

# HEALTH CARE AND THE 2000 ELECTION

October 2000

A national survey conducted by  
Princeton Survey Research Associates for

## **CRITICAL CONDITION with Hedrick Smith**

A PBS Democracy Project special broadcast  
Airing on Oct. 18, 2000 at 8-11 pm EDT

### **PRESS EMBARGO:**

For release at 2:00 p.m. EDT on Oct. 16, 2000

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## INTRODUCTION

This is a report on the second of two surveys on Health Care in America, commissioned by Hedrick Smith Productions, Inc. and conducted by Princeton Survey Research Associates. The survey results will be used to support a three-hour PBS broadcast special, ***CRITICAL CONDITION with Hedrick Smith***, which will be aired nationwide on Oct. 18, 2000 at 8:00 p.m. EDT. ***CRITICAL CONDITION with Hedrick Smith*** is a PBS Democracy Project special report on American health care. Use of the results of this poll must credit ***CRITICAL CONDITION with Hedrick Smith*** and mention the broadcast date and time.

The survey questionnaire was designed to cover topics related to health care access, cost and quality and the importance of health care in the 2000 election. Respondents were asked about their experiences with the health care system as consumers, as well as their opinions about the candidates and health care policy issues being discussed in this presidential election year. Trend questions were included to determine how people's attitudes have changed over time, especially since the early 1990s.

Results are based on telephone interviews with 2,018 U.S. adults, 18 years of age and older, conducted from August 23 to September 27, 2000. A topline questionnaire displaying the results for all questions asked appears at the end of this document, and includes trends both from the 1990s and from the Wave One survey administered in February and March of 2000.

**Use of any material from this survey is embargoed until October 16, 2000 at 2:00 p.m. EDT.**

## SURVEY HIGHLIGHTS

### **A. Health Care Issues Top the Voters' Agenda for Campaign 2000**

Health care ranks at the top of voters' agenda this year, with almost three in 10 registered voters (28%) citing a health care problem or issue as the area that should be the top priority for the next president and Congress. That is twice the number of voters who cite education (13%), the issue ranked second.

### **B. Nine in 10 Say Health Care Issues Will be Important in Their Voting Decisions**

About a quarter (27%) of registered voters say health care is the **single** most important issue affecting their vote for president. A larger number (32%) of voters say that health care issues will be the critical issue affecting their vote for Congress. Even the voters who don't select health care as the *top* voting issue generally say it is *one* of the most important issues. In total, nearly nine in 10 voters say health care will be important in deciding their vote for president (86%) and Congress (89%).

### **C. But Voters are Split on The Specifics**

Voters who say health care issues matter most in choosing a presidential candidate are divided in their specific policy priorities. They are about equally likely to identify prescription drug benefits for seniors (26%), preserving the Medicare program (26%), and helping the uninsured (25%) as their number one priority.

### **D. Health Care Voters Favor Democrats by Two-to-One Margins**

The survey shows health care to be a cutting issue in the 2000 elections, working to the advantage of Albert Gore and Congressional Democrats. Voters who rate health care as their top issue favor Gore over George W. Bush by 60% to 27% and Congressional Democrats over Congressional Republicans by 61% to 27%. Voters who say health care issues aren't important at all in their voting decisions heavily favor George W. Bush (69% vs. 18%) and GOP candidates for Congress (66% vs. 24%), but they are a very small group – only about 10% of all voters.

### **E. Wariness of Government Helps GOP**

The Republicans are able to blunt the Democrats' edge because most voters tend to be wary of the government having too big of a role in health care. When asked if Americans' health care costs should be funded mostly by government or by private employers and citizens, the private sector wins by a margin of 51% to 38%. Those in the majority favor Bush for president (54%-33%). Those who take the opposite view in favor of government funding overwhelmingly favor Gore (60%-25%).

### **F. Six Groups Are Most Likely to Base Vote on Health Care Issues**

People over 65 have traditionally been thought of as the primary voter constituency for health care issues, but seniors are actually the smallest of the six overlapping groups identified in the survey as voters driven by health care issues. All are at least somewhat more likely than other voters to favor Gore for president and Democratic candidates for Congress. From largest to smallest as a percentage of registered voters, the key health-care oriented voter groups are as follows:

- **THE CHRONICALLY ILL. (30%)** This largest group is defined as voters who receive regular treatment for one or more chronic health problems.

- **LOWER INCOME FAMILIES. (27%)** This group of voters have household incomes of \$30,000 or less.
- **UNINSURED FAMILIES. (25%)** All voters in households with one or more adults who have gone without health insurance at any point in the last year.
- **PRE-RETIREMENT AGE VOTERS. (22%)** Defined as voters aged 50-64 years, they are a group vulnerable to going without health insurance – or paying high premiums for coverage – if they or their spouse loses a job.
- **MINORITY VOTERS. (21%)** Primarily African-Americans and Hispanics with some Asians and voters of other races, this group typically vote Democratic regardless of their health care views.
- **SENIORS. (19%)** Voters over 65 are not as overwhelmingly Democratic in their voting intentions as some of the other health-care oriented groups.

### ***RATING THE HEALTH CARE SYSTEM***

#### **A. Most Uninsured Americans are Part of the White Middle Class**

A demographic profile of uninsured Americans shows that they are not the “usual suspects” -- primarily minorities, urban residents, unemployed persons, and people with very low levels of education and income. In fact, a demographic profile of the uninsured describes a white, middle-aged, middle-class, and middle American group. Large majorities of the uninsured are white (62%), between the ages of 30 to 64 (64%), currently employed (73%), have a high school diploma or better (71%) and a household income of at least \$20,000 a year (55%) and live in the suburbs or a rural area (67%).

#### **B. Managed Care Now the Dominant Form of Health Insurance Coverage**

For the adult population under 65, managed care plans have almost completely replaced traditional health insurance coverage. Nearly nine in 10 (86%) of adults with employer-provided coverage are in an HMO or some other form of managed care. Three-fourths (74%) of those in self-purchased plans are also in managed care. Even among those under 65 who get their coverage through a government program, three-quarters (77%) are in some form of managed care.

#### **C. Consumer Satisfaction with Health Care Declined Sharply in Past Decade**

In the aftermath of the managed care revolution, consumer satisfaction with health care has fallen significantly in the past 10 years. In 1990, a majority (55%) of adults said they were very satisfied, overall, with the health care available to their family. Today, only about four in 10 (38%) who are highly satisfied today. A decline in consumer satisfaction ratings is observed across the board on every aspect of health care for which comparisons can be made.

#### **D. Medicare Seniors Most Satisfied with Their Health Care Today**

Medicare seniors tend to be more satisfied with many different aspects of their care than adults under 65. Seniors with traditional Medicare coverage are most pleased, but even those in Medicare HMOs have higher levels of satisfaction than those under 65 in managed care. For example, solid majorities of seniors in traditional Medicare (61%) and Medicare HMOs (56%)

are very satisfied with their ability to get the tests, drugs, and medical procedures they need. In contrast, less than half (45%) of adults under 65 in loose managed care—the most common form of coverage for that population – are very satisfied.

#### **E. Public Regard for Doctors and Health Plans a Study in Contrasts**

Consumers continue to give doctors a high level of trust and respect, but regard health insurance plans with suspicion. When asked to rate the job being done by various players in the health care system, the public places doctors and nurses at the top, with 76% and 83%, respectively, saying each group does a good job of serving consumers. Rating next in public esteem are hospitals (65%) and pharmaceutical companies (52%). Scoring much less favorably are health insurance companies (38%) and HMOs and other managed care plans (28%).

#### **F. Access, Affordability of Health Care A Bigger Concern than Quality**

In a country without universal health coverage, people tend to worry more about their ability to access health care than they do about its quality. When asked to identify their family's biggest health care concern, a majority (59%) of Americans say either cost or availability as most important while slightly over a third (36%) put quality first. The latter figure represents no significant change from the 37% recorded in 1993.

## HEALTH CARE AND THE 2000 ELECTION

When registered voters are asked to name in their own words the problem area they would most like to see addressed by the next president and Congress, issues related to health care are mentioned most often. In response to this open-ended question, slightly over a quarter (28%) of voters name a health care issue as their top concern, twice the number who mention education (13%) the issue ranking second on the list.

The survey also included closed-ended questions asking voters to rate the importance of health care, generally, in their presidential and congressional voting decisions. Based on the results of these questions, health care issues are more important to voters now than they were in the spring, at the end of the primary season. The percent of registered voters who say that health care will be the most important issue influencing their vote for U.S. Congress has increased significantly since the spring (32% now, 23% in March). There has also been a marginal increase in the percent who say health care will be most critical in determining their vote for president (27% now, 23% in the spring).

In the case of both the presidential and congressional race, most voters say that health care will be important in the voting decisions, but not the most critical issue (59% and 57%). Voters who say health care will be important to some extent in each race were asked which of four specific policy issues were most important. Helping the uninsured get health coverage rated as the top issue overall in both races, followed by Medicare's financial status, patients rights in HMOs and managed care plans, and prescription drug benefits for seniors.

There are some differences in the way these specific issues are playing out in the two races. Reflecting its prominence in the presidential campaign, prescription drug benefits share the top position with helping the uninsured and Medicare among those who say health care is the most important issue affecting their choice for president. In contrast, helping the uninsured stands alone as the top concern among those who say health care will have the most impact on their vote for U.S. Congress.

**KEY HEALTH CARE ISSUES AFFECTING PRESIDENTIAL VOTE**

	Health Care Top Issue %	Important, Not Top %	Total Important %
<u>Top Specific Issue</u>			
Helping uninsured	25	32	30
Medicare finances	26	22	23
HMOs/managed care	14	21	19
Prescription drug benefits	26	15	19
Other/Don't know	<u>9</u>	<u>10</u>	<u>10</u>
	100	100	100

## KEY HEALTH CARE ISSUES AFFECTING CONGRESSIONAL VOTE

	Health Care Top Issue %	Important, Not Top %	Total Important %
<u>Top Specific Issue</u>			
Helping uninsured	32	27	29
Medicare finances	20	24	23
HMOs/managed care	15	25	22
Prescription drug benefits	23	14	17
Other/Don't know	<u>10</u>	<u>10</u>	<u>9</u>
	100	100	100

### ***Voter Preferences Differ Sharply by Importance of Health Care Issues***

The survey shows health care to be a cutting issue in the elections for both president and Congress. As shown below, voters who rate health care as their top issue favor Al Gore and Congressional Democrats by a two-to-one margin. The small group of voters (only about 10%) who say health care issues aren't important at all in their voting decisions go even more heavily toward George W. Bush and GOP candidates for Congress. The large group of voters in the middle, who say health care will matter, but is not the number one issue, lean toward Bush for president but toward Democratic candidates for Congress.

## VOTER PREFERENCES BY IMPORTANCE OF HEALTH CARE ISSUES

	Health Care Top Issue %	Important, Not Top %	NOT Important %
<u>Presidential Vote</u>			
Gore	60	41	18
Bush	27	45	69
Undecided/Other	<u>13</u>	<u>14</u>	<u>13</u>
	100	100	100

<u>Congressional Vote</u>			
Democrat	61	45	24
Republican	27	41	66
Undecided/Other	<u>12</u>	<u>14</u>	<u>10</u>
	100	100	100

By a larger margin than his lead in the presidential race, Vice President Gore has an edge over Governor Bush as the presidential candidate who better understands the health care concerns facing "people like you" (43% vs. 32%). That margin expands greatly among those who say

health care issues will matter most in their vote for president (56% vs. 21%). The *only* demographic subgroup that feels closer to Bush than Gore on health care are married voters with children (40% vs. 35%). However, the candidates are about even among those who are self-employed (Bush 38% vs. Gore 41%).

### **Six Voter Groups Most Likely to Base Vote on Health Care Issues**

To better understand how health care issues are affecting the 2000 elections, it is useful to focus on the six groups our survey defines as the most health-care oriented voters. All six groups have a personal connection to at least one of the specific health care issue at the top of voters' agenda this year – helping the uninsured, preserving Medicare, or helping seniors pay for prescription drugs. While people over 65 have traditionally been thought of as the primary voter constituency for health care issues, seniors are actually the smallest of the six groups – at least on the basis of their representation among all registered voters. These six groups are not mutually exclusive, i.e., individual voters can be classified in more than one of these categories. In order of their size, from largest to smallest, the key health-care oriented voter groups are as follows:

1) ***THE CHRONICALLY ILL (30% of RVs)***

**Importance of Health Care as Voting Issue:** 37% top issue in presidential vote/45% top issue in congressional vote

**Voting Intentions:** 52% Gore/34% Bush; 52% Dem./35% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 49% Gore/27% Bush

**Top Health Care Priority:** Helping the uninsured, protecting Medicare, prescription drug coverage for seniors

Comments: Defined as voters who receive regular treatment for a chronic health problem, this largest health-care oriented subgroup represents close to a third of the voters. A mix of seniors and younger voters, they do not coalesce around specific health care priority. Although dealing with managed care might be expected to be a problem for this group, HMO concerns rate fourth as a voting priority.

2) ***LOWER INCOME FAMILIES (27% of RVs)***

**Importance of Health Care as Voting Issue:** 41% top issue in presidential vote/44% top issue in congressional vote

**Voting Intentions:** 55% Gore/30% Bush; 55% Dem./32% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 45% Gore/28% Bush

**Top Health Care Priority:** Helping the uninsured

**Comments:** Defined as voters with a household income of \$30,000 or less, they struggle to find affordable health care. This group would be expected to respond to Gore's appeal as defending the interests of "working families." They represent a group likely to be uninsured and/or struggling to meet health care bills.

3) ***UNINSURED FAMILIES (26% of RVs)***

**Importance of Health Care as Voting Issue:** 34% top issue in presidential vote/37% top issue in congressional vote

**Voting Intentions:** 50% Gore/35% Bush; 52% Dem./32% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 45% Gore/28% Bush

**Top Health Care Priority:** Helping the uninsured

**Comments:** This group includes all voters in households with one or more adults who have gone without health insurance at any point in the last 12 months. These voters have *direct* experience with the one health care problem voters say matters most in the 2000 elections.

4) ***PRE-RETIREMENT AGE VOTERS (22% of RVs)***

**Importance of Health Care as Voting Issue:** 30% top issue in presidential vote/38% top issue in congressional vote

**Voting Intentions:** 48% Gore/42% Bush; 51% Dem./37% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 46% Gore/30% Bush

**Top Health Care Priority:** Helping the uninsured, protecting Medicare, prescription drug coverage for seniors

**Comments:** Defined as voters aged 50-64 years, they are a group vulnerable to going without health insurance – or paying high premiums for coverage – if they or their spouse loses a job. They are not yet eligible for Medicare, but may have problems finding a new job with health insurance if laid off. While they give Gore a 16 point margin over Bush in understanding their health care problems, their presidential vote is more closely divided between the two candidates. This group rates health care higher, and is more supportive of Democratic candidates, at the congressional level.

5) **MINORITY VOTERS (21% of RVs)**

**Importance of Health Care as Voting Issue:** 39% top issue in presidential vote/43% top issue in Congressional vote

**Voting Intentions:** 63% Gore/22% Bush; 63% Dem./25% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 53% Gore/24% Bush

**Top Health Care Priority:** Helping the uninsured, protecting Medicare, protecting patients' rights in managed care

**Comments:** Primarily African-American and Hispanic, with some Asians and voters of other races, this group typically vote Democratic regardless of their health care views. They are the one group to list patients' rights in HMOs as one of their top concerns.

6) **SENIORS (19% of RVs)**

**Importance of Health Care as Voting Issue:** 40% top issue in presidential vote/51% top issue in Congressional vote

**Voting Intentions:** 44% Gore/36% Bush; 48% Dem./37% GOP for Congress

**Presidential Candidate Who Best Understands H.C. Concerns:** 44% Gore/26% Bush

**Top Health Care Priority:** Protecting Medicare, prescription drug coverage for seniors

**Comments:** Voters over 65 are not as overwhelmingly Democratic in their voting intentions as some of the other health-care oriented groups. Although they feel Gore better understands their health care problems by a wide margin, they only prefer the Vice President by six points in the trial heat. Seniors have a high probability of voting and a well-defined health care issue agenda that gives them more clout with the candidates than some of the other health-care oriented voters.

**Age and Risk Factors Combine to Predict Voter Attitudes and Behaviors**

If voters surveyed are divided by age and the presence of "risk factors" affecting their access to affordable health care, and compared in their candidate preferences and importance ratings of health care issues, the following broad patterns are clear:

\* For voters aged 18-49, the presence of risk factors -- including chronic illness, a household income under \$30,000 or the presence of an uninsured adult in the household -- makes a significant difference in the role of health care issues in voting decisions and candidate preferences. Younger voters at risk, are twice as likely as those not at risk to say health care issues matter most in their vote for president (29% vs. 14%) and U.S. Congress (30% vs. 16%). Those at risk favor Gore over Bush by a margin of 49%-36% and favor congressional Democrats

over Republicans by a margin of 50%-35%). In contrast, those *not* at risk favor the Republican by significant margins at both the presidential (51%-38%) and congressional level (52%-38%).

\* For older voters, risk factors are less useful in predicting attitudes and voting intentions. Whether they are at risk or not – based on their health status, income level, and direct experience with the problem of uninsurance – voters over 50 are more likely than younger voters to link their candidate preferences to health care issues. And even those *not* at risk show a preference for Democratic candidates. About a third of older voters who are at risk (36%) and *not* at risk (33%) say health care is the top issue affecting their choice for president. About half (49%) of older voters at risk and more than a third (39%) of those *not* at risk say it is the top voting issue in the congressional race. Both groups give a similar edge to Democratic candidates for Congress (at risk, 49% vs. 37%/not at risk, 51% vs. 42%). The over 50 at risk group favor Gore over Bush for president by 49% to 36%, while the *not* at risk leans slightly toward Bush, 47% to 42%.

**Voters Wary of Big Government Role in Health Care**

Gore and the Democrats clearly have an edge with the voters in terms of health care policy, especially with those who care most about health care issues. Nonetheless, the Republicans are able to limit the Democrats’ ability to capitalize on this issue because most voters tend to be wary of the government having too big of a role in health care. When asked if Americans’ health care costs should be funded mostly by government or mostly by private employers and citizens, the private sector wins out by a margin of 51% to 38%. These latter voters solidly favor Bush for president (54%-33%) and GOP candidates for Congress (54%-35%). Those who take the opposite view in favor of government funding overwhelmingly favor Gore (60%-25%) and Congressional Democrats (61%-26%).

**VOTER PREFERENCES BY VIEW OF GOVERNMENT ROLE IN HEALTH CARE**

Health care should be funded mostly by:

	<u>Government</u> %	<u>Private Sector</u> %	<u>No Opinion</u> %
<b>Vote for President</b>			
Gore	60	33	45
Bush	25	54	33
Undecided/other	<u>15</u>	<u>13</u>	<u>22</u>
	100	100	100
<b>Vote for Congress</b>			
Republican	26	54	29
Democrat	61	35	46
Undecided/other	<u>13</u>	<u>11</u>	<u>24</u>
	100	100	100

While most of the health-care oriented voters groups tend to be supportive of a major role for government in health care funding, seniors and the pre-retirement age group are an important exception to this tendency. Those aged 65 and older prefer the private sector as the chief funding source by a margin of 49% to 31%. Those aged 50 to 64 take this same view by a 51%-39% margin. Concerns about too much government involvement in health care helps keep Bush and the Republicans competitive among seniors and pre-retirement age voters.

### **Election-Year Shifts in Public Opinion of Health Care Policy Issues**

In terms of trends in public opinion about the key health care policy issues that voters care about and the campaigns have addressed, the survey shows positive signs for both Al Gore and George W. Bush. The Gore campaign should be cheered by the finding that Americans now express more faith in government than in private insurers to provide health insurance to seniors (46% vs. 38%). In the March poll, as many Americans picked private industry (39%) as Medicare (37%) when asked this same question. This shift may well reflect the success of Gore's prescription drug plan.

The Bush campaign, however, may take some comfort in the finding that the public seems less eager for more regulation of the health insurance industry. Nearly a third (31%) of Americans now say they believe that government regulation of HMOs and other managed care plans is too strict, up from 21% in the March poll. In addition, the percentage of Americans who feel they would be personally better off if a patients bill of rights was passed into law has declined from 49% to 40% since the spring. As noted previously, the poll results indicate that anti-HMO sentiment does not seem especially high compared with concern about other kinds of health care problems.

### **Gore and Bush Voters Differ on Prescription Drugs, Effort to Help Uninsured**

In addition to their differences on the importance of health care as a voting issue, Gore supporters and Bush supporters differ on specific policies and priorities for government action. The biggest difference is found on the issue of prescription drug benefits and works to the Vice President's advantage. Gore supporters overwhelmingly feel that it would be best to provide a prescription drug benefit directly through the Medicare program, as Gore suggests, rather than indirectly by giving private insurers incentives to offer such coverage, along the lines of the Bush proposal (64% vs. 29%). While Bush supporters are less likely to favor Gore's approach, they are not solidly behind the Bush approach, either. Bush voters divide 49% for a direct Medicare benefit vs. 42% who favor the private industry idea.

Supporters of the two candidates also differ on the level of effort this country should make to help the uninsured pay for health care. Gore supporters tend to feel there needs to be a major effort (52%) while Bush supporters tend to feel a minor effort is warranted. The voters as a whole divide about evenly between major effort (45%) and minor effort (40%). Supporters of both candidates are divided about what the best means of dealing with the uninsured problem – but there are some obvious differences. Bush supporters are more likely than Gore supporters to favor requiring businesses to provide coverage (30% vs. 23%) and offering tax deductions to uninsured families (26% vs. 13%). Bush supporters are less likely to favor expanding state programs that assist low-income families (19% vs. 29%) and move to single-payer government health plan (9% vs. 19%).

Supporters of the two presidential candidates do not differ much in their views on the financial status of Medicare or their support for a patients bill of rights to curb HMO abuses. Bush supporters and Gore supporters are about equally divided on whether Medicare needs only minor changes, at most or needs sweeping change. On the issue of a patients bill of rights that includes the right to sue a health plan, about three-quarters (77%) of Gore supporters and two-thirds (67%) of Bush supporters say they approve

## ***RATING THE HEALTH CARE SYSTEM***

### **PART I: HEALTH CARE STATUS**

#### ***Most Uninsured Americans are Part of the White Middle Class***

A demographic profile of uninsured Americans shows that they are not the “usual suspects” -- primarily minorities, urban residents, unemployed persons, and people with very low levels of education and income. In fact, a majority of the uninsured fit each of the following demographic characteristics:

- \* Are non-Hispanic whites (62%)
- \* Reside in suburban or rural communities (67%)
- \* Are between 30 and 64 years of age, prime working years (64%)
- \* Are currently employed (73%)
- \* Have a high school diploma or better (71%)
- \* Have a household income of at least \$20,000 a year (55%)

The resulting profile of the uninsured describes a white, middle-aged, middle-class, and middle American group. (*For additional information see special section describing the uninsured.*) Lack of insurance translates into hardship for many of the uninsured. Over half (58%) of the uninsured report having put off seeking necessary medical care in the past year because they couldn't afford it, compared with less than a quarter (21%) of the insured. Over half (54%) of the uninsured also say that paying for routine care is a major problem for them, compared to 22% of the insured. The survey finds that about one-fifth (21%) of uninsured adults are chronically ill, that is, have a chronic health problem that requires regular medical attention.

#### ***Managed Care Now the Dominant Form of Health Insurance Coverage***

One of the biggest changes in U.S. health care over the past decade has been the phenomenal growth of managed care. According to the Robert Wood Johnson Foundation, in 1992 more than half of the U.S. workforce was covered by traditional fee-for-service health coverage provided by an employer. The current survey finds that nearly nine in 10 (86%) of adults with employer-provided coverage are in some form of managed care.<sup>1</sup> Managed care is nearly as prevalent among those covered through a government program other than Medicare (77%). Three-fourths (74%) of those in self-purchased plans are in managed care. Seniors in Medicare are one group

that are not yet overwhelmingly in managed care. Among Medicare recipients age 65 and older, 35% have traditional Medicare coverage, though a large number, 52%, describe their coverage in such a way as would be classified a Medicare HMO. *See Table 1.*

**TABLE 1: INCIDENCE RATES OF MANAGED CARE BY SOURCE OF COVERAGE**

Source of Coverage	Percent in Managed Care
Employer-provided	86
Self-purchased	74
Government program (not Medicare)	77
Medicare (65+)	52

## **PART II: CONSUMER SATISFACTION WITH HEALTH CARE**

Consumer satisfaction with health care is down significantly from the levels seen 10 years ago. In a 1990 Louis Harris survey for the Harvard School of Public Health, nine in 10 (88%) U.S. adults said they were very or somewhat satisfied, overall, with the health care available to them. In the fall of 2000, fewer than eight in 10 (78%) are similarly pleased. Even more dramatic is the decline in the number of Americans who express the highest level of satisfaction with their health care. In 1990, a majority (55%) said they were very satisfied, overall. Today, only slightly over a third (38%) express such highly favorable views.

A decline in consumer satisfaction ratings is observed across the board on every aspect of health care for which comparison data is available. Specifically, the percent very satisfied has declined by double-digits in each of the following areas:

- \* **QUALITY:** 39% now say they are very satisfied that they are receiving health care “of the best possible quality,” down 16 points from 55% in 1990.
- \* **AFFORDABILITY:** 30% now say they are very satisfied with their ability to minimize personal out-of-pocket costs for health care, down 11 points from 41% in 1990.
- \* **WAITING TIME:** 28% now say they are very satisfied with their ability to get elective surgery promptly without delay, down 22 points from 50% in 1990.
- \* **PERSONAL CONTROL:** 39% now say they are very satisfied with having enough personal control over their own medical decisions, down 17 points from 56% in 1990.

Comparing the percent very satisfied for those in traditional plans and those in strict managed care, managed care restrictions seem to depress satisfaction most in the following three areas: personal control over medical decisions (52% vs. 32%), ability to get elective surgery (42% vs. 24%), and access to medical tests, drugs, procedures and equipment (50% vs. 35%).

**Medicare Seniors Most Satisfied with Their Health Care Today**

Medicare seniors tend to be more satisfied with many different aspects of their care than adults under 65. Seniors with traditional Medicare coverage are most pleased, but even those in Medicare HMOs have higher levels of satisfaction than those under 65 in managed care. For example, solid majorities of seniors in traditional Medicare (61%) and Medicare HMOs (56%) are very satisfied with their ability to get the tests, drugs, and medical procedures they need. In contrast, less than half (45%) of adults under 65 in loose managed care—the most common form of coverage for that population – are very satisfied.

Seniors in traditional Medicare are the only group that is very satisfied with their personal control over medical decisions (69%), waiting time for doctors’ appointments (62%) , quality of care available (57%), and their ability to get elective surgery (52%).

**TABLE 2: SATISFACTION BY TYPE OF INSURANCE**

	Strict Managed*	Loose Managed	Traditional	Medicare HMO (65+)	Medicare Traditional (65+)	Uninsured
Percent very satisfied with...						
Health care available overall	36	42	52	44	42	17
Being able to get tests, drugs	35	45	50	56	61	24
Wait for appointment with doctor	35	39	49	54	62	24
Being able to get elective surgery	24	27	42	38	52	16
Out of pocket costs for care	30	31	34	32	45	16
Control over medical decisions	32	39	52	51	69	25
Receiving care of best quality	34	44	45	45	57	22
Percent feel doctor has time needed to give proper care	78	86	82	85	86	71
Percent very satisfied with care available through health plan...						
Overall quality of care	34	39	51	50	63	NA
Relationship with doctor	47	51	61	63	72	NA
Access to medical specialists	28	40	52	47	60	NA
Out of pocket costs for coverage	30	33	41	33	50	NA

**PART III: ATTITUDES TOWARD HEALTH PLANS AND PROVIDERS**

Consumers continue to give doctors a high level of trust and respect. In contrast, consumers see health plans as too willing to compromise the quality of patient care to save money. When asked to rate the job being done by various players in the health care system, the public places doctors and nurses at the top, with 76% and 83%, respectively, saying they generally do a good job of serving consumers. Rating next in public esteem are hospitals (65%) and pharmaceutical companies (52%). Scoring much less favorably are health insurance companies (38%) and HMOs and other managed care plans (28%) (*see Table 3*). (Four in 10 adults interviewed say that HMOs (43%) and health insurance companies (41%) do a bad job, by far the most negative ratings offered.)

**TABLE 3: RATINGS OF HEALTH CARE INDUSTRY**

	Percent Good Job
Nurses	83
Doctors	76
Hospitals	65
Pharmaceutical or drug companies	52
Health insurance companies	38
HMOs and other managed care plans	28

While Americans have always had a tendency to trust doctors more than health insurance plans, the advent of managed care may have made this “trust gap” even wider. The public overwhelmingly rejects one of the fundamental principles of managed care as anathema to the quality of patient care – the use of financial incentives to encourage doctors to avoid unnecessary services and hold down costs. About three-quarters (73%) of adults believe that attempts by HMOs to give doctors financial incentives to avoid unnecessary services and hold down costs actually threaten the quality of care that patients receive. This number is up from 65% in 1997.

**TABLE 4: CONCERN THAT PLAN CARES MORE ABOUT SAVING MONEY THAN ABOUT PROVIDING BEST POSSIBLE CARE**

	Percent Worried
Medicare main source of coverage (65+)	35
Insured under 65	55
Type of coverage	
Strict managed care	65
Loose managed care	55
Traditional coverage	33
Chronically ill (not in Medicare)	57

#### **PART IV: CONSUMER EXPERIENCES WITH HEALTH PLANS**

More Americans are going without health insurance coverage and managed care is making people jump through more hoops to get the medical services they need. Nonetheless, the survey

does not provide any strong evidence that actual denial of care is more common today than it was a decade ago. The new survey finds no statistically significant increase in the percentage of U.S. adults who say they have been discouraged from seeking care (21% now and in 1990) or have been unable to get all the diagnostic tests they feel they needed (22% vs. 20%). People today, however, are significantly more likely to say they have experienced difficulty in seeing a medical specialist (23% vs. 18%).

### **Half of Insured Adults Have Had Recent Negative Experiences with Their Plan**

At the very least, dealing with a health plan is a common source of frustration for Americans today. About half (51%) of those with some form of health coverage say their family has had at least one negative experience with their plan in the past year. This includes about a third (34%) who have had some problem with coverage, including misunderstanding about what the plan covers, discovery that a particular type of care or treatment was not covered or actual denial of care or treatment. In order of frequency of mention, other kinds of problems experienced include the following: difficulty in getting a doctors' appointments (20%), being forced to change doctors (14%), not being able to get a specific medication or lab test (13%), difficulty getting a referral to a specialist (13%), difficulty selecting a doctor in the plan (15%) and delays in receiving care (13%).

Non-Medicare insured Americans in strict managed care are most likely to complain about negative experiences with their health plan. A majority (67%) in this group have had at a least one of the problems with their plan listed above, and nearly half (49%) have had a problem related to coverage. Fifty-eight percent of the chronically ill in strict managed care (excluding Medicare) have had one or more negative experiences, including 36% who had a coverage-related problem.

Seniors in Medicare are less likely than the non-Medicare insured to report problems with their health insurance plan. About one third (38%) of Medicare recipients aged 65 or older report one or more problems with their plan, compared with just over one half (54%) of those with insurance other than Medicare. Seniors in Medicare HMOs, however, are more likely to report negative experiences than those with traditional Medicare coverage (50% vs. 25%).

### **Problems with Strict Managed Care Also Affect Chronically Ill**

Chronically ill Americans, as defined in the Wave Two survey as those who are "now receiving regular medical treatment or making regular doctor visits for any chronic health problem," are especially affected by the problems associated with the strictest forms of managed care. About three-quarters (74%) of the chronically ill in strict managed care (under 65) have had at least one of the negative experiences with their coverage listed in Question 42, compared to 53% of the chronically ill under 65 in loose or traditional coverage. (Among those not chronically ill (also under 65), these numbers are 65% and 48%, respectively.)

Just over half (53%) of the chronically ill in strict managed care have had a problem with coverage, but that is only slightly more than the 48% of the non-chronically ill in strict managed care who report the same kind of negative experience. However, thirty-four percent of the chronically ill in strict managed care have had difficulty getting a referral to see a medical specialist through their plan, compared to the 22% reported by those in strict managed care who

not chronically ill. About one-quarter of the chronically ill in strict managed care have been unable to get the medication or tests they needed (26%, compared to 17% of healthier Americans), and 35% have had difficulty getting an appointment (compared to 29% of those not chronically ill). Chronically ill Americans and those in better health experience delays in receiving care or treatment with roughly the same frequency, at 20 and 19%, respectively.

**TABLE 5: INCIDENCE OF NEGATIVE EXPERIENCES WITH HEALTH PLANS\*  
-- THE CHRONICALLY ILL --**

	Chronically ill, strict managed care	Chronically ill, loose/traditional	Not chronically ill, strict managed care	Not chronically ill, loose/ traditional
Problem with coverage	53	36	48	33
Difficulty getting appointment	35	16	29	20
Delays in receiving care	20	16	19	11
Difficulty getting referral	34	10	22	10
Unable to get tests or meds	26	18	17	10
NET: One or more negative experiences	74	53	65	48

**Majority Report Positive Experiences with their Health Plan**

While there is no question that many consumers have problems with their health plans, it should be noted that even greater numbers give their plan credit for helping them stay healthy or manage a condition. Over half (58%) of insured adults interviewed say they have had at least one of three positive experiences with their plan, slightly more than the 51% who reported one or more of the negative experiences discussed previously. Twenty-four percent of the insured say their plan has provided with preventive services, 34% say they have received help in controlling a chronic illness, and 39% say their plan has reminded them to get a test. Two groups especially likely to have had a positive experience with their health plan are the chronically ill (76%) and Medicare seniors (71%). (See Table 6)

While HMOs initially distinguished themselves from fee-for-service plans by their emphasis on preventive care, at present, managed care plans are no more likely to deliver such services than are traditional plans: 25% of the non-Medicare insured in managed care have been provided with preventive care services in the past year, compared with 27% of those with traditional coverage.

**TABLE 6: INCIDENCE OF NEGATIVE AND POSITIVE EXPERIENCES WITH HEALTH PLANS**

	Percent had one or more negative experiences	Percent had one or more positive experiences
Type of plan		
Strict managed care	67	58
Loose managed care	52	54
Traditional coverage	39	55
Medicare main source of coverage	38	71
Main coverage other than Medicare	54	55

## **PART V: HEALTH CARE QUALITY**

In a country without universal health coverage, people worry more about their ability to access the health care system than they do about the quality of care. When asked if cost, availability or quality is their family’s biggest health care concern, a majority (59%) of Americans identify either cost or availability as most important while 36% say quality. Reflecting the growing number of uninsured Americans seen over the past decade, the percentage who say availability, specifically, is the top concern has increased significantly from 11% to 19% since 1993. Managed care’s success in stabilizing the cost of health care may explain why the percentage naming cost, specifically, is down over the same period (40% now vs. 50% in 1993). Frequency of mention for quality as the top concern is statistically unchanged (36% now vs. 37% in 1993).

The decline in satisfaction with quality is only partially explained by the high number of uninsured Americans. The shift from traditional fee-for-service insurance to HMOs and other managed care plans also seems to have contributed. Among the insured, 50% of seniors covered by Medicare and 45% of adults covered by non-Medicare traditional plans say they are very satisfied that they are receiving health care of the highest possible quality. That figure drops to 34% of adults in the strictest forms of managed care.

### **Quality Ratings Decline as Plans Become More Restrictive**

These differences by type of health plan are even more pronounced on another survey measure – satisfaction with “the overall quality of health care available to you and your family [through your main health plan].” Quality is of great importance to people when it comes to choosing a health plan: 34% of Americans say that high quality of health care is of greatest importance to them in a plan, while 21% say that cost of coverage is most important. Overall, 42% of all insured adults are very satisfied with the quality of care available through their plan, but that number varies sharply by type of coverage. A majority of seniors in Medicare (53%) and people covered by non-Medicare traditional plans (51%) are very satisfied with quality. But quality ratings drop steadily to 39% for non-Medicare insured adults in loose managed care plans and 34% for those in strict managed care.

**TABLE 7: SATISFACTION WITH QUALITY OF CARE**

	Traditional *	Loose managed	Strict managed	Chronically ill, strict managed	Medicare 65+	Uninsured
Satisfied receiving care of best possible quality:						
Very	45	44	34	35	50	26
Somewhat	40	42	50	46	35	45
Satisfaction with plan's quality of care:						
Very	51	39	34	36	53	NA
Mostly	43	53	51	45	38	NA

**Majority Want Government to Provide Quality Information**

To help them make decisions about the quality of care provided by health plans, hospitals and medical groups, a majority of Americans would favor some assistance from a public source. Fifty-nine percent say that it would be very important to them for some public agency to make available detailed information about the safety and quality of care provided by different hospitals, health plans and medical groups.

Those with more restrictive coverage are especially likely to be interested in such information: 64% of the non-Medicare insured in strict managed care express an interest, compared with 61% of those in loose managed care and 59% of those with traditional coverage. The chronically ill follow the same pattern and are not more likely to be interested in having the government provide such information about quality.