

Rhode Island Business Group on Health



Promoting a better
Healthcare delivery system
for all Rhode Islanders

PO Box 1523
Providence, RI 02901-1523
info@ribah.org

Member Survey on Health Care Reform

Executive Summary

November 9, 2009

Background

A health care reform survey, which was developed by the RIBGH Legislative Affairs and Public Policy Committee, was conducted during the period from August 31 through September 11, 2009. In addition to soliciting the feedback from RIBGH members, RIBGH collaborated with the RI Society for Human Resource Management (RISHRM) State Council and affiliated RISHRM chapters as well as with the Small Business Association of New England (SBANE), to jointly administer the survey to all association members. The aggregate results of the survey will be utilized for discussion with the Rhode Island Congressional delegation over the next several weeks and at a joint member breakfast meeting scheduled for October. Some of the results of the RIBGH survey participants were shared at the annual RIBGH Health Care Summit on September 17, 2009.

The survey was sent to 723 members of all three associations, which included 243 RIBGH members. While 7% (56) of the email addresses were no longer active, 46% (306) opened the survey email invitation. Of the 46% that opened the email invitation, 53% (153) actually opened the link to the survey, and 86 (about 13% of the overall invited participants) completed some or all of the questions. Of the 243 RIBGH members surveyed, 36 (about 15%) responded. Since members were asked to self-identify their association affiliation, it is difficult to determine if the actual response count (determined by the affiliation designation) is accurate. Rating scores for all questions with multiple-choice response options, reflect the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses. Aggregate results from RIBGH/RISHRM/SBANE members that participated in the survey are generally consistent with the results received from self-identified RIBGH members.

Demographics of Survey Participants

The majority of survey participants, 56% of the aggregate and of RIBGH participants indicated that their organization was fully insured while 29% of the aggregate participants (42% of RIBGH participants) reported they were from self-insured employers. About 33% of the aggregate participants (22% of RIBGH participants) were from companies with less than 50 employees, 41% of the aggregate (36% of RIBGH participants) were from companies with 51-1,000 employees and about 26% of the aggregate (39% of RIBGH participants) were from companies with 1,000 or more employees. In terms of the location of their organization, about 87% of the aggregate participants (86% of RIBGH participants) indicated their home office was located in Rhode Island. A good representation of industries was reflected in the results, including Construction, Consulting, Education, Financial, Health Care, Manufacturing, Non-profit, Retail, Technology, Utilities, and Transportation.

Not surprising is that about 36% of aggregate participants (50% of RIBGH participants) indicated they were “very knowledgeable” with regard to the issues around the health care debate and 40% of the aggregate (39% of RIBGH participants) indicated they were “somewhat knowledgeable.”

Survey Results

Based on feedback from survey participants, the first two questions of the survey were considered ambiguous and in some cases, a response was not provided. Rating categories for these questions were 1= Very Important, 2= Somewhat Important, 3= Not Important, and 4= Don't Know. Responses to these first two questions that sought members' opinions on the importance of key health reform concepts were:

| | Aggregate Score | | | RIBGH Score | | |
|--------------------------------------|-----------------|----------|-----|----------------|----------|-----|
| | Very Important | Somewhat | Not | Very Important | Somewhat | Not |
| Individual Mandate | 47% | 39% | 8% | 64% | 22% | 11% |
| Public Plan | 27% | 36% | 35% | 17% | 47% | 33% |
| Individual/Small Group Market Reform | 60% | 34% | 5% | 53% | 39% | 6% |
| Low Income Premium Subsidies | 40% | 49% | 7% | 44% | 44% | 8% |

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| | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|-----|
| Create exchanges/gateways | 45% | 35% | 13% | 50% | 31% | 11% |
| Establish standard health plans | 42% | 38% | 16% | 42% | 33% | 19% |

| | Aggregate Score | | | RIBGH Score | | |
|--------------------------------------|-----------------|----------|-----|----------------|----------|-----|
| | Very Important | Somewhat | Not | Very Important | Somewhat | Not |
| Impose employer pay or plan mandates | 20% | 41% | 32% | 25% | 53% | 19% |
| Impose tax cap on employer coverage | 21% | 33% | 34% | 14% | 39% | 36% |
| Impose new limits on HSAs | 10% | 34% | 44% | 8% | 25% | 58% |
| Provide portability of coverage | 80% | 17% | | 72% | 25% | |
| Incorporate wellness in plan | 71% | 20% | 8% | 78% | 14% | 5% |

When asked their level of agreement on certain health care reform statements, members reflected the following:

| | Agree | Aggregate Score | | Agree | RIBGH Score | |
|--|-------|-----------------|---------|-------|-------------|---------|
| | | Disagree | Neutral | | Disagree | Neutral |
| Health care coverage is a benefit no one should be denied | 70% | 19% | | 75% | 11% | 11% |
| Health reform legislation should be at the state, not federal level | 21% | 53% | 24% | 17% | 67% | 14% |
| Given the economy, it is most important to take on health reform now | 59% | 28% | 12% | 64% | 25% | 8% |
| Given the economy, we cannot afford to take on health reform now | 30% | 60% | 8% | 28% | 64% | 5% |

When asked their preference for the direction health care reform should 51% of the aggregate responses (53% of the RIBGH responses) favored a continuation of our current public-private balance in health care, 23% of the aggregate responses (28% of the RIBGH responses) favored a private market driven health care system, 12% of the aggregate responses (8% of RIBGH responses) favored employers out of the equation altogether, and only 8% of the aggregate responses (5% of RIBGH responses) favored a government-run health care system.

In terms of the aspects of health care policy that have become more or less important due to current economic conditions, responses were:

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| | Aggregate Score | | | RIBGH Score | | |
|---|-----------------|----------------|------|----------------|----------------|------|
| | More Important | Less Important | Same | More Important | Less Important | Same |
| Insurance coverage for everyone | 62% | 15% | 22% | 69% | 5% | 22% |
| Cost containment | 94% | -- | 3% | 92% | -- | 5% |
| Quality Improvement | 60% | 10% | 27% | 67% | 11% | 17% |
| Personal responsibility for one's health | 79% | 4% | 13% | 86% | 11% | 8% |
| Administrative efficiency | 86% | 2% | 6% | 89% | 3% | 5% |
| More patient cost sharing through co-pays and deductibles | 43% | 21% | 33% | 39% | 31% | 25% |
| Convenience of services | 31% | 26% | 42% | 28% | 25% | 44% |
| Access to services/personal Choice | 45% | 17% | 36% | 42% | 14% | 42% |

In response to the question concerning what goals are important in health care reform, responses were:

| | Aggregate Score | | | RIBGH Score | | |
|--|-----------------|--------------------|---------------|----------------|--------------------|---------------|
| | Very Important | Somewhat Important | Not Important | Very Important | Somewhat Important | Not Important |
| Individuals' interests take priority over health care organizations' | 38% | 44% | 9% | 28% | 47% | 11% |
| Taxes will not be increased | 65% | 24% | 7% | 64% | 25% | 5% |
| Strengthening competition and market forces | 71% | 22% | 5% | 67% | 28% | 3% |
| Preserving what already works in the health care system | 83% | 15% | 3% | 83% | 11% | 3% |
| Expanding government's oversight role | 16% | 36% | 37% | 8% | 44% | 39% |

When asked about willingness to pay more – either in higher health insurance premiums or higher taxes in order to increase the number of Americans insured, 65% of the aggregate participants (64% of RIBGH participants) were not willing, while 27% of the aggregate (31% of RIBGH participants) were willing to pay more.

About 64% of the aggregate participants in the survey (67% of the RIBGH participants do not believe that the Senate and House Health Care Reform bills would reduce health care spending.

About 53% of the aggregate participants (50% of RIBGH participants) indicated they would likely move to a public plan only if the cost was less than their current plan and the provider network and benefits were at least as good as their current plan, while 36% of the aggregate (44% of RIBGH participants) would prefer to use the private insurance market, even if a lower cost public option were available.

About 57% of the aggregate participants (58% of RIBGH participants) reflected that moving all of their employees to a public health plan would have a negative impact on employee morale, recruitment and retention in their organization.

Comments/concerns that were raised by participants in the survey focused on:

Affordability - purchasing power and affordability issues for small employers, the validity of projected cost savings from health care reform, concern over an increase in the U.S. deficit, concern about proposed tax increases; should offer tax breaks/incentives to employees and employers with health plans; support for a single payer system separate from the government but accountable to the public

Cost Containment – need for containing of costs in the delivery system; reducing the cost of health care services; regulation of large insurance companies; reform of the payment system; incentives for primary care coordination and quality outcomes; addressing tort reform; redirecting of funding so primary prevention and self-care practices become the norm; minimizing the use of

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ER's for routine care; government needs to regulate the provider industry to require transparency and adherence to quality/proven best practices; personal responsibility and wellness is a key issue.

Access – access to affordable options for part-time employees; costs for uncompensated care shifted to insurers and then employers; eliminate ability to deny coverage for pre-existing conditions; address eligibility for Medicaid.

Government-run or public plan – lack of confidence in government's ability to manage health care or run an efficient system; rates for a public plan would not be set on a competitive level with private insurers; support for competition among private insurers as an incentive for them to provide the best coverage at the best price; concern about restrictions in access to care and freedom of choice in a public plan; a public plan is essential to give small businesses a viable option to commercial insurance.

Portability – eliminate state lines with respect to the purchasing of health care; employees should be able to port their health insurance like their 401(k) plans and life insurance.

Personal responsibility – Hold people accountable; all employees should be required to have health insurance; everyone needs to be responsible for their own health and well being.