## 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/ <br> Insurance/ Other <br> Health Care <br> Industry | Government/ <br> Labor/ <br> Consumer <br> 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 <br> Delivery | Business/ <br> Insurance/ Other <br> Health Care <br> Industry | Government/ <br> Labor/ <br> Consumer <br> 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 taxfavored 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/ <br> Research <br> Institution | Health Care Delivery | Business/ <br> Insurance/ <br> Other Health Care Industry | Government/ <br> Labor/ <br> Consumer <br> 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-forperformance. | 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/ <br> Research <br> Institution | Health Care Delivery | Business/ <br> Insurance/ <br> Other Health Care Industry | Government/ <br> Labor/ <br> Consumer <br> Advocacy |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | \% | \% | \% | \% | \% |
| Establishment of staffing requirements for nursing homes. | Extremely/ <br> very effective/ effective <br> (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 | , | 7 | S | - |
|  | 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/ <br> Research <br> Institution | Health <br> Care <br> Delivery | Business/ <br> Insurance/ <br> Other Health Care Industry | Government/ <br> Labor/ <br> Consumer <br> 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/ <br> Research <br> Institution | Health <br> Care <br> Delivery | Business/ <br> Insurance/ <br> Other Health <br> Care Industry | Government// <br> Labor/ <br> Consumer <br> Advocacy |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\mathbf{\%}$ | $\mathbf{\%}$ | $\mathbf{\%}$ | $\mathbf{\%}$ | $\mathbf{\%}$ |
| Extremely/very effective/effective (net) | $\mathbf{2 6}$ | $\mathbf{2 6}$ | $\mathbf{3 1}$ | $\mathbf{2 3}$ | $\mathbf{2 1}$ |
| Extremely effective | 3 | 3 | - | 6 | - |
| Very effective | 9 | 10 | 11 | 3 | 7 |
| Effective | 14 | 12 | 20 | 13 | $\mathbf{1 4}$ |
| Somewhat/not at all effective (net) | $\mathbf{4 5}$ | $\mathbf{4 2}$ | $\mathbf{4 3}$ | $\mathbf{5 2}$ | $\mathbf{5 0}$ |
| Somewhat effective | $\mathbf{4 3}$ | $\mathbf{3 9}$ | $\mathbf{4 3}$ | $\mathbf{4 8}$ | $\mathbf{4 3}$ |
| 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


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 $+/-6 \%$.

