THE NATION’S PULSE:
The Texas Medical Center’s Consumer & Physician Survey
from
The Texas Medical Center
Health Policy Institute
TMC Health Policy Institute
THE NATION’S PULSE
CONSUMER SURVEY

• Third yearly survey
  – In year 1, we surveyed 1,000 Texans
  – In year 2, surveyed 1,000 each from TX, FL, NY, CA, OH

• This year 9,200 participants
  – 5 Red - voted Republican in 7 of last 10 presidential elections
    • TX, GA, AZ, TN, IN
  – 5 Blue - voted Democratic in 7 of last 10 presidential elections
    • CA, NY, IL, NJ, WA
  – 5 Swing - voted Republican in 2016 and Democrat in 2012
    • FL, PA, OH, MI, NC

• Survey completed August 2017

• Online protocol, National firm: Pierson Consulting Group

• * p<0.05 statistically significant - with N=9,200, “small” differences count
TMC Health Policy Institute

THE NATION’S PULSE

PHYSICIAN SURVEY

• Included only physicians currently spending at least 50% of time in patient care

• Online protocol, National firm: Pierson Consulting Group

• Survey completed August 2017

• 452 physicians
  • 241 Primary care
  • 211 Specialists
Having health insurance is important for 98 to 99 percent of the respondents in all states.
Basic coverage for all ranked by respondents as most important characteristic of a health system; red = blue

Below are statements describing a healthcare system. Please rank these where 1 is the most important characteristic and 9 is the least important characteristic of a healthcare system.
Expense is by far the main reason for being uninsured, red even more than blue

Which of the following is the main reason you do not currently have health insurance?

- Too expensive
- Not eligible for Medicare / Medicaid
- Employer doesn’t offer
- Part time
- Don’t know how to get it
- Don’t need it
- Other
Half of consumers must cut down on other expenses to pay for health care; red states worse.

Please tell us whether you agree or disagree with each of the statements below: I have to cut down on other expenses to pay for healthcare.

- **TOTAL**: 49% cut other expenses, 51% do not cut other expenses
- **Red States**: 52% cut other expenses, 48% do not cut other expenses
- **Blue States**: 45% cut other expenses, 55% do not cut other expenses
2/3 of insured pay 5% or more of income in “out-of-pocket” health care expenses.

Please think about the amount of money you need to pay for OOP expenses. Is this closest to...?

- 2%: 36%
- 5%: 26%
- 10%: 19%
- 15%: 8%
- 20%: 10%
As expenses increase from 2% to 20% of income, affordability decreases, prompting cutbacks.

For each level of income, what % found it affordable

<table>
<thead>
<tr>
<th>Level (%)</th>
<th>Affordable</th>
<th>Not Affordable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>5%</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>10%</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>15%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>20%</td>
<td>32%</td>
<td>68%</td>
</tr>
</tbody>
</table>

If not affordable, respondents cut back on...

<table>
<thead>
<tr>
<th>Level (%)</th>
<th>Savings</th>
<th>Clothing</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>50%</td>
<td>33%</td>
<td>40%</td>
</tr>
<tr>
<td>5%</td>
<td>62%</td>
<td>49%</td>
<td>42%</td>
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<tr>
<td>10%</td>
<td>65%</td>
<td>59%</td>
<td>45%</td>
</tr>
<tr>
<td>15%</td>
<td>74%</td>
<td>62%</td>
<td>51%</td>
</tr>
<tr>
<td>20%</td>
<td>72%</td>
<td>57%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Please think about the amount of money you need to pay for OOP expenses. Is this closest to…?

Is [insert monthly OOP expenses] affordable for you?

Which of the following do you need to cut back on to pay your monthly healthcare ‘out-of-pocket’ expenses?
For the insured who find their “out-of-pocket” health care expenses affordable, over 70% are spending 2-5% of their income.
For 25-50% of insured people, “out-of-pocket” health care expense is not affordable.

% of insured who find OOP not affordable

Please think about the amount of money you need to pay for OOP expenses. Is this closest to...? Is [insert monthly OOP expenses] affordable for you?
For a majority of the uninsured, 2% of income is affordable for “out-of-pocket” health expenses.

% of people at each income level

% of income considered affordable

- 20%
- 15%
- 10%
- 5%
- 2%

Yearly Income:
- < $15K: 68%
- $15-$24K: 68%
- $25-34K: 70%
- $35K-49K: 41%
- $50K-74K: 51%
- >=$75K: 60%

• The uninsured public’s view of affordability is **2% of income**.

• In the Affordable Care Act, coverage is considered affordable if the required contribution for the lowest-cost coverage does not exceed **8.2% of income**.‡ If it is above this level the individual penalty does not apply.

• This is significant because it show’s the public’s view of affordability is vastly different from the lawmakers’ view of affordability.

‡https://www.thehortongroup.com/resources/acas-affordability-contribution-percentage-increase-for-2017
Blame for rising health care costs: Health insurance companies, drug and device manufacturers, federal government. Consumers & physicians agree

Who do you think deserves the most blame for rising healthcare costs? Please select one response only.

Consumers
- Insurance Companies: 28%
- Drug & Device Manufacturers: 30%
- Federal government: 23%
- Patients: 5%
- Hospitals: 10%
- Physicians: 4%

Physicians
- Insurance Companies: 47%
- Drug & Device Manufacturers: 19%
- Federal government: 12%
- Patients: 11%
- Hospitals: 9%
- Physicians: 2%
Most likely to reduce the expense of health care: increasing cost for poor health habits, and creating an affordable catastrophic plan. Consumers and physicians agree.

Which of the following is most likely to decrease the cost of healthcare

- Increase costs for poor health habits
- Insurance companies create affordable catastrophic plan
- Decrease insurance payments for expensive drugs and chronic illness treatments
- Encourage doctors to follow practice guidelines
- Decrease services that insurance must cover

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Consumers

28%  Increase costs for poor health habits
23%  Insurance companies create affordable catastrophic plan
21%  Decrease insurance payments for expensive drugs and chronic illness treatments
16%  Encourage doctors to follow practice guidelines
12%  Decrease services that insurance must cover

Physicians

40%  Increase costs for poor health habits
23%  Insurance companies create affordable catastrophic plan
20%  Decrease insurance payments for expensive drugs and chronic illness treatments
11%  Encourage doctors to follow practice guidelines
\n\n6%  Decrease services that insurance must cover
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Background: Former CMS Administrator Berwick estimates overtreatment wastes $192 billion per year

JAMA 2012;307(14):1513

• “Overtreatment: the waste that comes from subjecting patients to care that, according to sound science and the patients’ own preferences, cannot possibly help them” Berwick

• “The way physicians are paid [fee-for-service] drives up medical expenditures” Schroeder and Frist N Engl J Med 2013; 368:2029

• “CMS announced a new payment methodology in 2015 ...U.S. health care payments linked to quality and value” HHS Secy Burwell N Engl J Med 2015; 372:897

• Paying physicians salary is associated with 9% to 33% less tests and procedures than fee-for-service Gosden, Broomberg, Manning

• Who salaries physicians? Mayo Clinic, Cleveland Clinic, Kaiser Permanente
Only 1 in 3 physicians is currently paid 100% salary; the remainder have a portion paid fee-for-service.

Physician compensation is often a mix of fixed pay (standard wages you receive from your employer, excluding benefits and bonus) and variable pay (wages you receive that fluctuate based on performance). Please tell us what percentage of your current salary/compensation is fixed and what percentage is variable. If you are paid entirely fee-for-service, enter 100% under VARIABLE PAY. Please keep in mind that your answers below must total 100%.
Current physician incentives are dominated by payment for increased volume of services (RVU), especially among specialists.

How much does each of the metrics below contribute to your variable compensation? Please indicate the percent contribution for each metric below. If a metric is not part of your variable compensation, please enter the number 0. Responses must total 100% of variable compensation.
Ideal physician compensation is salary

Which of the following physician compensation models is most ideal for you? (Note: For the “fixed salary only” option below, the pay would be the same as your current fee-for-service compensation; raises would be determined by your employer)
10% of physicians and 19% of consumers think that President Trump is doing a good job on health care - red states more

Please provide your response using a 7-point scale where ‘1’ means No, definitely not and ‘7’ means Yes, definitely. Do you think President Trump is doing a good job right now regarding his plans for health care?
Key take-away points

1. 98-99% of public across all states considers having health insurance important to their family

2. Half must cut down on other expenses to pay for health care

3. The public’s view of affordability is vastly different from the lawmakers’ view of affordability.

4. A majority of physicians and consumers blame insurance companies and drug & device manufacturers for the current high cost

5. Physicians and consumers say most likely to reduce cost of health care
   • Increase costs for those with poor health habits
   • Create an affordable “catastrophic plan”

6. Over 2/3 of physicians want to be paid mostly or entirely by salary. Evidence suggests salaried physicians may order fewer tests and procedures, and could help reduce the $200B in overtreatment