

The Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey

HEALTHCARE TRANSPARENCY AND PRICING

October 2010

Introduction

The Commonwealth Fund Health Care Opinion Leaders (HCOL) Survey was conducted by Harris Interactive® on behalf of The Commonwealth Fund and *Modern Healthcare*, with responses from a broad group of 190 of innovators and opinion leaders in health policy health care delivery and finance. This was the 23rd study in a series of surveys designed to highlight leaders' perspectives on the most timely health policy issues facing the nation. This survey focused on healthcare transparency in the United States.

Health care opinion leaders were identified by The Commonwealth Fund, *Modern Healthcare*, and Harris Interactive as individuals who are experts and influential decision makers within their respective industries.

About the Respondents

Respondents represent a broad range of employment positions and professional settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 10):

- *Academic/Research Institutions* (56%)*
- *Business/Insurance/Other Health Care Industry* (23%)*; including health insurance, pharmaceutical, other industries/businesses, and health care improvement organizations.
- *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.
- *Government/Labor/Consumer Advocacy* (14%)*; including government, labor, and consumer advocacy.**

* Percentages add to more than 100 as respondents were able to give more than one answer.

** Respondents in these industries were combined due to the small sample sizes of the individual groups

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**TABLE 1
TRANSPARENCY AND PRICING**

“In your view, how important do you think it is to have information about each of the following available to the public?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Clinical quality-- processes of care (e.g., timely use of antibiotic for infections or beta blockers for heart attacks)	n=	189	105	42	43	26
	Very important/ Important	91%	92%	86%	86%	88%
	Very important	54%	61%	48%	47%	50%
	Important	37%	31%	38%	40%	38%
	Neither important nor unimportant	7%	6%	12%	12%	8%
	Unimportant/Very Unimportant	2%	2%	2%	2%	4%
	Unimportant	1%	1%	-	-	-
	Very unimportant	1%	1%	2%	2%	4%
Not Sure	-	-	-	-	-	
Clinical quality--health outcomes (e.g., mortality or infection rates)	n=	190	106	42	43	26
	Very important/ Important	95%	95%	90%	88%	92%
	Very important	69%	72%	57%	63%	77%
	Important	26%	24%	33%	26%	15%
	Neither important nor unimportant	4%	3%	7%	7%	4%
	Unimportant/Very Unimportant	1%	2%	2%	5%	4%
	Unimportant	1%	1%	-	2%	4%
	Very unimportant	1%	1%	2%	2%	-
Not Sure	-	-	-	-	-	
Patients' experiences with care	n=	190	106	42	43	26
	Very important/ Important	93%	94%	90%	95%	88%
	Very important	61%	62%	48%	60%	54%
	Important	32%	32%	43%	35%	35%
	Neither important nor unimportant	5%	5%	5%	2%	12%
	Unimportant/Very Unimportant	1%	-	2%	-	-
	Unimportant	1%	-	2%	-	-
	Very unimportant	-	-	-	-	-
Not Sure	1%	1%	2%	2%	-	

TABLE 1 (con't)
TRANSPARENCY AND PRICING

“In your view, how important do you think it is to have information about each of the following available to the public?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

	n=	190	106	42	43	26
Prices paid for care (including pharmaceutical, imaging, medical devices, hospital and physician services, and total net charges for treatment of selected conditions)	Very important/ Important	94%	93%	93%	98%	100%
	Very important	61%	67%	60%	58%	62%
	Important	34%	26%	33%	40%	38%
	Neither important nor unimportant	2%	3%	2%	2%	-
	Unimportant/Very Unimportant	3%	3%	5%	-	-
	Unimportant	3%	2%	5%	-	-
	Very unimportant	1%	1%	-	-	-
	Not Sure	1%	1%	-	-	-

**TABLE 2
HEALTH SYSTEM PERFORMANCE IMPROVEMENT**

“Below are three potential uses for improved comparative information on provider outcomes and cost. In your view, how important would each be in improving U.S. health system performance?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
Stimulating provider performance improvement activities	n=	186	106	42	43	26
	Very important/ Important	96%	95%	95%	91%	92%
	Very important	62%	60%	60%	72%	58%
	Important	34%	35%	36%	19%	35%
	Neither important nor unimportant	2%	3%	-	5%	4%
	Unimportant/Very Unimportant	2%	2%	2%	5%	4%
	Unimportant	1%	1%	-	2%	-
	Very unimportant	1%	1%	2%	2%	4%
Not Sure	1%	-	2%	-	-	
Encouraging payers to recognize or reward quality and efficiency	n=	187	106	42	43	26
	Very important/ Important	94%	93%	93%	93%	88%
	Very important	55%	55%	50%	65%	69%
	Important	39%	39%	43%	28%	19%
	Neither important nor unimportant	3%	4%	5%	2%	-
	Unimportant/Very Unimportant	3%	3%	2%	5%	12%
	Unimportant	1%	1%	-	-	4%
	Very unimportant	2%	2%	2%	5%	8%
Not Sure	-	-	-	-	-	
Helping patients make informed choices about their care	n=	187	106	42	43	26
	Very important/ Important	88%	89%	86%	84%	88%
	Very important	49%	52%	40%	40%	46%
	Important	40%	37%	45%	44%	42%
	Neither important nor unimportant	9%	8%	10%	14%	8%
	Unimportant/Very Unimportant	2%	2%	5%	2%	4%
	Unimportant	2%	2%	5%	2%	4%
	Very unimportant	-	-	-	-	-
Not Sure	1%	1%	-	-	-	

**TABLE 3
HEALTH CARE PAYMENT OPTIONS**

“Below are several health care payment options. How effective do you think each of the following payment approaches would be in facilitating a more efficient health care system?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Current fee-for-service payment system (i.e., payment to each provider for individual services provided to each patient)	n=	184	106	40	42	26
	Extremely effective/Very effective	3%	3%	3%	-	8%
	Extremely effective	1%	1%	-	-	-
	Very effective	2%	2%	3%	-	8%
	Somewhat effective/Not effective	97%	97%	98%	100%	92%
	Somewhat effective	11%	13%	18%	14%	4%
	Not effective	86%	84%	80%	86%	88%
	Not Sure	-	-	-	-	-
Primary care medical home fee, with bonus payments for high quality	n=	186	106	42	43	26
	Extremely effective/Very effective	37%	31%	40%	40%	46%
	Extremely effective	10%	7%	19%	12%	8%
	Very effective	27%	25%	21%	28%	38%
	Somewhat effective/Not effective	59%	65%	57%	56%	50%
	Somewhat effective	52%	56%	50%	49%	42%
	Not effective	8%	9%	7%	7%	8%
	Not Sure	4%	4%	2%	5%	4%
Bundled acute hospital and post-hospital case rate with bonus payments for high quality (i.e., a single payment for all services provided to the patient over a hospital stay and period of time after discharge)	n=	186	106	42	43	26
	Extremely effective/Very effective	49%	47%	43%	51%	35%
	Extremely effective	9%	8%	5%	5%	8%
	Very effective	40%	39%	38%	47%	27%
	Somewhat effective/Not effective	48%	51%	55%	47%	62%
	Somewhat effective	41%	43%	43%	42%	58%
	Not effective	6%	8%	12%	5%	4%
	Not Sure	3%	2%	2%	2%	4%

**TABLE 3
HEALTH CARE PAYMENT OPTIONS (CONT'D)**

“Below are several health care payment options. How effective do you think each of the following payment approaches would be in facilitating a more efficient health care system?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
A blended system of fee-for-service and bundled per patient payment (i.e., options 1, 2, and 3 above)	n=	186	106	42	43	26
	Extremely effective/Very effective	32%	29%	45%	35%	31%
	Extremely effective	8%	9%	17%	7%	4%
	Very effective	24%	20%	29%	28%	27%
	Somewhat effective/Not effective	60%	63%	50%	56%	65%
	Somewhat effective	48%	48%	38%	47%	54%
	Not effective	12%	15%	12%	9%	12%
	Not Sure	8%	8%	5%	9%	4%
Shared savings (bonuses for increased efficiency, subject to required performance on quality measures) to accountable care organizations	n=	186	106	42	43	26
	Extremely effective/Very effective	55%	53%	57%	72%	54%
	Extremely effective	17%	15%	19%	21%	19%
	Very effective	38%	38%	38%	51%	35%
	Somewhat effective/Not effective	42%	44%	43%	26%	42%
	Somewhat effective	34%	34%	36%	21%	35%
	Not effective	9%	10%	7%	5%	8%
	Not Sure	3%	3%	-	2%	4%
Risk-adjusted capitation (fixed payment per patient, adjusted for health status) to accountable care organizations	n=	186	106	42	43	26
	Extremely effective/Very effective	63%	63%	64%	72%	58%
	Extremely effective	30%	31%	31%	35%	15%
	Very effective	33%	32%	33%	37%	42%
	Somewhat effective/Not effective	32%	34%	33%	23%	38%
	Somewhat effective	25%	27%	24%	21%	27%
	Not effective	8%	7%	10%	2%	12%
	Not Sure	5%	3%	2%	5%	4%

**TABLE 4
PHYSICIAN COMPENSATION**

“Do you support salaried physician practice with appropriate rewards for quality and prudent use of resources as a primary method of physician compensation?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

	Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
n=	186	106	42	43	26
Yes, I support salaried practice with appropriate rewards for quality and prudent use of resources	73%	76%	64%	81%	69%
Yes, I support salaried practice with appropriate rewards for quality, but not related to prudent use of resources	16%	15%	17%	12%	23%
No, I do not support salaried practice as the primary method of physician compensation	11%	8%	19%	7%	8%

**TABLE 5
PATIENT CHOICE**

“How important is it that a patient chooses services and providers on the basis of cost?”
Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
How important is it that a patient chooses services and providers on the basis of cost?	n=	185	106	41	43	26
	Very important/ Important	49%	49%	56%	49%	54%
	Very important	6%	7%	-	12%	-
	Important	43%	42%	56%	37%	54%
	Neither important nor unimportant	33%	33%	24%	44%	27%
	Unimportant/ Very Unimportant	11%	10%	10%	7%	12%
	Unimportant	6%	6%	5%	5%	8%
	Very unimportant	4%	5%	5%	2%	4%
	Not Sure	8%	8%	10%	-	8%

**TABLE 6
PATIENT INCENTIVE**

“Please indicate the extent to which you support the following mechanisms to provide patients incentives to lower the cost of care.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy	
	Total	%	%	%	%	
Value-based benefit design (i.e., cost-sharing for individual services depending on the effectiveness and potential benefit to the patient of using that service)	n=	185	106	42	43	26
	Strongly Support/Support	73%	75%	86%	77%	62%
	Strongly Support	26%	25%	21%	33%	23%
	Support	47%	49%	64%	44%	38%
	Neither Support Nor Oppose	12%	11%	7%	14%	23%
	Oppose /Somewhat Oppose	9%	8%	5%	7%	8%
	Oppose	6%	8%	5%	2%	4%
	Strongly Oppose	3%	1%	-	5%	4%
	Not Sure	5%	6%	2%	2%	8%
Reference pricing for services (i.e., insurers and public programs paying for each drug, device, or imaging or laboratory service based on the lowest price of equally effective treatments, with patients having the option of using more expensive but equivalent treatments and paying the difference in cost themselves)	n=	185	106	42	43	26
	Strongly Support/Support	66%	75%	60%	72%	58%
	Strongly Support	22%	28%	12%	30%	15%
	Support	44%	46%	48%	42%	42%
	Neither Support Nor Oppose	17%	16%	21%	12%	23%
	Oppose /Somewhat Oppose	14%	7%	19%	14%	15%
	Oppose	10%	7%	12%	9%	8%
	Strongly Oppose	4%	-	7%	5%	8%
	Not Sure	3%	3%	-	2%	4%

**TABLE 6
PATIENT INCENTIVE (CONT'D)**

“Please indicate the extent to which you support the following mechanisms to provide patients incentives to lower the cost of care.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy	
	Total	%	%	%	%	
Reference pricing for providers (i.e., insurers and public programs paying the lowest price in a geographic area to for a given physician or hospital service, with patients having the option of using more expensive service and paying the difference in cost themselves)	n=	185	106	42	43	26
	Strongly Support/ Support	48%	56%	29%	44%	42%
	Strongly Support	15%	21%	10%	19%	8%
	Support	33%	35%	19%	26%	35%
	Neither Support Nor Oppose	19%	15%	26%	23%	31%
	Oppose /Somewhat Oppose	28%	25%	43%	30%	23%
	Oppose	21%	21%	31%	19%	19%
	Strongly Oppose	7%	4%	12%	12%	4%
	Not Sure	4%	5%	2%	2%	4%
Tiered networks (i.e., lower premiums for enrollees based on total bills for hospital, physician, and other providers meeting a quality threshold)	n=	184	106	41	43	26
	Strongly Support/ Support	53%	55%	44%	51%	54%
	Strongly Support	18%	22%	20%	16%	15%
	Support	34%	33%	24%	35%	38%
	Neither Support Nor Oppose	23%	19%	17%	26%	23%
	Oppose /Somewhat Oppose	19%	21%	34%	19%	19%
	Oppose	15%	16%	29%	12%	12%
	Strongly Oppose	4%	5%	5%	7%	8%
	Not Sure	5%	6%	5%	5%	4%

**TABLE 7
UNIFORM METHOD OF REWARD PAYMENTS**

“How important is it that all payers use the same basic method of payment for rewarding quality and efficiency?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
		%	%	%	%	%
How important is it that all payers use the same basic method of payment for rewarding quality and efficiency?	n=	185	106	42	43	26
	Very important/ Important	71%	72%	79%	77%	54%
	Very important	31%	33%	33%	23%	15%
	Important	40%	39%	45%	53%	38%
	Neither important nor unimportant	12%	14%	12%	7%	12%
	Unimportant/ Very Unimportant	11%	9%	5%	16%	19%
	Unimportant	7%	5%	5%	12%	19%
	Very unimportant	4%	5%	-	5%	-
	Not Sure	5%	5%	5%	-	15%

**TABLE 8
PAYMENT SYSTEM OPTIONS**

“Currently, each private insurer independently negotiates payment rates with hospitals and physicians. Do you support replacing the current payment system with?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 190 respondents

	Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
n=	182	103	42	43	26
All-payer payment rate setting	29%	37%	29%	21%	31%
A single system of payment rate negotiation on behalf of all payers	27%	24%	24%	21%	27%
Letting each provider set their own prices, with insurers paying the lowest price and patients paying the difference in cost for seeing higher-priced providers	23%	21%	21%	30%	23%
Keeping the current system	9%	6%	7%	9%	4%
Other	13%	12%	19%	19%	15%

**TABLE 9
TYPE OF EMPLOYMENT**

"How would you describe your current employment position?"

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 184 respondents

	%
Researcher/Professor/Teacher	35%
CEO/President	23%
Physician	22%
Other healthcare provider (not physician)	2%
Management/Administration	13%
Consultant	14%
Dean or department head	5%
Consumer advocate	6%
Healthcare purchaser	5%
Foundation officer	5%
Policy analyst	16%
Policymaker or policy staff (state)	3%
Lobbyist	2%
Policymaker or policy staff (federal)	1%
Regulator	1%
Investment analyst	1%
Retired	8%
Other	4%

TABLE 10
PLACE OF EMPLOYMENT

"Which of the following best describes the place or institution for which you work or if retired last worked?"

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 185 respondents

	%
Academic and Research Institutions	57%
Medical, public health, nursing, or other health professional school	26%
Think tank/Healthcare institute/Policy research institution	18%
University setting not in a medical, public health, nursing, or other health professional school	10%
Foundation	8%
Medical publisher	1%
Health Care Delivery	19%
Physician practice/Other clinical practice (patient care)	9%
Hospital	6%
Clinic	5%
Health insurance/Managed care industry	5%
Nursing home/Long-term care facility	2%
Professional, Trade, Consumer Organizations	16%
Medical society or professional association or organization	6%
Health insurance and business association or organization	3%
Allied health society or professional association or organization	2%
Hospital or related professional association or organization	2%
Pharmaceutical/Medical device trade association organization	1%
Financial services industry	-
Labor/Consumer/Seniors' advocacy group	6%
Government	5%
Non-elected state executive-branch official	2%
Staff for a state elected official or state legislative committee	1%
Staff for a federal elected official or federal legislative committee	1%
Non-elected federal executive-branch official	1%
Staff for non-elected state executive-branch official	-
Staff for non-elected federal executive-branch official	1%
Pharmaceutical Industry	2%
Drug manufacturer	2%
Device company	1%
Biotech company	1%
Other Industry/Business Settings	19%
Healthcare consulting firm	11%
Healthcare improvement organization	4%
CEO, CFO, Benefits Manager	4%
Polling organization	1%
Accrediting body and organization (non-governmental)	2%

Please note that respondents may fall into more than one of these categories.

About Harris Interactive

Harris Interactive is one of the world's leading custom market research firms, leveraging research, technology, and business acumen to transform relevant insight into actionable foresight. Known widely for the Harris Poll and for pioneering innovative research methodologies, Harris offers expertise in a wide range of industries including healthcare, technology, public affairs, energy, telecommunications, financial services, insurance, media, retail, restaurant, and consumer package goods. Serving clients in over 215 countries and territories through our North American, European, and Asian offices and a network of independent market research firms, Harris specializes in delivering research solutions that help us – and our clients – stay ahead of what's next. For more information, please visit www.harrisinteractive.com.