

How Hot is Managed Care?

By Karlyn H. Bowman

During the 1993-1994 debate on health care reform, the major national pollsters covered the issue intensively. We learned a great deal about how Americans assessed their own care and the health care system. After 1994, the issue seemed to disappear from many of the pollsters' radar screens. But it's back on now. Roper Starch Worldwide, Louis Harris and Associates, and Gallup have tracked attitudes on health care for decades, and they are providing updates of questions. Robert Blendon at Harvard, with Kaiser Family Foundation support, has been inquiring about public assessments in this area, with polling done by Princeton Survey Research Associates and others. ABC News did big health care surveys in 1995 and 1997.

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Survey findings give little indication of widespread or serious dissatisfaction with health care arrangements among those who have coverage. Large majorities of those in managed care would recommend their plans to others. Although Americans favor many reforms in the abstract, they are considerably less enthusiastic about changes that would raise the cost of their health insurance premiums, get the government more involved in the area, or cause employers to cut back on coverage.

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What follows is a summary of current polling on health care. The big issue now involves HMOs or managed care. Is the trend toward managed care unpopular, as a *New York Times* story argued?¹ Are “managed care companies trusted less,” as a *Washington Post* article put it?² In general, are we seeing a politically potent backlash against HMOs?

Many survey organizations conduct polls for private clients in areas such as employee, patient, and physician satisfaction. Gallup, for example, reports that its database contains proprietary data from more than 500 hospitals. Thirty percent of all Louis Harris and Associates research is in health care. Despite this volume of activity, most of these studies are not released publicly. This report uses only data in the public domain.

Some Preliminaries

Understanding what people are thinking about health care issues needs to be viewed in a broader context. Americans are a pretty satisfied lot these days. The University of Michigan and the Conference Board are reporting record levels of consumer confidence. Other survey questions show that more people think the country is on the right track than have thought so for a long time. This benign climate has had an effect on public perceptions of the problems the country needs to address. When Americans are asked about the most important problem facing the nation, crime tops the list in Gallup's most recent survey. Anxiety about the economy is considerably lower than it was in 1992 and 1993. Concern about health care has receded from the time of peak attention in January 1994, when 31% of those surveyed told Gallup it was the country's most important issue. Today, just 6% feel this is the case (Table 1). A finding from the August-September 1997 Kaiser Family Foundation-Harvard Univer-

sity Program on the Public and Health/Social Policy (hereafter referred to as Kaiser/Harvard) reflects in some measure the generally upbeat mood. When asked by Princeton Survey Research Associates to compare their situation to that of a few years ago, just 14% said that they and their families were worse off in terms of their ability to get good health care. Fifty-three percent said their situation was about the same, and 31% that they were better off.

Add to this the fortunate circumstance that most Americans are healthy. Since 1973, the National Opinion Research Center (NORC) at the University of Chicago has asked people to rate their health as excellent, good, fair, or poor. Surveys show that the proportion rating their health as excellent or good has increased since 1973. In 1996 (the latest year for which data are available from NORC), 31% rated their health as excellent, 49% as good, 16% as fair, and only 4% as poor. Not surprisingly, younger people were more likely to report excellent or good health than older ones. But older people were more positive about their health in 1996 than they were a quarter of a century ago. In 1973, 53% of those over sixty years of age said their health was excellent or good; in 1996 that figure was 67%.

Asking people about their health in comparison to other things, as Louis Harris and Associates did in April 1997, provides additional evidence of widespread satisfaction on the health side of things. Eighty-eight percent reported feeling good about their health. This was exceeded only by the percentage who felt good about quality of life overall (91%), their homes (92%), and relations with their family (95%). In the poll, 61% felt good about the quality of the environment where they lived, and 55% about their financial security.

Survey data continue to show that large majorities of Americans have some kind of health care coverage, although the number without coverage has edged up. In 1973, when Roper

Table 1
Health Care Now Ranks Low in Terms of “Most Important Problem”

Question: What do you think is the most important problem facing this country today?

	Economy/Jobs Unemployment	Crime	Health Care	The Deficit
September 1980	16	2	--	--
May 1981	15	5	--	--
October 1981	17	4	--	--
January 1982	28	5	--	--
April 1982	55	3	--	--
November 1983	34	2	--	--
August 1984	31	4	--	--
January 1985	26	4	--	--
October 1985	28	3	--	16
January 1986	22	3	--	11
January 1987	24	3	1	10
May 1989	14	6	--	7
March 1992	67	5	12	8
September 1992	64	7	12	9
January 1993	57	9	18	13
September 1993	46	16	28	15
January 1994	34	49	31	8
July 1994	26	30	21	5
January 1995	25	27	12	14
July 1995	21	25	7	11
January 1996	25	18	10	28
July 1996	20	25	8	12
January 1997	21	23	7	8
August 1997	18	20	6	5
December 1997	16	16	7	5
April 1998	11	20	6	5

Note: The totals are based on multiple responses. Not all responses shown.
Source: Surveys by the Gallup Organization, latest that of April 1998.

Starch Worldwide asked for the first time whether “you and your family have any type of health care plan or hospital insurance,” 89% of those surveyed said they had. The survey organization has asked the question eight times since then, and the number has declined slightly. In December 1997, the last time the question was asked, 83% reported that they had health insurance, while 16% said they did not have it (Figure 1). The Louis Harris/Kaiser Family Foundation/Commonwealth Fund survey reported in 1997 that over eight in ten adults reported that they had some form of health insurance coverage. (Of the insured, 13% reported that

they had been without health insurance at some time during the past two years.)

Levels of Understanding

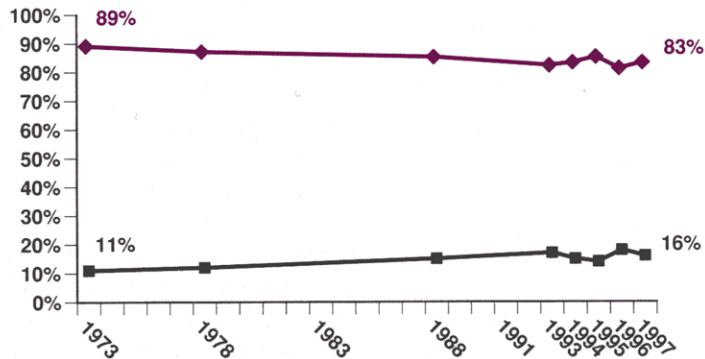
In evaluating public opinion on health care, it’s important to remember that most Americans are not familiar with some of the terminology that Washington policy makers use routinely. In the August-September 1997 Kaiser/Harvard poll, slightly more than three quarters (78%) of those surveyed said they knew what the term “Medicare” meant, and 71%, “Medicaid.” Seven in ten said they knew what a primary care doctor was. The term “HMO, or health

maintenance organization,” was familiar to 62%, with 24% responding that they had heard the term but didn’t know what it meant, and 14% that they had never heard the term.

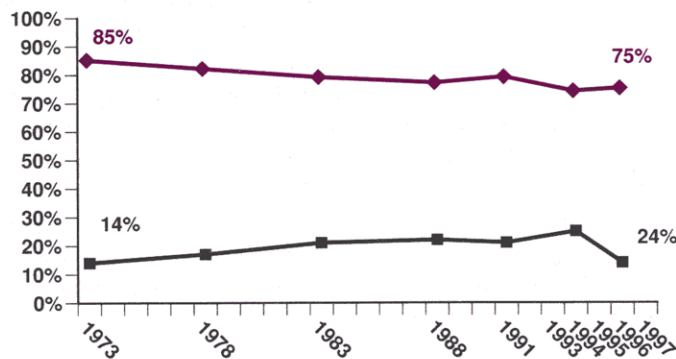
Familiarity with the terms “managed care” and “fee for service” was considerably lower. Just 45% and 41% respectively knew what these terms meant. About a quarter said they had heard of managed care but were unsure of its meaning, and 28% said they had never heard of it. Fifteen percent had heard of fee for service but were unsure of what it meant, and a substantial 43% said they had never heard the term.

Figure 1
The Proportion of Americans With Family Doctors Down Ten Points Since 1973

Question: Do you and your family have any type of health care plan or hospital insurance?



Question: Do you have a personal or family doctor that you or your family can call on?



Source: Surveys by Roper Starch Worldwide, latest that of October 1996 (top chart), and December 1997 (bottom chart).

Another question in the August-September 1997 survey underscores lack of familiarity with terms used by the experts. When asked whether certain groups were doing a good or a bad job in serving the needs of health care consumers, nearly everyone had an opinion about doctors, and separately, about nurses. But a third said they “didn’t know” about managed-care plans, and 27% gave that response about HMOs (Figure 2).

To judge from responses to a survey taken in December 1997, not much is known either about the “consumer bill of rights” President Clinton supports. The Kaiser/Harvard team asked people to compare this proposal with the health care reform plan Mr. Clinton tried to get enacted a few years ago. Seven percent said the consumer bill of rights was a “comprehensive health care reform proposal very similar to Clinton’s previous plan;” 27% called it “a scaled-down version of Clinton’s previous plan;” and 24% described it as “a different proposal that calls for more modest changes in the health care system.” Forty-two percent said they just didn’t know at all. In another question, a third were unable to choose among four responses about what the consumer bill of rights would do. [A personal observation: I confess to being completely stumped by many of the questions I came across in this review of current attitudes about health care, and I suspect many other Americans would have a hard time answering them, too.]

Assessing Personal Care

What are people saying about their own care? Although very little trend data is available in the public domain, some patterns are beginning to emerge for those who have health care coverage.

First, people in traditional fee-for-service care are generally a bit

more satisfied than are those in managed-care arrangements. Still, there is little evidence of widespread dissatisfaction among either group. One indication of this is the number who would recommend their plan to others. When people with coverage were asked by ABC News in 1997 whether they would recommend their plan to others, 78% of those in traditional plans said they would, as did a virtually identical 79% of those in managed-care arrangements.

Second, the cost of health care, long a concern for Americans, remains a worry. A January 1998 survey by Charlton Research for the Congressional Institute asked people about the most important problem facing health care today. Concern about the cost of health care (60%) and about the affordability of health insurance (60%) far surpassed other concerns such as lack of choice in insurance plans (cited by 35%), restrictions on the choice of doctors (32%), and the quality of care (26%). Cost is one area in the surveys where those in managed care are usually more satisfied than are those in traditional care.

Third, the data I have reviewed do not support the notion that managed care is good for those who are healthy, but not for those who are sick.

Fourth, Americans continue to believe that the federal government has an important role to play in regulating health care. But this sentiment is tempered by real concern that any federal involvement will increase costs and by widespread skepticism about the federal government’s performance today. In one exercise by the Kaiser/Harvard team,

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people were asked how important it was to have a hotline telephone number they could call to get help when they had problems with their health plan. Seventy percent thought this was very important. In the next question, they were asked how important it was for the *government* to set up a hotline telephone number they could call to get such help when they have problems with their health plan. The proportion saying this was very important dropped to 43%.

Finally, a compassionate and generous public has not given up on the goal of providing adequate health care for those who do not have it. This is a *goal* Americans want policy makers to work toward; it is not a *demand* that overwhelms other considerations.

Evaluating Plans

In August-September 1997 and again in December, the Kaiser/Harvard team asked people to "grade" their health insurance. The responses were similar. In December, 30% gave their health plan an "A," 42% a B, 19% a C, 4% a D, and 2% an F. Seventy-four percent of those with traditional care and 69% of

those in managed care gave their plan an A or B grade. The grading exercise is used in many other areas of survey research. The responses about health care are similar to the generally favorable attitudes people have toward the school their oldest child attends.

In 1973, Roper Starch Worldwide began asking whether people were satisfied or dissatisfied with four aspects of care: quality, availability, arrangements for paying, and costs. The wording and the response categories people could choose in the Roper Starch questions were different from the ones ABC used, and that is one explanation for the differences in response. So, too, is the fact that Roper surveys are done in person; ABC's are conducted by phone. For the whole population, satisfaction with quality is down 10 percentage points from 1973; with availability of medical care it is down 4 points in the same period. Satisfaction with arrangements for paying is down 12 points among the national adult sample. The belief that costs are reasonable has actually improved, from 42% who gave that response in 1973 to 52% in 1996. Eighty-three percent of

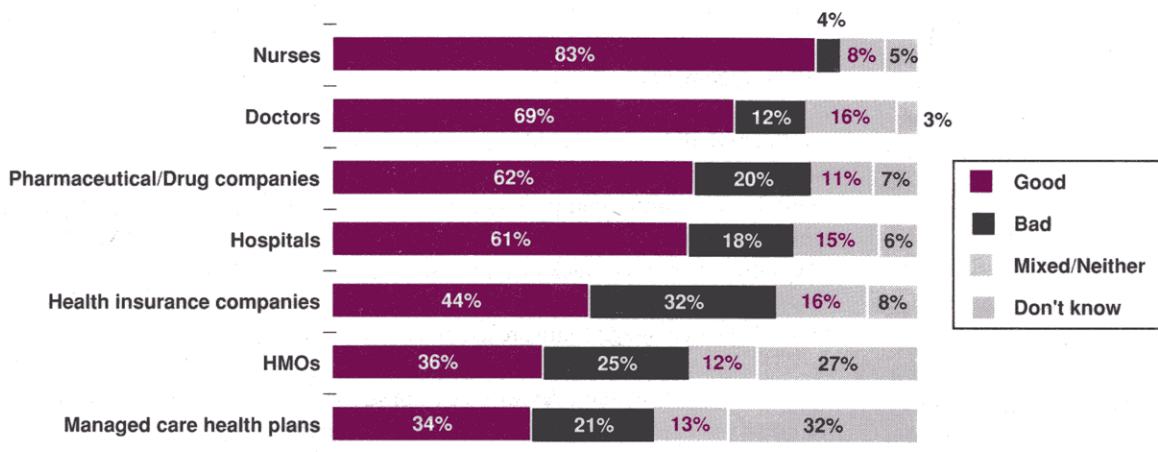
adults in the 1997 Harris/Kaiser/Commonwealth Fund surveys were satisfied (45% of this group were very satisfied) about the health care services that they and their families have used in the last few years. Eight percent were somewhat dissatisfied, and 5% very dissatisfied. Of the currently insured, 79% in 1993 and 83% in 1997 reported satisfaction with their health insurance.

What's the Message of *As Good as It Gets*?

In the movie *As Good as It Gets*, Helen Hunt plays a working mother whose son is severely asthmatic. One of the elements of the story is her struggle to get good care for the boy. At one point, after Jack Nicholson's character finds a doctor to care for her son, the doctor asks if the standard scratch test for allergies has been done. To the doctor's amazement, Hunt's character says she was told that the test was not covered by her plan. The exasperated Hunt utters the line "F—ing HMO, b— pieces of s—. I'm sorry... forgive me," to which the new doctor responds,

Figure 2
Many Say They Don't Know Enough About HMOs to Judge Them

Question: Next, I'd like your opinion of the job some different groups are doing in serving the needs of health care consumers. In answering, please consider everything that might be important to consumers, including quality, cost and convenience....?



Note: "Mixed/Neither" is a volunteered response.

Source: Survey by Princeton Survey Research Associates for the Kaiser Family Foundation and Harvard University, August 22-September 23, 1997.

Figure 3

Americans, Including Those in HMOs, Say They're Satisfied With Their Health Care Plans

Question 1: For each specific item I name, please tell me whether you are very satisfied with it, somewhat satisfied, somewhat dissatisfied or very dissatisfied with...?

Question 2: Would you recommend your current health insurance plan to other people, or not?

Question 3: [Asked of those who had a serious illness or injury under their current health insurance plan.] How satisfied are you with [the medical care that you or your family member received during that time/your insurance coverage during that time]—very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

	All types	Trad.	HMO
<i>Quality of the health care you receive (1)</i>			
Satisfied	90%	92%	88%
Dissatisfied	9%	8%	12%
<i>Health care costs (1)</i>			
Satisfied	73%	65%	79%
Dissatisfied	26%	35%	20%
<i>Ability to get doctor's appointment (1)</i>			
Satisfied	85%	87%	83%
Dissatisfied	14%	13%	17%
<i>Ability to see top-quality medical specialists (1)</i>			
Satisfied	85%	90%	81%
Dissatisfied	12%	8%	17%
<i>Ability to get latest, most sophisticated medical treatments (1)</i>			
Satisfied	86%	87%	84%
Dissatisfied	12%	11%	16%
<i>Would you recommend your insurance plan (2)</i>			
Yes	78%	78%	79%
No	19%	20%	21%
<i>Satisfaction of care while sick (3)</i>			
Satisfied	89%	93%	88%
Dissatisfied	11%	7%	12%
<i>Satisfaction of insurance coverage while sick (3)</i>			
Satisfied	86%	86%	84%
Dissatisfied	14%	14%	16%

Note: The sample is of people who have health care coverage. All = all covered by a health plan; Trad. = traditional fee-for-service care; HMO = health maintenance organization.

Source: Surveys by ABC News, August 24-27, 1997.

“No. Actually, I think that’s their technical name.” News reports have suggested that many audiences have broken into spontaneous applause during that scene. But even if they do, does this really mean that people are down on HMOs? Or might it just be that it’s a great scene?

In a poll taken in 1997, ABC News probed public views on the quality of health care, health care costs, ability to get a doctor’s appointment, and to see a specialist, and ability to get the latest, most sophisticated treatment. They also asked those who had personally experienced or had had in their family a serious illness whether they were satisfied with the care received and, separately, with

the insurance coverage during that time. Figure 3 shows that those in traditional plans were only a shade more satisfied than were those in HMOs in terms of the quality of health care received, the ability to get a doctor’s appointment when they wanted one, the ability to see top-quality specialists, and the ability to get the latest treatment.³ When it came to cost, those in HMOs were more satisfied than were persons in traditional plans.

The 1996 Roper survey also found that those in managed care were just about as satisfied as those in traditional plans with the quality and availability of medical care. More than 70% of both groups reported satisfaction.⁴ As in the ABC poll, those with managed care felt

better about costs than did those with traditional arrangements.

ABC News did something most other public polls haven’t done, when it asked respondents whether they or anyone in their immediate family had had a serious illness or injury under their current health insurance plan. A third of those with coverage said they had. Ninety-three percent of those with traditional care reported that they were satisfied with the medical care they or their families received, but so, too, were 88% of those with HMO coverage. Eighty-six percent of those with traditional care and 84% of those with HMO coverage reported being satisfied with their insurance coverage at the time of serious

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illness. The ABC poll challenges the idea that managed care is good only when people are healthy.

A survey done by Louis Harris and Associates and the Harvard University Program on the Public and Health/Social Policy and supported by the Robert Wood Johnson Foundation looked at the experiences of those with a "higher burden of illness."⁵ They reported that "the vast majority of these persons are satisfied with many aspects of their health care, regardless of the type of health plan they have. In all, 15 items (out of 66) revealed differences between limited-choice managed care and fee-for-service plans. For all but two (needing to fill out forms and out-of-pocket costs), the finding was more favorable to fee-for-service plans than to managed care plans." These are among the findings these analysts found significant. Twenty-two percent of the sick, non-elderly in managed care reported major or minor problems with not getting treatment which they or their doctor thought was necessary compared to 13% of the sick, non-elderly in fee-for-service plans. Twenty-one percent of the sick, non-elderly in managed care reported being unable to see a specialist when they thought they had needed one in the past year, compared to 15% of this group in fee-for-service plans. Seventeen percent of this population in managed care reported having to wait a long time to get a doctor's appointment, as against 7% in fee-for-service care.

Asking those with health insurance whether they would recommend their plan is an important bottom-line assessment. ABC News asked this question and found in August 1997 that 78% of those with traditional arrangements would recommend their coverage, virtually identical to the 79% of those in HMOs who would endorse their coverage. Around one in five said they would not. In 1995, those responses were 82 and 80%, respectively.

The Kaiser/Harvard team asked people in December 1997 whether they or someone they knew had experienced different kinds of problems with an HMO, managed-care plan, or health insurance company in the past few years. Fewer than one in five had, or knew someone who had difficulty getting permission from a health plan or regular doctor to see a "medical specialist, such as a doctor specializing in cancer" (18%), "had difficulty getting a health plan to pay an emergency room bill" (19%), or "wanted to file an appeal to an independent reviewer when a health plan denied coverage for a particular medical treatment" (17%). Fewer than one in ten had, or knew a woman who had, "had difficulty getting permission from a health plan or regular doctor to see a gynecologist" (6%), or "wanted to sue a health plan for malpractice" (9%).

The Harris/Kaiser/Commonwealth Fund study asked about different kinds of problems or irritants in its 1997 survey. Twenty-four percent of the insured had had major (6%) or minor (18%) problems having to deal with rules that were confusing or complex; 54% said they had had no such problems, and 22% no experience of this kind. Nineteen percent of

the insured had had problems with their plan delaying payment for services (5% major problems, 14% minor problems), but 60% reported no such difficulties. Seventeen percent of the insured had had problems with their plan not covering treatment they or their doctor thought was necessary (5% major, 12% minor), but 61% had experienced no such problems.

Criticism of HMOs in General

Figure 4 shows the responses to a question that asks people to put aside their own health care and talk generally about HMOs. Fifty-nine percent in the August-September Kaiser/Harvard survey said that during the past few years, HMOs and other managed care plans have made it harder for people who are sick to see medical specialists (25% said it was easier). Fifty-one percent said that HMOs decreased the quality of health care for people who are sick (32% that they increased it). Forty-five percent thought that HMOs decreased the quality of care, 32% increased it. Sixty-one percent said that HMOs had decreased the amount of time spent with patients, and only 16% felt that the time had increased. The one plus for HMOs in the survey came on the issue of preventive care. Forty-six percent said HMOs and other managed-care plans had made it easier to get preventive services, while 31% said that was harder. In only one instance in this battery of questions did Kaiser/Harvard offer the category, "hasn't made much difference." Twenty-eight percent said that HMOs had helped keep costs down, but 55% said they hadn't made much difference.

So there is criticism in the general and remote. But as we have seen, most people in managed care report being generally satisfied with their *own* health care services, quality, and availability.

The Media's Message

Where do people get their information about managed care? A survey by Roper Starch Worldwide for the National Health Council taken between August and October of 1997 asked people about their "primary sources of medical and health news, that is, the ones from which you most often get medical and health news." Many people mentioned more than one source, but in terms of net responses, 40% mentioned television, 39% health care professionals, 35% magazines or journals, 16% daily local and national newspapers, and 7% friends, family, and colleagues. In this regard it is interesting to look at how managed care is generally covered by television.

The Kaiser Family Foundation commissioned a comprehensive study of media coverage of managed care for the period 1990 to 1997. It found that even though the tone of coverage had become more negative over time, "the vast majority of media coverage [of managed care] is neutral." Eleven percent of it was positive in tone, 64% neutral, and 25% critical. But the picture was much different for broadcast news (defined by the authors as stories broadcast on the ABC, CBS,

and NBC evening news programs). Nineteen percent of stories had a positive tone, just 26% a neutral tone, and a full 55% adopted a critical tone. Sixty-two percent of broadcast pieces were 2.5 minutes or longer. As the authors of the study point out, "any story that is more than 2.5 minutes long represents 10% or more of the news presented in a half-hour network broadcast, excluding commercials." Special series coverage in newspapers conveyed negative coverage more than half of the time, too.

What Changes Do People Want?

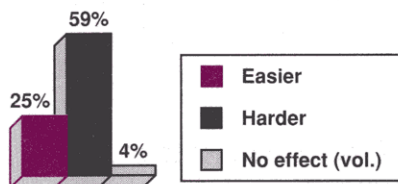
In its December 1997 survey, Kaiser/Harvard asked people how much regulation they thought was necessary to protect consumers' interests in five areas. All involved health or safety, and not surprisingly, people wanted a strong role for government. Sixty-four percent said that a lot of regulation was necessary in food safety, 61% in airline safety, 57% for environmental hazards, 46%

for health plans and health insurance, and 44% for auto safety. In response to another question, 41% said they felt that current government regulation of health insurance and health plans was very or somewhat effective in protecting consumers' interests. Larger proportions felt that government regulation was effective in food safety (76%), environmental safety (64%), auto safety (82%), and airline safety (66%).

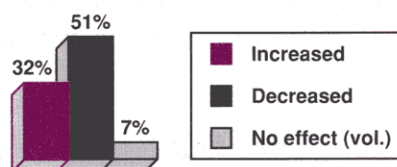
Figure 4
A Sense That if My Plan is OK, HMOs in General Have Some Problems

Question: Now I'd like your views on HMOs and other managed care plans in general, regardless of whether you are personally in managed care. During the past few years, do you think HMOs and other managed care plans have...?

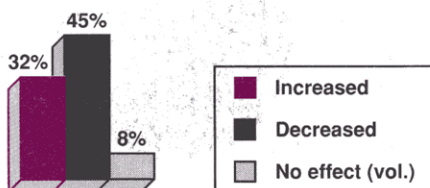
Made it easier or harder for people who are sick to see medical specialists?



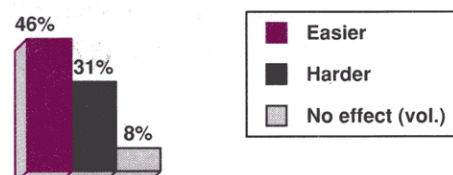
Increased or decreased the quality of health care for people who are sick?



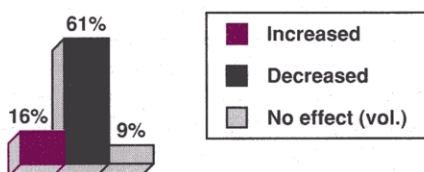
Increased or decreased the quality of health care for patients?



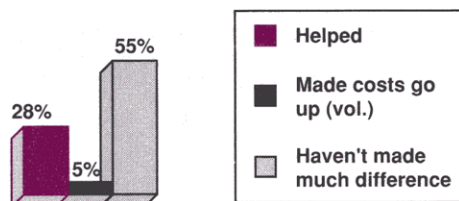
Made it easier or harder to get preventive services such as immunizations, health screenings, and physical exams?



Increased or decreased the amount of time doctors spent with their patients?



Helped keep health care costs down, or haven't made much difference?



Source: Survey by Princeton Survey Research Associates for the Kaiser Family Foundation and Harvard University, August 22-September 23, 1997.

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But these views of the importance of government's role collide with contemporary skepticism about the federal government. Americans want a lot from government, but the weight of survey evidence today shows that people think of government as often a problem causer. In a poll by CBS News and the *New York Times* in January 1998, 87% said that the government *can* have a positive impact on people's lives—But just 31% thought that it *was having* a positive impact on most people's lives today.

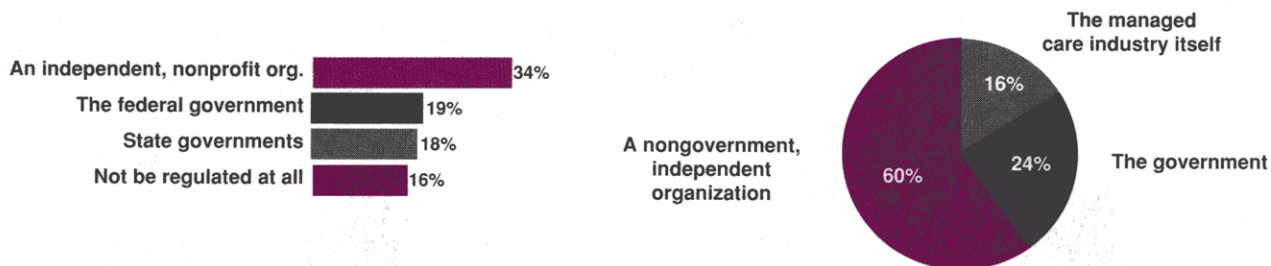
In its August-September survey, when people were asked by the Kaiser/Harvard team which of several entities they would most like to see regulate the operations of HMOs and other managed care plans, 34% chose an independent non-profit organization, 19% chose the federal government, and 18% the state government. Sixteen percent did not want them regulated at all. In its December survey, 60% said that a non-government independent organization should have the main responsibility for protecting consumers in managed care, and 24% thought that the government should do it. Just 16% thought that the managed care industry itself should have this responsibility (Figure 5). In a follow-up question, 50% said that self-monitoring by the managed-care industry would be very or somewhat effective in making sure consumers in HMOs and other managed care plans were treated fairly and got proper care, but 46% said that this would be not too effective or not at all effective. Fifty-five percent thought that "government,

which would develop and enforce regulations that managed care must follow" would be effective, but 41% said that this kind of government involvement would not be effective. Sixty-nine percent felt that "non-government, independent organizations which would develop and enforce standards that managed care plans must follow" would be effective, while only 26% thought this wouldn't be effective.

Three times in the past three years, Kaiser/Harvard has asked: "Some people say that new government regulation is needed to protect consumers from being treated unfairly and not getting the care they should from managed care plans. Others say this additional regulation isn't worth the cost because it would raise the cost of health insurance too much for everyone. Which position comes closer to your own view?" In December 1997, the proportion opting for more regulation dipped a bit below those opposing more (Table 2). The hesitation people have about new government regulation in this question and others is driven in part by people's concerns about cost, but it also speaks to powerful reservations people have today about the federal government's performance.

Louis Harris and Associates in its 1997 survey for the Kaiser Family Foundation and the Commonwealth Fund asked this general question about cost: "New funds may be needed to pay for improved health care coverage. Would you support an increase in income taxes or not?" Just 37% of the national

Figure 5
For Any Needed Regulation of HMO's, Americans Prefer the Private Sector to Government



Question: In recent months, different groups have said something needs to be done to regulate the operations of HMOs and other managed care plans. Would you most like to see these managed care plans regulated by...?

Source: Survey by Princeton Survey Research Associates for the Kaiser Family Foundation and the Harvard University School of Public Health, August-September 1997.

Question: We'd like your opinion about what is the best way to ensure that consumers in HMOs and other managed care plans are treated fairly and get the proper care. Some people would prefer to have the managed care industry monitor itself and set voluntary standards for managed care plans to follow. Others would prefer to have the government develop and enforce regulations that managed care plans must follow. Still others would prefer to have a nongovernment independent organization develop and enforce standards that managed care plans must follow. Which one of the following do you think should have the main responsibility for protecting consumers in managed care...?

Source: Survey by Princeton Survey Research Associates for the Kaiser Family Foundation and the Harvard University School of Public Health, December 12-30, 1997.

Table 2
Is More Government Regulation Needed?

Question: Some people say that new government regulation is needed to protect consumers from being treated unfairly and not getting the care they should from managed care plans. Others say this additional government regulation isn't worth it because it would raise the cost of health insurance too much for everyone. Which position comes closer to your own view?

	New Government Regulation is Needed	Government Regulation Would Raise the Cost Too Much
November 1996*	54%	38%
September 1997	52	40
December 1997	44	47

*Sample is 1,000 self-identified voters interviewed November 6-10, 1996.

Note: In 1996 and September 1997, the following introduction appeared in the question: The number of Americans who rely on HMOs and other managed care health plans for their health coverage continues to grow.

Source: Survey by the Princeton Survey Research Associates for the Kaiser Family Foundation and The Harvard University School of Public Health, latest that of December 12-30, 1997.

sample said they would, while 60% would not. In another question, 42% nationally said they would support an increase in sales taxes, but 55% wouldn't. Forty-five percent would support an increase in insurance premiums paid by employers and employees, but 49% would not. Forty-one percent would support an increase in the payroll tax, but 55% would not.

In the December 1997 Kaiser/Harvard survey, 72% of those surveyed said they supported the President's consumer bill of rights legislation. But as we have seen (p. 3), knowledge of the plan is limited; and an additional question in the 1997 survey showed that only 43% would still favor the consumer bill of rights if their premium increase was in the range of \$1-\$5 a month. Just 28% would still support the legislation if the premium increase were \$15-\$20 a month. Additional everyday expenditures of other kinds could dampen enthusiasm for increased cost even more.

Conclusion

Change is often unsettling, and in an area such as health care, where many people consider themselves medically illiterate or unsophisticated, it can be downright frightening. The horror stories of botched care reported by the news media add to the fear factor and the emotionalism surrounding the issue. It is hardly surprising that these stories,

along with tales of irritation and frustration resonate in the White House, Congress, and statehouses.

Still, survey findings give little indication of widespread or serious dissatisfaction with health care arrangements among those who have coverage. Large majorities of those in managed care would recommend their plans to others. Although Americans favor many reforms in the abstract, they are considerably less enthusiastic about changes that would raise the cost of their health insurance premiums, get the government more involved in the area, or cause employers to cut back on coverage. They aren't confident about managed-care operations' ability or willingness to police themselves, but they aren't confident about the federal government's responsiveness or effectiveness either. Americans are generally averse to big bureaucracies, whether they be in the form many expected the original Clinton plan to take or in the form of private managed care regimes. Reformers should keep these considerations in mind.

Endnotes

¹Peter T. Kilborn, "Voters' Anger at HMOs as Hot Political Issue," *The New York Times*, May 17, 1998.

²"Managed Care Companies Trusted Less," *The Washington Post*, November 6, 1997.

³Many people are not familiar with health care terminology, and many people do not know what kind of coverage they have. So, most pollsters provide descriptions of vari-

ous kinds of care. ABC News describes the kind of care people who have private coverage might have this way: "There are three main types of private health insurance. There are traditional fee-for-service plans where you can go to any doctor you want and the insurance company pays part of the cost. There are Preferred Provider Organizations which pay higher reimbursement if you go to a doctor on the insurance company's list. And there are Health Maintenance Organizations, or HMOs where you can only go to HMO doctors and nearly all costs are covered. Which type of plan do you have?"

⁴In 1988, Roper began asking those with health insurance whether they had an "HMO, Preferred Provider Organization (PPO), POS [Point of Service], or other managed care plan where you have a limited choice of doctors." Twelve percent said they did in 1988, and 42% gave that response in December 1997. In April 1993, Roper added several new categories including "traditional health insurance plan where you can choose any doctor you want." The number with traditional fee-for-service care declined from 42% in 1993 to 26% in 1997.

⁵The data come from Harris surveys conducted in 1994 and 1995. The data were pooled to allow comparisons of sick persons in managed care and in fee-for-service plans. The quote is from an article in *Health Affairs* (Volume 15, Number 2) that summarized the findings.



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