

# An Assessment of Physicians' Opinions on Health Care Reform

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## Abstract\*

As the uncertainty regarding the direction of health care reform grows, the absence of physicians' perspectives in the health care debate becomes more conspicuous: no current, comprehensive survey of physicians regarding health care reform exists. Data on physicians' opinions concerning health care policy could give valuable insight into the debate.

To address this knowledge gap, we conducted a survey of Illinois doctors concerning health care policy. Using the Chicago Medical Society database, we asked doctors (and some doctors-in-training) to indicate their preferences and opinions regarding different health care insurance public repeal policies. 1,059 responded to the survey request, and roughly two thirds completed the survey entirely. Participants were from Cook County, which includes Chicago and the surrounding suburbs.

A majority of respondents opposed the current proposal to repeal and replace the Affordable Care Act (ACA), a proposal known as the American Health Care Act (AHCA). A majority also expressed a generally favorable view of the ACA. An even greater majority indicated a preference for a single payer system. Nearly 90% of respondents agreed strongly or agreed somewhat that health care is a human right that should be made available to all.

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## **Background**

While doctors are on the front lines with regards to insurance and its effects on patient access to quality health care, many physicians report feeling helpless, uninvolved, and isolated from health care reform.<sup>1,2,3</sup> These feelings may have some merit, as shown by the lack of any recent survey data on physician perspective regarding health care reform. While some surveys of physician perspective do exist, the data is limited and much of it is dated. These surveys, conducted sporadically in various states from 1994-2014, indicate that the majority of respondents agreed that it is the responsibility of society, through its government, to ensure access to good medical care for all, regardless of the ability to pay.<sup>4,5,6,7,8</sup> While these surveys show support for universal health care, they do not clearly indicate physicians' opinions about how best to achieve it. There appears to be a need for current data on physicians' perspectives on health care policy, especially given the debate concerning repeal and replacement of the Affordable Care Act (ACA).

A review of the existing literature generally shows widespread dissatisfaction among patients and physicians with the current health care system, which utilizes a mix of public and private insurance sources. In their 1989 paper, Drs. Himmelstein and Woolhandler succinctly denounced the health care system as inefficient, expensive, and stiflingly bureaucratic: "Our healthcare system is failing."<sup>9</sup> A majority of both surveyed doctors and the general public appear to agree. A 2009 survey of physicians indicated that 9% favored the current health care system.<sup>10</sup> This result mirrored public sentiment at the time: only 18% of people were satisfied with the quality of health care, and 9% were satisfied with the cost of health care in the United States.<sup>11</sup>

Additionally, research has shown that administrative burden greatly contributes to physicians' dissatisfaction with the current system, and doctors believe it impedes their ability to care for

patients.<sup>1,8,12</sup> A 1994 study surveying physicians in Washington showed that 89% of respondents identified reduced administrative burden as most likely to improve the current health care system.<sup>13</sup> Ten years later, a survey of Massachusetts physicians showed similar attitudes towards administrative obligations, with 67% agreeing that they would be amenable to a 10% reduction in compensation in exchange for significantly less paperwork.<sup>7</sup> As hospitals in the United States devote 25% of their budget to administration, a reduction in administrative burden could bring about greater satisfaction and decreased costs related to health care.<sup>12</sup>

The implementation of the ACA in 2010 by President Obama sought to improve aspects of earlier health care systems by expanding Medicaid coverage, preventing lack of coverage due to pre-existing conditions, and creating the individual mandate. Additionally, the ACA provided subsidies for insurance premiums to low income patients and families. Since its implementation, an estimated 17.6 million people have gained health insurance.<sup>14</sup> However, while the ACA gave millions more Americans access to health insurance, there have also been reports of significant problems. While many Americans were able to gain insurance through the ACA, almost 6 million lost health insurance, and those above 400% of the Federal Poverty Level (FPL) faced reduced coverage and substantial increases in their premiums and out-of-pocket costs.<sup>15</sup>

The American Health Care Act (AHCA) has been offered as an alternative to the ACA on March 20, 2017. It was passed by the House of Representatives on May 4, 2017. The AHCA differs from the ACA in various ways. First, the AHCA repeals the individual health care mandate and instead utilizes a late enrollment penalty for people that have not had continuous health insurance coverage for a 63-day period.<sup>16</sup> The AHCA also proposes to reduce Medicaid coverage, and would replace the income-based tax credits provided by the ACA with a flat tax credit adjusted for age.<sup>16</sup> The Congressional Budget Office

(CBO) report on the AHCA estimated that while it would save \$337 billion over the next ten years, some 24 million more people would be uninsured by 2026.<sup>17,18</sup>

Single payer health care is an alternative system, and is defined by Albers et al. (2007) as an insurance plan “administered by a governmental body or publicly accountable commission, guaranteeing coverage and access to necessary medical treatment.” Physicians and hospitals could still be privately employed and owned under single payer.

## **Purpose**

The current debate about whether to repeal and replace the ACA with the AHCA has promoted discord and discourse about the best approach to health care reform. This survey of Chicago-area physicians’ attitudes towards health care reform options was performed in the midst of this debate to get survey respondents’ voices on record.

## **Methods**

In April 2017, we accessed the Chicago Medical Society database and emailed a link to an optional survey on health care policy. A total of 1,059 physicians (and some physicians-in-training) responded to the survey, and roughly two thirds completed the survey. We developed the 9-question survey from past research done by Albers et al. (2007), Carroll & Ackermann (2003, 2008), McCormick et al. (2004, 2009), and the Maine Medical Association (2014).

We asked respondents to choose the extent to which they agreed (Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly) with the following four items: 1) “Currently, people WITH

health insurance have access to the medical care they need”; 2) “Currently, people WITHOUT health insurance have access to the medical care they need”; 3) “In the ideal health care system, basic health care would be available to all individuals as part of the social contract, a right similar to basic education, police, and fire protection”; 4) “The private insurance industry should continue to play a major role in the delivery of medical care.”

Next, participants were asked to select the health care system they felt offered the best care to the greatest number of people for a given amount of funding, and then to select their preference for health care system financing. Finally, respondents were asked to rate their views on single payer, the ACA, and the AHCA as “generally favorable” or “generally unfavorable.”

Lastly, we collected demographic information on age, gender, political party affiliation, medical society membership, year graduated from medical school, training status, specialty, practice location, practice setting, and patient insurance demographics.

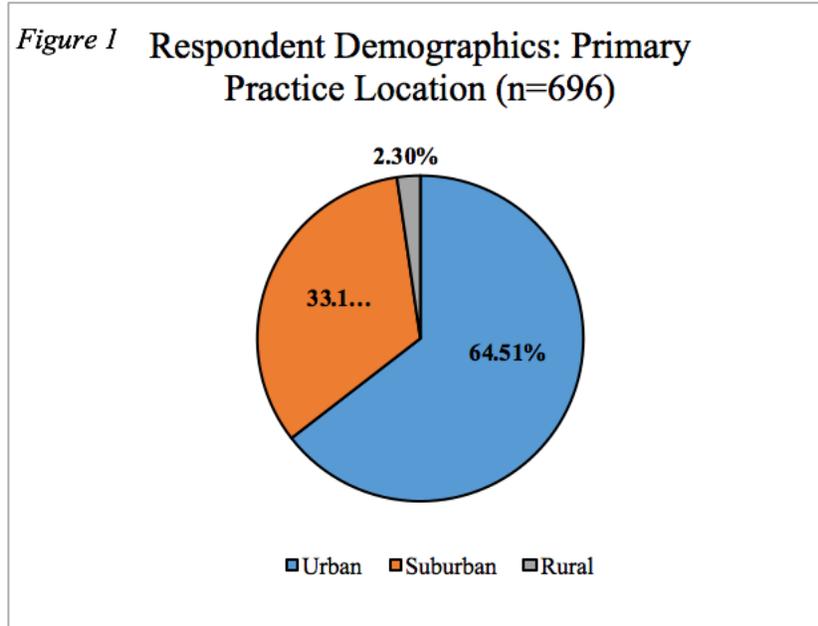
## **Results**

### *Demographics*

A majority of respondents identified as male (60.69%), and 1 respondent (0.14%) identified their gender as “other.” Most respondents (60.57%) identified as non-Primary care doctors (Table 1) practicing in an urban practice setting (Figure 1).

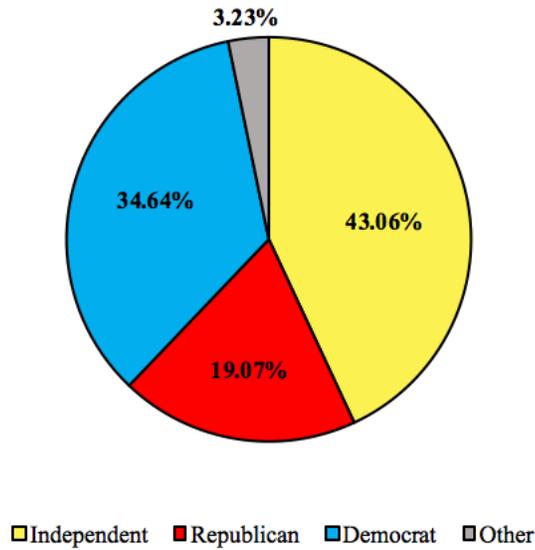
**Table 1.** Respondent Demographics: Primary Care

Identifies as Primary Care Physician	No. (%) of Respondents (n=700)
Yes	276 (39.43%)
No	424 (60.57%)

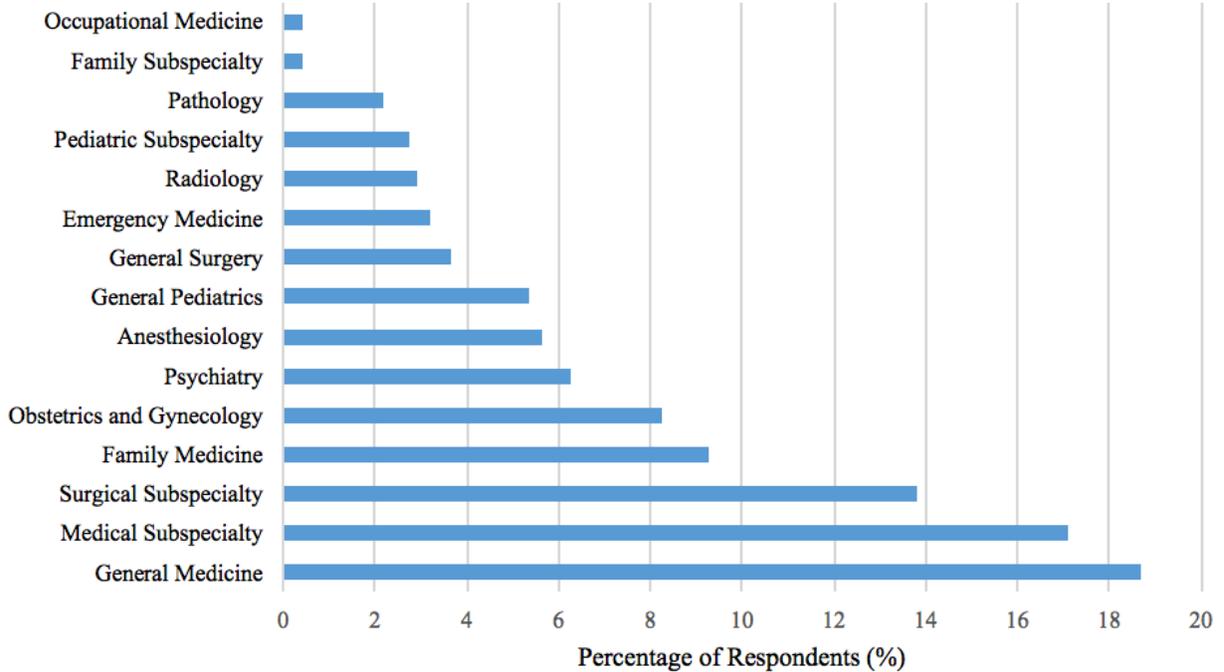


Respondents also represented a variety of political affiliations and medical specialties. Most respondents identified as Independent (43.06%), and the most common specialty selection (18.72%) was General Medicine physician (Figures 2-3).

*Figure 2* Respondent Demographics: Political Party Affiliation (n=713)



*Figure 3* Respondent Demographics: Primary Specialty (n=689)



Regarding their patient populations, participants indicated that they see patients with private insurance most frequently, followed by Medicare, Medicaid, no insurance, then Military coverage. Additional demographic information can be found in the Appendix.

#### *Views on Universal Health Care*

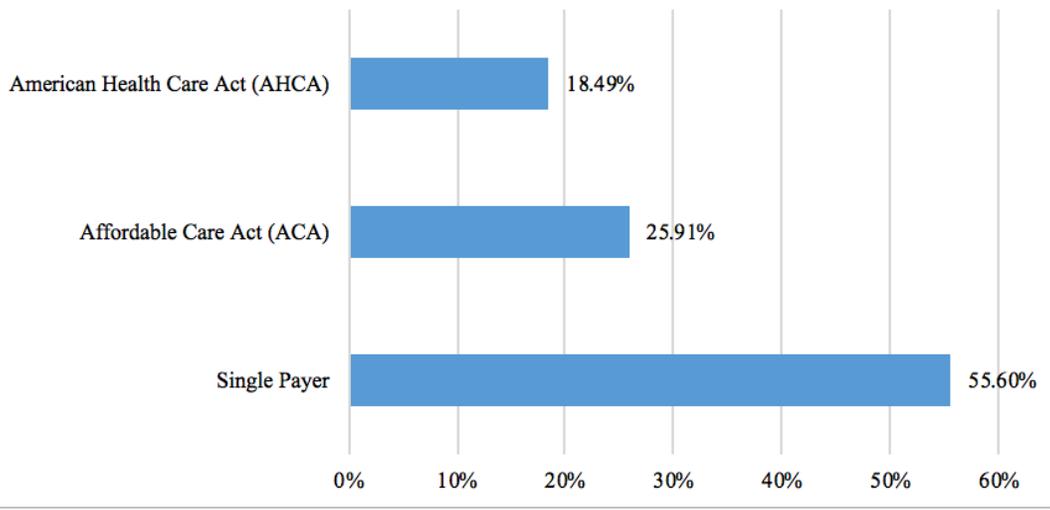
87.86% of respondents agreed that in an ideal system, basic health care would be available to all individuals as part of the social contract, a right similar to basic education, police, and fire protection; 69.93% agreed strongly and 17.93% agreed somewhat.

#### *Attitudes Towards Health Care Policy*

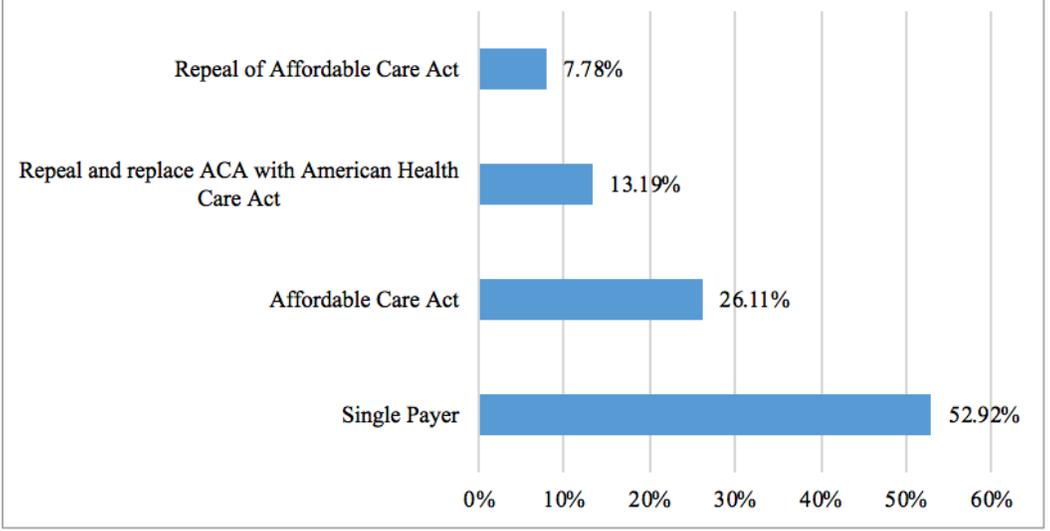
Participants selected the system of health care they believed would provide the best care to the greatest amount of people for a given amount of funding: 1) Single Payer, an improved Medicare-for-All; 2) The current multi-payer health care system with some fixes to the Affordable Care Act (ACA) to cover the uninsured; or 3) The current multi-payer system, with the repeal of the ACA and its replacement with something like the American Health Care Act (AHCA). Most participants selected Single Payer (55.60%), followed by the ACA (25.91%), and lastly the AHCA (18.49%) (Figure 4).

Additionally, when asked which health care system they preferred, most participants selected Single Payer (52.92%), followed by the ACA (26.11%) (Figure 5).

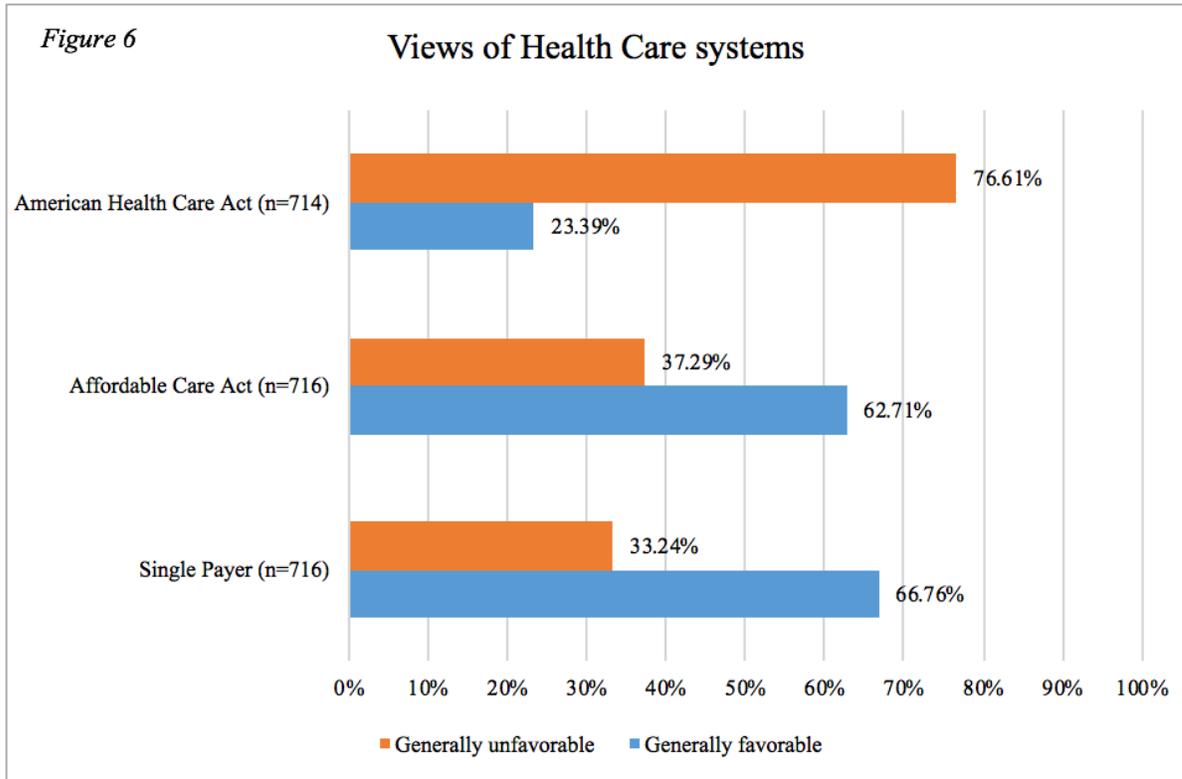
*Figure 4* Which of the following 3 structures would offer the best health care to the greatest number of people for a given amount of funding? (n=714)



*Figure 5* Which of the following structures would you prefer for health care system financing? (n=720)



Finally, participants indicated whether their views of Single Payer, the ACA, and the AHCA were “generally favorable” or “generally unfavorable.” Respondents felt the most favorable towards Single Payer (66.76%), followed by the ACA (62.71%), and lastly the AHCA (23.39%) (Figure 6).



## Discussion

The results show that most of the survey respondents believe health care is a human right, and should be accessible to all. A large majority of participants held negative attitudes towards the AHCA.

Conversely, a majority of participants held generally favorable opinions of the ACA. An even greater proportion of participants reported generally favorable opinions to single payer, an improved Medicare for All. By a greater than two to one margin, physicians surveyed preferred a single payer insurance

system over an improved ACA. By a more than three to one margin, physicians preferred single payer over repeal and replace of the ACA with the AHCA.

By similar margins, physicians believed that single payer, an improved Medicare for All, was a preferable system from a health care financing perspective over the ACA and the AHCA. These results replicate a 2016 study done by Saluja et al. that showed Massachusetts adults preferred single payer health care over their state's health care, which became the model for the ACA.<sup>19</sup> Our survey is the first to demonstrate physician support for single payer health over the ACA and the AHCA. Opposition to the AHCA seems overwhelming, while the ACA and single payer appear to have widespread support among the physicians we surveyed.

### **Limitations and Future Research**

Our study has several limitations. First, the survey participants were not selected in accordance with a statistically valid random sampling methodology. The sample was self-selecting, and could reflect inherent biases of the participants that chose to respond to the survey. Future research should consider random sampling or other methods that could provide greater confidence that the survey results are representative of physicians' views generally. However, most physicians responding were from group and private practices, were members of the Chicago Medical Society and the American Medical Association, and therefore likely represent the mainstream of American physician thought.

Second, our respondents' demographics showed a low proportion of physicians who practice in rural settings. Future studies should obtain a broader survey of physicians in order to include a larger number of doctors practicing in rural or less populated areas throughout the state, and not focused as significantly on Chicago and its suburbs. Expanding future surveys to include other states could enhance

the validity of our results. Lastly, future research should consider expanding the survey participant pool to all medical professionals. These views could provide valuable insights. Nevertheless, the results of this survey add an important voice to the current healthcare debate - the voice of physicians - who witness the impact of healthcare financing policy on the lives of their patients daily. The physician opinion from Chicago is exceedingly clear: opposition to “repeal and replace”, strong support for the ACA, and stronger support for single payer health insurance.

## Appendix

**Table 2.** Respondent Demographics: Medical Society Membership

	No. of Respondents (n=626)
AMA	395
CMS	414
ISMS	406
Other	161

**Table 3.** Respondent Demographics: Training Status

	No. (%) of Respondents (n=717)
Medical Student	78 (10.88%)
Resident	38 (5.30%)
Fellow	3 (0.42%)
Practicing Physician	503 (70.15%)
Retired Physician	95 (13.25%)

**Table 4.** Respondent Demographics: Primary Practice Setting

	No. (%) of Respondents (n=692)
Group Private Practice	211 (30.49%)
Solo Private Practice	156 (22.54%)
University Medical Center	193 (27.89%)
Community Hospital	83 (11.99%)
Health Maintenance Organization	8 (1.16%)
Public Health or Community Clinic	25 (3.61%)
County Hospital	16 (2.31%)

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