POLLING AND OPINION ON HEALTH CARE REFORM

TWO EXPERT SUMMARIES OF WHAT WE'VE LEARNED SECURELY—AND A CAUTION ON WHERE POLLS SOMETIMES GO ASTRAY

"Surveys of public opinion...should focus on the four things which the public really cares about—quality, access, affordability, and security."

By Humphrey Taylor

Anyone who takes the time to review the many hundreds of poll questions about health-care policy will notice that there are two very different types. Many questions are easy to understand and deal with issues which most people have probably given some thought to. Among them, questions about quality, cost, access, security, and maybe those about taxes and restricted choice. Other useful questions ask about trade-offs and choices between costs and coverage, or costs and reduced choice. When short and simple, such questions are at least getting the real reactions of the public to concepts that most people can understand without too much difficulty. These data are very useful.

However, a second set of questions—designed to find out which of many policy alternatives the public supports—are of dubious value and may even be misleading. Whether people prefer Managed Competition, or Play or Pay, or "Canadian-style," or the Heritage Foundation plan, and so on. Whether or not they support "all-payer systems," "global budgeting," and "gatekeeper controls." What the basic benefits package should be. How they feel about fee-for-service versus capitated care, and health purchasing cooperatives.

No Polling at the Wonk Level

This second set includes enormously important questions, decisions about which will be critical in determining the success or failure of our new health-care system. Not surprisingly, legislators, policymakers, and the health-care industry want to know how the public feels about them. The problem is that there are no feelings to measure.

These, in my opinion, are policy wonk questions written by, or for, policy wonks, health-care experts, legislators, or industry groups. Hardly any of them measure public opinion in the sense of opinions which were in the people's thinking before they were asked. The public has little knowledge or understanding of such details and no opinion on them.

The closer these policy wonk questions get to the actual choices policymakers face, the more complicated and incomprehensible they tend to become. One recent example read as follows:

> *I would like to read some of the advantages and disadvantages that people have mentioned about a health care program that President Clinton may propose.*
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> *Three of the advantages are that (1) every American would have health coverage, (2) Americans would be able to keep their health-care coverage, even if they lose or change their jobs or develop a serious illness, and (3) the overall cost to the economy and to the federal government would be less.*
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> *Three of the disadvantages are that (1) higher taxes would be required in order to make sure that everyone is covered, (2) the government would be more involved with the health-care system than it is now, and (3) patients would be limited in their choice of doctors and in the availability of some high-tech health-care services.*
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> *With this information in mind, would you say that the advantages of this health-care proposal outweigh the disadvantages, or do you believe that the disadvantages outweigh the advantages?*

To avoid embarrassment, I won't attribute the question. Nor will I waste readers' time with the replies to it.

The public's replies to such questions may measure reactions to ideas, concepts, and words. But that's all they measure. And even small changes in the words, or the range of choices, can produce very different replies. Unfortunately we pollsters, and the media who report our results, practically never distinguish between existing opinion and potential opinion. Clearly, replies to many poll

questions on health-care policy are not measuring existing opinion.

Opinion on the "Big Four" Issues

Surveys of public opinion about health-care policy should focus on the four things which the public really cares about—quality, access, affordability, and security. People want easy access to reasonable quality care at an affordable cost, and the peace of mind that they won't lose their health insurance and that they won't be wiped out financially by their health-care costs. How does the health-care system measure up to public expectations on these four criteria?

Taylor:

A major divide between the public and policymakers stems from the fact that the public only cares about ends. It knows what it wants, but unlike the policymakers, it is not engaged in the debate about means.

On *quality* it does reasonably well. Most people are reasonably satisfied with the quality of care and the services that they use and relatively few people are dissatisfied. On *access* there are two different stories. The great majority are reasonably satisfied with their own access to care, but they know many others do not have health insurance or are under-insured. Overwhelmingly, people say this is unacceptable. Virtually everyone now believes that health insurance is a right to which everyone should be entitled.

On *cost* there is, of course, enormous dissatisfaction—with out-of-pocket costs to the consumer, with the cost to the taxpayer, the cost to employers, and with the high rate of health-care price inflation. On *security*, many people fear that they are going to lose their health insurance or be wiped out by catastrophic illness, long-term chronic illness, or by nursing home bills.

While most people are satisfied with the health-care services they use themselves, they think the health-care system is badly flawed, because of its apparent failures on cost, access, and security.

Harris surveys in 10 major countries show that nowhere else are so many people so dissatisfied with their health-care system or so anxious to change it as they are here. In our most recent survey, only 4% of Americans thought the system worked pretty well while fully 94% thought it needed major reform or to be completely rebuilt. On all four key criteria—cost, access, quality, and security—the trend is sharply down. With each passing year, the public has become more upset about the cost of medical care, more concerned that some people don't have adequate health insurance, and more afraid that they won't have the health insurance they need when they most need it. Even on quality, where a large majority is still satisfied, the number who are dissatisfied has been rising.

It's clear these trends could not go on at their present speed without something snapping. Pick your own analogy. Last year, George Lundberg, the editor of *The Journal of the American Medical Association* (*JAMA*) wrote about Meltdown in 1996. My preferred metaphor is a kettle with the steam pressure rising sharply every year, approaching the point of explosion.

The Biggest Problem Lies in Finding a Solution

So much for the problem. That's the easy part. What about the solutions? While Americans are virtually unanimous in believing that major reform is needed, to achieve both universal coverage and better value for money, like the experts, they are much less certain what shape reform should take. The problems are pretty obvious, the solutions are not. One is reminded of H. L. Mencken's comment that "for every complex and difficult problem there is a simple solution—and it is wrong."

Large majorities of the public react favorably to many different proposals for reform but have difficulty choosing among them. When asked to choose, the answers vary greatly depending on how the proposals are described. Indeed, the surveys are not really measuring public opinion but testing reactions to different ideas and words.

One difficulty is that we all see the causes of the problems differently. Public and expert views, as Robert Blendon and John Benson pointed out (*The Public Perspective*, March/April 1993), are very different. Another problem is that most of the reform proposals are fiendishly complicated and highly technical. The public doesn't know about, let alone understand, the differences between mandated insurance or play or pay, what global budgeting or community rating, all-payer systems or small group reform mean. However, they do have some quite strongly held beliefs about what they want and don't want.

1. While they welcome the idea of major reform and federal government legislation, they'd prefer to keep government administration and delivery of health care to a reasonable minimum.

2. They think health insurance, doctors, hospitals, and drugs all cost much too much and they support any measures—whether competition or government price controls—that would limit their increase or reduce them.

3. They support the idea of all employers having to pay for a major part of the health insurance for their employees.

4. They vehemently oppose underwriting practices which effectively deny health insurance to those who need medical care.

5. They support the principle of investment in preventive medicine and public health.

Ends versus Means: A Major Divide in Measurement

Unlike many experts, however, most people believe they can have their cake and eat it—that they can have universal coverage and access to all the wonders of modern medicine at very little extra cost. A major divide between the public and policymakers stems from the fact that the public only cares about ends. It knows what it wants, but unlike the policymakers, it is not engaged in the debate about means. Still, the public reacts very favorably to some suggested policies—some of the means—because they think they would work, and are willing to go along with others if they believe they are necessary.

For example: by 84% to 14% they favor federal spending limits to "keep health care spending more in line with inflation." They favor, by large majorities, price controls on doctors, hospitals, health insurance premiums and prescription drugs. They back employer mandates—by a massive 82% to 16%. They support choice of health plans and providers. And they are (in theory) willing to support a range of new or additional taxes—not only on tobacco, alcohol, guns, employers and providers but also (if the taxes are modest), on their incomes and on sales.

But the key to this support for new taxes is the essential belief that the new plan will work to control costs and provide security and (ultimately) universal access.

In last November's election, not many people had much of an idea what Bill Clinton's or George Bush's health-care policies actually were. They preferred Clinton's by a very large majority, because Bush was seen as less critical of the status quo. Clinton not only articulated the public's deep dissatisfaction with the system, he was also seen to be proposing much more radical reforms—and there is a consensus that we need major fundamental reforms. Overwhelming majorities of all groups—the public, doctors, employers large and small, hospital CEOs, insurers, Congress, nurses, everyone—all agree that we need fundamental reforms.

The Upcoming Battle

If the Clinton administration's proposals are not seen as radical enough, many people will oppose them. If the Congress fails to pass a radical reform bill, the public's already very low opinion of the Congress will fall even further. There will surely be many differences between what the plan looks like when it is announced and the final bill which will be signed into law. The battles to change it will be huge and bloody, and there will be many changes.

However, we know that the final product will be a managed competition plan, with most employees and dependents—as well as the unemployed and those now on Medicaid—choosing among several approved health plans in their areas based on cost, benefits, and perceived quality. The great majority of employers will be required to pay a large part of this coverage. Subsidies will be needed for some small companies, for high-risk groups, and for those not covered by employers' plans. New taxes—a combination of quite a few new taxes to spread the pain—will be needed to pay for these subsidies.

While the policy wonks will probably continue to call the Clinton plan a form of managed competition, the Clintons will use a different and new name to describe it. The public does not react favorably to the words "managed competition," even if business people and economists do. Whatever they call it, the concept has a lot going for it politically. It appears to keep the government out of the system except as rulemaker and referee, which most people like. And it offers such all-American concepts as competition, choice, diversity, local autonomy, and incentives. Furthermore, it is seen—perhaps wrongly—as less threatening to many powerful interests—doctors and hospitals, drug companies and insurers—and less radical than a single-payer government funded model like Canada's.

The formal announcement of Clinton's health plan will only be the first shot of what promises to be the mother of all political battles. Hundreds of billions of dollars are at stake. All the most powerful health-care interests will be fighting for their share of the pie—the drug, medical equipment, devices and supply industries, the doctors and hospitals, and the AARP. The future of the health insurance industry is at stake. The tensions between what we want and what we are willing to pay for, as taxpayers, consumers, and employers, will be colossal.

Tea Leaves to Read

While we don't know what the details of the new health plan will look like when it's finally passed into law, I think I can make some informed guesses about the forces which will help or harm the administration's ability to get the health reform it wants. First, and most important, is the President's popularity. If he's riding high it will be much harder for the Congress and all of the interests involved to substantially change his plan. So the President's ratings in the polls this summer and fall may have more influence on the passage, and shape, of health-care reform than the public's reactions, as shown in the polls, to the specific details of the plan itself.

Having said that, the public's reactions to the plan—in so far as they understand and perceive it—will obviously have great influence too. But I would stress the word perceive. None of us will know for sure how well the plan would work but many of us will have strong opinions. These opinions—public, as opposed to expert, opinion—will depend on how the health plan seems to measure up on seven criteria:

1. First, and most important, how well will it contain costs or at least slow the rate of health-care inflation and health spending?

2. How effectively will it expand coverage for the uninsured and move us toward universal coverage?

3. Will it reduce insecurity among the insured population and their fears that their health insurance won't be adequate, that they will lose it when they most need it, or that they will be hit with huge uncovered medical bills?

4. Will it provide access to the services which we feel we need? Or will important services be excluded from the health plans we can afford, when we choose between plans?

5. Will it provide access to acceptable quality care? Or will it lower quality standards in order to control costs?

6. What will the impact of the plan be on the economy and on jobs? If the public comes to believe that requiring small employers to provide insurance for their employees will cause the loss of millions of jobs—as many small business advocates will claim—that will make it much harder to pass. And finally,

7. What will it do to taxes? Will the taxes be perceived as reasonable and worthwhile or as excessive and unfair?

The public's perception will be influenced by massive campaigns by powerful interests, including the administration offering the proposals, the doctors, hospitals, HMOs, drug companies, medical equipment manufacturers, and others whose income depends on the health-care system. Those appearing most statesmanlike have the best chance of winning the day.

As we look further ahead it's worth noting that the experts, health economists and policymakers are totally divided on how well managed competition can be made to work. I believe the system will be incredibly complicated, rather like a stealth bomber which requires so many continuous adjustments to stay in the air, that it can only be flown if a very powerful computer is making hundreds of vital adjustments every second or so. If it flies well, wonderful. If it flies but not well, I guess we'll play at the fashionable game of continuous quality improvement for years to come. If it crashes, then sometime early in the next century (but probably not before) we will try another model and see if it will fly any better.

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"The conventional wisdom that portrays Americans as narrow individualists is myopic. The public's reactions to health-care reform are also guided by their sense of the national good."

By Lawrence R. Jacobs and Robert Y. Shapiro

President Clinton's announcement of his health reform plan will prompt its supporters and critics to intensify their battle for public opinion. The sophisticated combatants among them will not count on converting opinion to their side overnight because the public's policy preferences rarely change during short periods.[1] Instead, the battle over health reform will focus on framing the issue in particular ways—that is, setting the standards by which Americans evaluate the administration's—and any other—proposal.[2] Analyses of trend data reveal two potentially competing criteria that Americans are likely to use to assess health reforms: (1) what they perceive to be the impact on the health care available to them personally; and (2) what they see as the impact on the care of others nationwide.

We gain from being able to examine these items from a historical perspective, focusing on patterns and trends over time in responses to *identically* worded questions. A major advantage of this approach, too often neglected, is that changes in responses can be treated as reflecting genuine shifts in public thinking rather than differences in question wording. For instance, surveys on public opinion toward the administration's "managed competition" approach have produced dramatically different results simply because of the way these questions are framed. An historical approach acknowledges that surveys do not precisely measure (within sampling error) preexisting preferences but actually shape or channel public attitudes through their framing of questions. Surveys that repeat several identical questions can establish a baseline or central tendency for national opinion and patterns of opinion that is useful for identifying and tracking genuine shifts in public preferences that do occur.

Our discussion here is based on the most comprehensive set of trend data yet assembled.[3] We were specifically interested in the public's reactions to health care providers: the public's perception of the quality, timeliness, accessibility, and