reform proposals, how important is it for presidential candidates to include an accessible and meaningful system of public reporting on quality and price?

	Total (N=241)
	%
Not important	11
Somewhat important	17
Important	36
Very important	34
Not sure	2

SECTION 1000: Demographics

BASE: ALL RESPONDENTS

Q1000 How would you describe your current employment position? Please select all that apply.

	Total (N=241)
	%
Policy analyst	21
Researcher/Professor/Teacher	32
Dean or department head	4
Policymaker or policy staff (federal)	4
Policymaker or policy staff (state)	2
CEO/President	24
Management/Administration	16
Lobbyist	2
Consultant	12
Regulator	0
Physician	16
Other health care provider (not physician)	2
Consumer advocate	6
Health care purchaser	7
Foundation officer	7
Investment analyst	0
Retired	3
Editor	1
Investor/Consumer	1
Other	4

BASE: ALL RESPONDENTS

Q1010 Which of the following best describes the type of place or institution for which you work or, if retired, last worked? Please select all that apply.

	Total (N=241)
	%
Academic and Research Institutions	46
Medical, public health, nursing, or other health professional school	21
University setting not in a medical, public health, nursing, or other health professional school	8
Think tank/Health care institute/Policy research institution	14
Foundation	8
Medical publisher	0
Government	6
Staff for a state elected official or state legislative committee	0
Staff for a federal elected official or federal legislative committee	1
Non-elected state executive-branch official	2
Non-elected federal executive-branch official	1
Staff for non-elected state executive-branch official	1
Staff for non-elected federal executive-branch official	1
Other government mentions	1
Professional, Trade, Consumer Organizations	20
Medical society or professional association or organization	6
Allied health society or professional association or organization	1
Hospital or related professional association or organization	5
Health insurance and business association or organization	4
Pharmaceutical/Medical device trade association organization	1
Financial services industry	1
Labor/Consumer/Seniors' advocacy group	5
Health Care Delivery	20
Hospital	11
Nursing home/Long-term care facility	2
Clinic	4
Physician practice/Other clinical practice (patient care)	5
Health insurance/Managed care industry	7
Pharmaceutical Industry	2
Drug manufacturer	2
Device company	0
Biotech company	1
Other Industry/Business Settings	25
CEO, CFO, Benefits Manager	4
Polling organization	0
Health care consulting firm	10
Health care improvement organization	7
Accrediting body and organization (non-governmental)	2
Other	5