Where does your physician stand on reform?

Reno Gazette-Journal / RGJ.COM

Tuesday, September 22, 2009

As was the case in last year’s presidential campaign, public opinion on health care reform is being tracked closely and partisans in the reform debate are spinning polling results (often from the same survey) mightily.

Though it’s no exaggeration to say that public opinion on reform changes on a daily basis, a couple of things are becoming clear.

On one hand, most polls indicate consistent majorities supporting the need for major reform, as well as majorities trusting Democrats on health policy matters over Republicans. On the other hand, the same surveys reveal a steady erosion of support for the reform proposals to emerge from Congress this year and growing public concern about how reform would affect the cost and quality of health care they receive.

The declining support for major reform has more to do with Americans long-standing distrust of the ability of the federal government to do big things (after the folly of invading Iraq and the government’s response to Katrina who can blame them?) and little to do with the details of proposed legislation few survey respondents have had the time or interest in actually reading.

Declining support for Democratic proposals also has little to do with its perceived impact on a group with as much riding on reform as anyone: physicians.

Lost in the ongoing barrage of public opinion polling and spin was an interesting study recently published in the New England Journal of Medicine. Researchers from Mt. Sinai School of Medicine in New York asked a nationwide sample of physicians which of the three insurance coverage options they would most strongly support for Americans under the age of 65:

- Public and private options – Provide people under the age of 65 the choice of enrolling in a new public health insurance plan, like Medicare, or in private plans.
- Private options only – Provide people with tax credits or low-income subsidies to buy private insurance coverage without creating a public plan option.
- Public option only – Eliminate private insurance and cover everyone in a single public plan like Medicare.

Physicians were also asked to indicate their level of support for a proposal which enables adults aged 55 to 64 to buy into the current Medicare program and to rate their level of satisfaction with their participation in traditional Medicare versus private plans.
They found that, overall, a majority of physicians (62.9%) supported public and private options, while only 27.3% supported offering private options only and less than one in ten (9.6%) supported a public-options only or single-payer model. One of the study’s most interesting findings was that respondents – across all demographic subgroups, specialties, practice locations, and practice types – showed majority support for the inclusion of a public option.

The authors also found that a majority of physicians (58.3%) supported an expansion of Medicare to Americans between the ages of 55 and 64 – support that was again consistent among all specialty groupings, such as primary care, medical subspecialties, and surgical groups.

Finally, despite support for Medicare expansions and for a public option similar in design to Medicare, physicians preferred private plans to traditional Medicare in three areas: adequacy of payments (I’ve yet to meet a physician who is happy with Medicare reimbursement rates), paperwork and administrative hassles, and timeliness of reimbursements.

Physicians reported little or no difference in satisfaction between Medicare and private insurance on two areas: ease of obtaining needed services for their patients and autonomy in decision making. The absence of any difference between Medicare and private insurance on those two dimensions is noteworthy given reform critics’ hyperventilating about government bureaucrats meddling with the doctor-patient relationship.

The authors conclude that it is “clear that the majority of U.S. physicians support using both and private insurance options to expand coverage. A majority of physicians also support the expansion of Medicare” for those between 55 and 64 years of age.

The study’s major findings are important because they are at odds with organized medicine’s history of opposition to reform efforts and they are at odds with a good amount of punditry that purports to speak on behalf of the medical profession.


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