

Payment Reform Survey – MMA Resolution Question

This memo summarizes the Payment Reform Resolution responses contained in the 2014 Payment Reform Survey conducted by Crescendo Consulting Group on behalf of the Maine Medical Association (MMA). The data below includes response tables and observations regarding respondents' preferences for the following question:

When considering the topic of health care reform, would you prefer to make improvements to the current public/private system or a single-payer system such as a 'Medicare for all' approach?

Methodology

In January 2014, the MMA created and disseminated a survey to its database of practicing and non-practicing members. The survey included several payment reform issues, but the focus of this memo is on the results of the question about respondents' preferences regarding reimbursement structures – “Improvements to the current public/private system” and “Single-payer system such as a ‘Medicare for all.’” The survey and the hyperlink required to access it were developed using the Survey Monkey software tool and disseminated through two approaches: (1) notifying recipients of the survey availability through the MMA weekly update (an online and email resource), and, (2) sending email invitations to MMA members and including the survey hyperlink.

Email invitations were sent in two waves – first to practicing members and then to non-practicing members (e.g., retired physicians, medical students, others). In total, more than 450 respondents took part in the survey for an approximately 13% response rate. Only practicing members were asked to provide employment or practice profile information.

Respondent profile

The respondents to the survey represent a broad cross-section of MMA members based on age range, practice size, medical specialty, ownership and employment models, and geography.

- The survey had a total 462 respondents – most of whom are physicians (85%), with an additional 15% being medical students. Seven of eight (87%) are MMA members.
- The respondent pool includes a fairly even spread of age ranges, as 24% are under age 40, 17% 41 to 50 years, 24% 51 to 60 years, and 36% over 61 years of age.
- The respondents represent diverse practice sizes, physician specialties, practice ownership models, employment models, and geographic locations.

- All practice sizes – solo practice, 2 to 4 FTE, 5 to 9 FTE, 10 to 19 FTE, and 20 or more FTE – are well represented thus far, as they comprise between 15.3% (solo practitioners) and 25.9% (2 to 4 FTE) of total respondents.
- A broad range of physician specialties are included in the research, as one in five (20.1%) practice family medicine; one in six (15.9%), internal medicine; more than one in eleven (9.3%), surgery; students comprise one in six (14.7%); and, the remaining 40% are distributed among several other specialties.
- The ownership models represented by respondents largely fall into two categories: “Wholly owned by a hospital” (44.0%) and “Wholly owned by physicians” (30.1%). About one of six (16.4%) are direct hospital employees, and the remaining respondents operate within some other ownership model.
- Regarding the employment model of respondents, more than half (58.3%) are employed by a hospital or health system, one of five (19.9%) are employed within an individual or group practice, and more than one of nine (13.3%) are self employed.
- Although the largest percentage of respondents are based in Cumberland County (21.0%), all 16 Maine counties are represented in the survey results.

Opinions About the MMA “Single-payer” Resolution

Respondents indicate that they strongly prefer (64.3%) the option “Single-payer system such as a ‘Medicare for all’” compared to the option, “Improvements to the current public/private system.” Although there are few differences based on membership status or demographic profile, variations are seen based on medical specialty and other areas.

- Nearly two of three (64.3%) survey respondents indicate that they prefer the single-payer system as opposed to improving the current public / private system.

Q15. When considering the topic of health care reform, would you prefer to make improvements to the current public/private system or a single-payer system such as a ‘Medicare for all’ approach?

		Frequency	Net Percent
	Improvements to the current public/private system	159	35.7%
	Single-payer system such as a ‘Medicare for all’	286	64.3%
	Total	445	100.0%
	No response	17	
Total		462	

- There is little to no difference in responses to the resolution based on age, geographic location (i.e., county), or MMA membership status.
- Subgroups that are more likely to support the single-payer system selection include the following.
 - Respondents whose current practice panel size (all providers) is between 1,000 and 2,000 (74.1% indicate that they prefer the single-payer system alternative)

- The nearly two-thirds (64.3%) who indicate that they prefer the “single-payer system” represent an increase from the previous MMA resolution survey (2008) in which just over half (52.3%) said that they prefer the “single-payer” option and 47.7% prefer improvements to the current system.
- Primary care providers and psychiatrists tend to more heavily prefer the single-payer option than do physicians in other medical specialties.

Resolution Responses by Medical Specialty

Medical Specialty	Frequency	Improvements to the current public/private system	Single-payer system such as a 'Medicare for all'
Anesthesiology	10	60.0%	40.0%
Emergency Medicine	30	36.7%	63.3%
Family Medicine	91	23.1%	76.9%
Internal Medicine	68	20.6%	79.4%
OB / GYN	15	53.3%	46.7%
Other	104	42.3%	57.7%
Pediatrics	27	33.3%	66.7%
Psychiatry	25	24.0%	76.0%
Radiology	12	66.7%	33.3%
Surgery	41	36.6%	63.4%
TOTAL	423		

- Respondents from practices that are wholly owned by physicians are less likely to prefer the single-payer option and more likely to prefer improving the current system.

Resolution Responses by Ownership Model

Ownership Model	Frequency	Improvements to the current public/private system	Single-payer system such as a 'Medicare for all'
Wholly owned by physicians	81	59.3%	40.7%
At least some hospital ownership	4	100.0%	0.0%
Jointly owned, physicians & hospital	4	25.0%	75.0%
Wholly owned by hospital	117	27.4%	72.6%
Unknown whether wholly or jointly owned	2	50.0%	50.0%
Direct hospital employee	44	34.1%	65.9%
Not-for-profit foundation	18	11.1%	88.9%
Unsure	1	0.0%	100.0%
Other	16	6.3%	93.8%
TOTAL	287		