



Perspective

Physicians' Views of the Massachusetts Health Care Reform Law — A Poll

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In 2006, Massachusetts enacted the country's first law mandating near-universal health care coverage,¹ and the state now has the lowest proportion of uninsured residents in the United States.

The Massachusetts Division of Health Care Finance and Policy estimated that only 2.7% of state residents remained uninsured as of spring 2009.² National policymakers have turned to Massachusetts as a potential model for federal health care reform, and reform proposals recently put forward in Congress include elements from the Massachusetts plan, such as the individual mandate to buy insurance, public-program expansions, and a health insurance exchange.

Despite the state's low percentage of uninsured residents, national reviews of the Massachusetts reform have been mixed, especially in recent months. Although some reports have drawn

attention to the state's insurance gains and indicated that health care costs, though growing, have not exceeded early projections or expectations, others have argued that high costs and some reported problems with access to care should be taken as warnings of the problems the country might face if a similar reform were implemented nationally. For example, Michael Tanner of the Cato Institute has called the Massachusetts reform "unsustainable" because of its "failure to restrain the growth in health care costs" and the fact that it has "set the stage for . . . price controls and explicit rationing."³ Similarly, a June 24, 2009, post about the Massachusetts reform on the blog

of John Boehner of Ohio, the Republican leader in the U.S. House of Representatives, said that "out of control costs" and "rationing" have been consequences of universal coverage in Massachusetts.

We know from previous research that the Massachusetts public is favorable toward the state's legislation,⁴ but physicians can provide critical insight into how the law is actually functioning and how it has affected access to high-quality health care. In previous studies, Massachusetts physicians have been interviewed about their experiences with and impressions of other reform issues, such as managed care and a potential single-payer health care system, but only one poll to date has asked physicians about Massachusetts health care reform. That online poll, conducted by the American College of Emergency Physicians, focused on the views of 138 emergency doc-

Poll Methods

Study Design and Fielding

The poll was designed and analyzed by a team of researchers at the Harvard School of Public Health. The fielding process was coordinated by an independent survey research firm, Social Science Research Solutions.

Sources of Data

The data are from a randomized poll of 2135 Massachusetts physicians. Researchers obtained a random sample of physicians practicing in Massachusetts from the SK&A database, which is a comprehensive list of physicians based on published association and trade directories as well as federal and state license files. Information in the directory is updated and verified every 6 months.

Physicians were invited to participate in the study by means of a mailed letter and were offered an incentive ranging from \$50 to \$100 for completing the poll. The incentive amount was determined by the physician's specialty, as is standard practice in polls of physicians. All respondents were offered the opportunity to complete the poll by mail, Internet, or telephone; all chose mail or Internet.

Poll Questions

A complete list of questions asked as part of the poll is available in the Supplementary Appendix, available with the full text of this article at NEJM.org.

Data Collection and Statistical Analysis

The poll was conducted from August 11 to September 15, 2009. This period was chosen to help ensure the relevance of the data to the national debate on health care reform. Congress had originally been expected to vote on a health care reform bill in October 2009. The period was short to ensure that we captured views during a relatively uniform period that was less likely than a longer period to be interrupted by changes in the environment, such as media reports on the issue, that might affect physicians' views differentially over time. We issued a higher number of initial mailings and predicted a lower response rate than in longer-term surveys, and we used weighting techniques to ensure that the final responses reflect the views of the overall physician population. This approach is similar to standard techniques for polls of the public. It has been shown to be more accurate than surveys of the public with longer field times for issues that are sensitive to changes in media coverage, such as election campaigns. Independent studies have shown that statistically weighting the data for known population variables reduces the effects of a lower response rate.^{1,2}

More physicians wanted to participate in the poll than we had expected, so we allowed those who wanted to complete the poll after the deadline to submit their responses with the understanding that they would not be provided with an incentive. We compared the demographic profiles of those who responded within the window when incentives were offered to the profiles of the full sample and to the profiles of all physicians in Massachusetts. We found few differences in either comparison, although both of our samples include a smaller fraction of medical subspecialists than the population of Massachusetts physicians does. We also compared responses to a key substantive question (whether the respondent supports or opposes the legislation) between our two samples and did not find a significant difference in the level of support for the legislation.

To ensure that we used a representative sample, our analysis weighted the final sample to reflect the composition of Massachusetts physicians. Characteristics included in the weighting were specialty, regional location, and setting of practice (urban, suburban, or rural).

When interpreting our findings, it is important to recognize that all polls are subject to sampling error, and results may differ from what might have been found if all physicians in Massachusetts had been polled. The sampling error for this poll is ± 1.9 percentage points. Possible sources of nonsampling error also include nonresponse bias and effects of the wording and ordering of the questions. As calculated with the use of a standard of the American Association for Public Opinion Research, the response rate was 28%.

In comparing responses among subgroups of physicians, we used t-tests that accounted for the weighting of the data. All reported P values are based on two-sided tests.

1. Yeager DS, Krosnick JA, Chang LC, et al. Comparing the accuracy of RDD telephone surveys and Internet surveys conducted with probability and non-probability samples. August 2009. (Accessed October 21, 2009, at http://www.knowledgenetworks.com/insights/docs/Mode-04_2.pdf)

2. Keeter S, Kennedy C, Dimock M, Best J, Craighill P. Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opin Q* 2006;70:759-79.

tors. Its results suggest that reform in Massachusetts is putting pressure on emergency room capacity.⁵ In a poll we conducted with support from the Robert Wood Johnson Foundation and the Blue Cross Blue Shield of Massachusetts Foundation, we turned to physicians in Massachusetts more broadly to assess their per-

ceptions in three areas: their overall support for the legislation, their views of its effect on their own practice, and their views of its effect on health care throughout the state. (Methods are described in the box.)

Of 2135 practicing Massachusetts physicians who responded to the poll, 70% said they sup-

port the Massachusetts Health Care Reform Law, whereas 13% oppose it (see Table 1). The levels of support among primary care doctors and among specialists were similar. When asked about the law's future, 75% indicated that they want the law to remain in place — 46% with some changes, and 29% as is.

Table 1. Support for the Massachusetts Health Care Reform Law.*

Topic or Question	All Physicians (N=2135)†	Primary Care Physicians (N=786) <i>percentage</i>	Specialty Physicians (N=1338)
Support or oppose the Massachusetts Health Insurance Reform Law			
Support	70	72	70
Oppose	13	11‡	14
Don't know or refused to answer	16	18	16
The law should be . . .			
Repealed	7	6	7
Continued as it currently stands	29	30	30
Continued, but with some changes made	46	48	45
Don't know or refused to answer	18	17	17
Most important change physicians would like to see§			
Expand coverage	34	38‡	31
Include all/more people	11	15‡	10
Ensure better/more comprehensive coverage	12	11	12
Increase physicians/providers available	7	9‡	5
Introduce single-payer system	3	3	3
Ensure businesses cannot drop coverage	1	1	1
Address costs	23	24	23
Institute cost controls/spending limits	6	6	7
Utilize more/different funding	7	6	8
Implement malpractice reform/tort reform	2	2	3
Ensure affordability	7	10‡	6
Improve reimbursement	13	12	14
Reduce coverage	8	8	8
Restrict access	1	1	1
Increase patient contributions/ensure income eligibility	7	7	7
Other	10	10	10
Streamline administration	4	4	4
Eliminate mandate	2	2	2
Regulate insurance companies	1	2	1
Other	3	2	3
Don't know	7	4‡	9
Refused to answer	5	4	5

* Percentages may not sum to 100 because of rounding.

† Eleven physicians are categorized as neither primary nor specialty because they refused to answer the relevant question.

‡ This percentage among primary care physicians was significantly different ($P < 0.05$) from that among specialty physicians.

§ This question was asked only of the 995 physicians who answered the previous question with "Continued, but with some changes made." These included 382 primary care physicians, 606 specialty physicians, and 7 physicians who refused to answer the relevant question.

Table 2. Effect of the Massachusetts Health Care Reform Law on the 2135 Respondents' Practices and Their Patients.*

Area	Negative Impact	Not Much of an Impact	Positive Impact	Don't Know or Refused to Answer	Not Relevant to Practice
			percentage		
The administrative burden on your practice	35	43	3	13	6
The overall cost of health care for your patients	26	35	16	23	—
The financial situation of your practice as a whole	24	47	9	16	5
The amount of time patients wait to get an appointment to see you	24	60	2	6	9
Your ability to prescribe drugs your patients need	22	43	21	8	6
The costs that your patients pay out of pocket for needed care	21	33	21	25	—
The amount of time you can spend with a patient	21	66	2	5	7
Your ability to get needed referrals for your patients	20	51	11	9	9
Your personal financial situation	19	62	5	10	5
The hospital where you practice or send most of your patients	18	31	23	28	—
Your ability to order diagnostic tests or procedures for your patients	17	50	18	8	7
The amount of time patients wait in the waiting room before they can see you	17	70	1	5	8
Your insured patients' ability to pay for care	14	53	12	16	4
Your medical practice overall	13	57	22	8	—
The number of patients in your practice who receive uncompensated care — either because they are uninsured or because their insurance does not cover the care they need	13	33	33	15	7
Your ability to keep a patient in the hospital the length of time you feel is necessary	10	52	5	14	19
Your patients' continuity of care	10	49	26	9	7
Your uninsured patients' ability to pay for care	9	27	42	16	5
Your patients' adherence to the care regimen you've prescribed	8	54	21	9	8
The quality of care your patients receive	6	66	19	9	—
The number of patients in your practice who are uninsured	7	29	48	10	6
Your ability to have a patient admitted to a hospital	4	61	11	10	14

* Percentages may not sum to 100 because of rounding. For most questions, we used the phrase “helping, hurting, or not having much of an impact on,” except “the amount of time patients wait to get an appointment to see you,” “the amount of time patients wait in the waiting room before they can see you,” “the number of patients in your practice who receive uncompensated care,” and “the number of patients in your practice who are uninsured,” for which we used the phrase “increasing, decreasing, or not having much of an impact on.” Dashes indicate that “not relevant to your practice” was not a possible response to the question.

Table 3. Effect of the Massachusetts Health Insurance Reform Law on Health Care in Massachusetts, According to the 2135 Respondents.*

Topic or Question	Response				
	Excellent	Good	Fair	Poor	Don't Know
	<i>percentage</i>				
Rating of the Massachusetts system for providing medical care to people in the state	10	53	30	6	1
Rating of the nation's system for providing medical care to Americans	5	28	43	23	1
	Hurting	Not Having Much Impact	Helping	Don't Know or Refused to Answer	
Impact of the law on . . .					
The overall cost of health care in Massachusetts	53	11	9	27	
Patients' ability to get to see a primary care provider	34	19	29	19	
The cost that patients in Massachusetts pay	31	21	16	32	
Primary care practices	25	16	31	29	
Hospitals	24	11	31	35	
Patients' ability to get to see a specialty physician	22	30	24	24	
Specialty practices	18	29	24	28	
People who did have health insurance before the law	16	67	7	10	
The quality of care in Massachusetts	12	34	37	17	
People who did not have health insurance before the law	3	10	79	8	

* Percentages may not sum to 100 because of rounding.

Seven percent favored repealing the legislation. Physicians who mentioned that some changes are needed were asked in an open-ended question what change they would most like to see. They most frequently mentioned issues related to expanding coverage (34%) and addressing the costs of the program (23%). Approximately three quarters of Massachusetts physicians (79%) reported being very or somewhat satisfied with their medical practice. Fifty percent reported that things at their practice had gotten worse over the past 3 years, and 23% said things had gotten better. Few said that

the Massachusetts health care reform law was a major reason for positive changes (13%) or negative ones (11%).

We also asked physicians about 22 aspects of their practices that might be affected by the law. Table 2 shows the responses in descending order of the number of negative responses. In 21 of these areas, a majority of physicians said that the law either did not have much of an effect or was having a positive effect on their practice. These include areas that have been important in the health care reform debate: the quality of care their

patients receive (85%), their medical practice overall (79%), the amount of time their patients wait to get an appointment (62%), and the financial situation of their practice as a whole (56%). Forty-eight percent of physicians said that the law was decreasing the number of patients in their practice who were uninsured, which was the highest percentage of positive responses regarding any practice area. Forty-two percent reported that it was positively affecting their uninsured patients' ability to pay for care. The aspect that elicited the most negative response was the law's

administrative burden on their practice; 35% of physicians said the law was negatively affecting this area. About one quarter of physicians reported negative effects in the overall cost of care for patients, their financial situation, and the amount of time patients wait for an appointment.

As for the broader effects on the state, 3 years after implementation of the law, Massachusetts physicians rate the state's health care system positively. Nearly twice as many physicians rate the Massachusetts system for providing medical care as excellent or good as rate the national system that highly (63% vs. 33%) (see Table 3).

In this section of the poll, we also asked physicians to assess the impact of the law on health care in the state as a whole. We queried them about 10 aspects of health care in Massachusetts that might be affected by the law. Table 3 shows the responses in descending order of the number of negative responses. In 9 of these 10 aspects, a majority or plurality said that the law either did not have much of an effect or was having a positive effect on the situation in the state. For example, more than three quarters of physicians (79%) believed the law was positively affecting people who had not had health insurance before the law went into effect. The second most positively affected aspect was the quality of care in Massachusetts (with 37% reporting that the law was helping). The one feature of the law's impact that received negative evaluations from a majority of physicians (53%) concerned the overall cost of care in the state. The next most negative-

ly affected aspect was patients' ability to see a primary care provider (with 34% reporting that the law was hurting that), although nearly as many physicians reported that the law was helping in this area (29%). More than 25% of physicians said they did not know what effect the law was having on each of five areas: the overall cost of care in Massachusetts, the cost that Massachusetts patients pay, primary care practices, hospitals, and specialty practices.

Massachusetts has the lowest proportion of uninsured residents in the United States. Our results show that there is widespread support among Bay State physicians for the law that led to this high level of coverage. At the same time, physicians believe that it has contributed to some problems with health care in the state.

Examination of physicians' views on care for their patients provides little evidence to support criticisms that the law is negatively affecting the quality of care that most physicians deliver. With regard to their own practices, a sizable minority of physicians indicate that the legislation has increased their administrative burden.

Physicians' views concerning the effect of the law on the state's health care environment are more mixed. Most believe it is helping the formerly uninsured, but that positive view is coupled with a majority belief that the program is driving up the cost of health care in the state. In addition, physicians are divided about whether it has imposed pressures on the state's primary care capacity.

Taken together, these findings

suggest that it is possible both to provide near-universal coverage of the population and to have a system that most physicians believe improves care for the uninsured without undermining their ability to provide care to their patients. At the same time, the Massachusetts experience provides evidence of trade-offs in other areas of the health care system, including rising health care costs and, for some patients, challenges in obtaining access to primary care.

Dr. Blendon reports serving on the board of directors of, and holding stock in, Assurant. No other potential conflict of interest relevant to this article was reported.

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