

Rowan University

Rowan Digital Works

Theses and Dissertations

6-30-2010

What are physicians' perceptions of proposed federalized healthcare and how do they feel it will impact the quality of health care?

Katrina Stier

Follow this and additional works at: <https://rdw.rowan.edu/etd>



Part of the [Public Relations and Advertising Commons](#)

Recommended Citation

Stier, Katrina, "What are physicians' perceptions of proposed federalized healthcare and how do they feel it will impact the quality of health care?" (2010). *Theses and Dissertations*. 111.

<https://rdw.rowan.edu/etd/111>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact graduateresearch@rowan.edu.

**WHAT ARE PHYSICIANS' PERCEPTIONS OF PROPOSED FEDERALIZED
HEALTHCARE AND HOW DO THEY FEEL IT WILL IMPACT THE
QUALITY OF HEALTH CARE?**

by
Katrina Stier

A Thesis
Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
June 1, 2009

Thesis Chair: Joseph Basso, Ph.D., J.D.

© 2010 Katrina Stier

ABSTRACT

Katrina Stier

WHAT ARE PHYSICIANS' PERCEPTIONS OF PROPOSED FEDERALIZED HEALTHCARE AND HOW DO THEY FEEL IT WILL IMPACT THE QUALITY OF HEALTH CARE?

2008/09

Joseph Basso, Ph.D., J.D.

Master of Arts in Public Relations

The purpose of the study was to examine physicians' opinions of a federalized health care system as well as the effect federalized health care will have on the quality of patient care provided by physicians. A survey was randomly administered to physicians from across the United States. The survey was administered as an on-line instrument.

Because physicians are difficult to gather together for a focus group, a survey, consisting of multiple choice questions and personal interviews, was used for data collection. The survey was comprised of matrix questions. Each physician was given the opportunity to write in additional comments or suggestions.

Data indicated throughout the course of this study that the presidential elections had an impact on physicians' views of the direction health care is headed. Findings for this study are conclusive. Physicians indicate that they do not want a federalized health care system; however, comments on open-ended responses indicated that, although something needs to be done, no one has a viable answer or solution.

TABLE OF CONTENTS

List of Figures	iv
List of Tables	v
CHAPTER	
I. Introduction	1
Problem	1
Background	2
Hypothesis	6
Methods	7
Definition of Terms	7
II. Literature Review	9
History of Health Care Reform	9
World View	15
Agreement of Work	18
Disagreement of Work	21
III. Methodology	30
Research Method	31
Data Collection Method	33
IV. Findings	35

V. Summary and Interpretations	62
Overall Summary	62
Evaluation	63
Conclusions	65
Further Research	65
References	67
Appendix	71
Appendix A: The list of questions presented to each surveyor via www.surveymonkely.com.	71
Appendix B: Raw data answers for survey questions	75

LIST OF FIGURES

FIGURE		PAGE
Figure 1	A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.	38
Figure 2	Fewer physicians would practice medicine if a federalized health care was enacted.	40
Figure 3	Canada practices a form of federalized health care and has the most accurate health care for its citizens.	42
Figure 4	Europe practices a form of federalized health care and has the most accurate health care for its citizen.	44
Figure 5	As a physician, your practice would not be as profitable if the United States went to a federalized system.	46
Figure 6	Medical breakthroughs and technology would be potentially affected if America went to a federalized system.	48
Figure 7	You determine if you will see a patient based on the type of health care coverage that he/she has.	50
Figure 8	President Obama's health care plan is a true representation of Americans' wants/beliefs.	52
Figure 9	A federalized program would increase the patient wait times to see a physician.	54
Figure 10	Federalized health care is the ideal health care for all Americans.	56

LIST OF TABLES

TABLE		PAGE
Table 1	A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.	37
Table 2	Fewer physicians would practice medicine if a federalized health care was enacted.	39
Table 3	Canada practices a form of federalized health care and has the most accurate health care for its citizens.	41
Table 4	Europe practices a form of federalized health care and has the most accurate health care for its citizens.	43
Table 5	As a physician, your practice would not be as profitable if the United States went to a federalized system.	45
Table 6	Medical breakthroughs and technology would be potentially affected if America went to a federalized system.	47
Table 7	You determine if you will see a patient based on the type of health care coverage that he/she has.	49
Table 8	President Obama's health care plan is a true representation of Americans' wants/beliefs.	51
Table 9	A federalized program would increase the patient wait times to see a physician.	53
Table 10	Federalized health care is the ideal health care for all Americans.	55

Chapter I

INTRODUCTION

Problem

“The actuality of health care is not improving health care coverage for the 46 million who do not have coverage, but controlling the cost of health care” (Samuelson, 2008, p. 73). Both the cost and ongoing problems with the current health care system have made it necessary for government to re-evaluate the future of health care for America.

Health care remains an important topic in America dating back more than 50 years. In 1963, American Medical Association President George M. Fister published an article in *The Saturday Evening Post* arguing, “the medical profession will not be a willing party to implementing any system (of medical care) which it believes to be detrimental to public welfare” (Fister, 1963. p. 68). Fister claimed that the medical profession will suffer from a form of socialism and will no longer be able to continue with the level of quality and advances in technology if American goes to a federalized system of care (Fister, 1963).

The problem with health care remains highly relevant and timely to millions of Americans. The future of national health care, and the direction that the United States government will take during the Obama presidential administration, is both controversial and undecided.

This study examined physicians’ opinions of a federalized health care system as well as the effect federalized health care will have on the quality of patient care provided by

physicians. Additionally, throughout the course of this study, the author will analyze the impact perceived that newly elected President Barack Obama will have on the health care crisis.

Background

Quality health care has a long history of being available only to those who could afford a physician, the medication, and the technology available. Germany was the first country to institutionalize a national health care system, followed almost 30 years later by the United Kingdom and other European countries. The idea of a national system is to protect the sick from losing wages and thus being unable to support their families; however, the cost of medical care soon outweighed the cost of lost wages. The system that was put into place to protect the working class risked bringing financial turmoil to the government because of rising medical costs (Davis, 2005).

The National Health Insurance Act, passed in the United Kingdom in 1911, provided national health insurance to 18.5 million people during its 20 years of existence. It disbursed the equivalent of \$3 billion in cash benefits and medical care during a time when the world was facing an economic depression. Authored by Lloyd George, the bill gave those in the United Kingdom national insurance covering health, dental, ophthalmic, and pharmaceutical services (Davis, 2005).

During the 1920s, European countries were facing a changing economy. With the rise of industry came a commensurate increase in the number of persons whose sole support was wages made at work. The need for better health care was critical for continued industrial growth and prosperity (Davis, 2005). The initial purpose of a national system was to

guarantee that employees would not lose wages if they became unable to work due to illness or injury (Davis, 2005). Davis believes that, the European system of health care is no longer the ideal model for medical equality, and revisions are now being made to accommodate a new generation of Europeans. Loss of wages does not outweigh the actual cost of medical care, making the rising cost of medical care an economic stress on the government (Davis, 2005).

Will America follow through with a federalized system similar to many European countries? In the early 1900s, medical care was not a costly investment to American families, and studies by the Committee on the Costs of Medical Care from 1928-1931 indicated that the average charge for care of a family who makes less than \$1,200 a year was \$49.17 (Davis, 2005). Not until the 1930s did the cost significantly jump because access to new technology allowed for more highly developed methods of treating illness. Wage loss due to illness was also on the rise making it necessary to stabilize the economy, which was just recovering from the Great Depression (Davis, 2005). The increase in use of medical care in the United States more than doubled between 1910 and 1930 (Davis, 2005). As the population in America grew, hospitalized illnesses increased more than 50%, and this population explosion and the concomitant growth of government-funded hospitals were increasing quicker than its European counterparts were. America was looking for success similar to the European health system, which was designed to protect a person's income while out of work due to illness; however, this was financially impossible because of such a large increase in population (Davis, 2005).

The United States Government provided medical care, but the cost of treating serious illnesses was quickly rising because of innovations in technology. Still relatively a new nation, America was growing and expanding quicker than the government's ability to keep up with its ability to provide these services. Health insurance, funded by taxation, became the only way to ensure that those who needed medical care would be given medical care (Davis, 2005).

According to the PBS series, "The Health Care Crisis: Who's At Risk?" health care impacts approximately 46 million Americans without insurance differently; however, the problem is not being uninsured, but rather being underinsured (Silvermann, 2008). Families who are insured do not have enough insurance to continue care. Families who are insured have high deductibles and may not be able to meet their deductible before the health care provider will begin payment. This PBS documentary explains the crisis that families who have insurance are still not insured enough, and when a medical issue surfaces they do not have enough coverage (Silvermann, 2008).

Some politicians propose to deregulate national health insurance by allowing people to buy policies across state lines. This would foster competition and thereby drive down costs, allowing more people to purchase health insurance. They would also require people with job-based coverage to pay income taxes on the premiums that their employers pay, which are currently tax-free. To offset the costs, congress would give a dollar-for-dollar credit reduction in tax bills. Arizona Senator John McCain states that after 10 years the annual revenues would balance costs (Consumer Reports, 2008).

President Obama's proposed plan aims to preserve the existing job-based insurance system while extending coverage to people who do not have insurance. His plan calls for individuals and small businesses to buy a private or a Medicare-like government policy through the National Health Insurance Exchange. Policies would have to meet a minimum standard of care, and insurers would not be permitted to raise prices for the sick or refuse coverage for pre-existing conditions. He will offer subsidies or tax credits to help needy applicants buy health coverage (Consumer Reports, 2008).

Question

What are physicians' perceptions of proposed federalized health care and how do they feel it will impact the quality of health care?

This study sought to analyze physicians' opinions for a proposed national federalized health care plan for all Americans. The author conducted a survey addressing the impact respondents believe will occur on the quality of health care provided if America goes to a federalized system.

Research questions:

1. How do physicians view the current political beliefs regarding health care financing?
2. Do physicians feel Canada, Europe, and other countries that practice a form of federalized health care have superior health care for their citizens?
3. Do physicians feel their practice would suffer if the United States went to a federalized system?

4. Do physicians practicing subspecialties believe that specialties would suffer with federalized healthcare?
5. Would medical innovation and technology be affected if America went to a federalized system?
6. Do physicians feel that a federalized program would increase or decrease wait times to see a physician?

Delimitations

The researcher only studied physicians' opinions about how federalized health care would affect Americans who are insured, underinsured, and uninsured. The topic is large and well studied, with much discussion among Americans. The researcher recognized that political and social bias might have affected responses.

Research Design

Hypothesis

1. The majority of respondents agree that under federalized health care, the quality of American's health care will lessen.
2. The majority of respondents believe that federalized health care may bring longer wait times for simple surgical procedures.
3. The majority of respondents believe that life-threatening diseases and surgical procedures that will extend the life of the patient could be delayed indefinitely because of the wait process inherent with a federalized system.

Methods

The researcher provided physician opinions from a variety of medical subspecialties that will either support or refute these hypotheses. Because physicians are often difficult to gather together for a focus group, a survey, consisting of multiple choice questions and personal interviews, was used for data collection. The survey comprises matrix questions, asking physicians to circle strongly agree, agree, neither, disagree, and disagree strongly. The questions focus on the physicians' perception of proposed federalized health care and how they feel it will impact the quality of care for Americans. The target physician group was the American Medical Association members, and after distributing the survey, follow up phone calls were made by proxies on location to collect research data.

Definitions of Terms

Some of the terminology that will be used for the study:

1. The American Medical Association—The American Medical Association or AMA is one of the oldest organizations in American for physicians.
2. CDC—Center for Disease Control
3. COBRA—Consolidated Omnibus Budget Reconciliations Act, (Emanuel, 2008, p21). This is an alternate form of insurance that provides minimal health care coverage.
4. Federalized health care—Federalized health care is a social reform that provides a level of health care services to all residents, (Maioni, 2006).
5. Health care crisis—The health care crisis is the political terminology that the politicians and media use to describe the state of health care coverage.

6. **Kaiser Study—a non-profit organization that provides scholarly information on timely subjects by experts in the industry.**
7. **NIH—National Institutes of Health**
8. **VAT— Value-added tax. It functions much like a sales tax where dedicated funds go toward health care and cannot be diverted to any other program, (Emanuel, 2008, p. 10).**
9. **Medicare— A program under the U.S. Social Security Administration that reimburses hospitals and physicians for medical care provided to qualifying people over 65 years old (The American Heritage Dictionary Definition).**
10. **Medicaid—A program in the United States, jointly funded by the states and the federal government, that reimburses hospitals and physicians for providing care to qualifying people who cannot finance their own medical expenses (The American Heritage Dictionary Definition).**

Chapter II

LITERATURE REVIEW

The quality of health care is a very important and timely topic among physicians. The question about the future of health care has been discussed in articles, essays, television programs and books for several years and is currently a discussion that is on going in the media, among Americans, and politicians.

History of Health Care Reform

Health care reform was initially started as a work incentive after World War II that became an expectation of employment through the years. Health care benefits are often provided with most full-time positions; however, many companies are unable to keep up with the escalating health care premium cost. According to Frank, Sullivan, DeLeon (1994) the problem is that state governments have challenges to passing reform due to federal reform changes that need to be made first (Frank, Sullivan, DeLeon, 1994). The American Medical Association (AMA) began to look at changing health care coverage as early as 1963. Fister wrote in 1963 that a federalized health care system would “restrict doctors and the public’s health would suffer” (Fister, 1963, p. 68). Fister argued that a move to federalized care would cause physicians to select whom they would treat. He added that it would also have a “spectacular growth of voluntary health insurance and a prepayment plans” (Fister, 1963, p. 68) requiring older Americans to finance a prepayment plan for the potential of becoming ill or require additional medical

attention that exceeds the federalized allowance (Fister, 1963). Fister also discusses the idea of federalized health care as a way for a government official or non-medical personal to veto necessary medical care because the organization may deem it unnecessary.

In 1963, AMA felt that the need for public awareness from leading citizens was so great that it put together a book of essays to discuss concerns for a federalized system. During the publication of this book, the Kennedy Administration was pushing for a federalized health care system to extend health care to cover the older population (AMA, 1963). President Kennedy was proposing the same health care plan that Fister was fighting against.

Joseph Mallory, M.D., (1963) discusses his views in *Federalized Health Care for the Ages, A Critical Symposium*, that a federalized (or socialist) medicine at any level endangers the quality of patient care. Mallory believes that if you have socialism, then you have to sacrifice much of your freedom. Government always exercises some kind of control any time it pays a bill. He continues that it would be people's health, which would suffer under a system of political medicine. Any type of medical care financed through social security will inevitably lead to complete socialized, socialism (Mallory, 1963).

In 1974, Congress passed the Employee Retirement Income Security Act (ERISA). ERISA was designed to

“bring employer pension plans under federal authority. ERISA allows employers to offer employees the same benefits through out the country, avoiding state requirements such as mandated benefits, premium taxes, and contribution to high-risk pools,” (Frank, Sullivan, DeLeon, 1994, p. 856).

The goal was to take away the state's ability to regulate or tax self-insured health plans.

Frank, Sullivan, DeLeon (1994) believed that this act is the one significant obstacle to

state health reform. The problem with this act is that it did not cover employers who were self-insured because the numbers were so low at the time of passage of the act (Frank, Sullivan, DeLeon, 1994).

However, by 1991, 65 percent of all employers were self-insured (Frank, Sullivan, DeLeon, 1994). Now clarification was needed by the U.S. Supreme Court to determine ERISA's eligibility. According to Fried and Shapino, the Supreme Court's decision was a simple, but disappointing, interpretation of employers' responsibilities (Fried & Shapiro, 1993). The Supreme Court decided that employers have no obligation to provide benefits nor are employers limited from discriminating in the benefits that are provided (Field & Shapiro, 1993). This caused states to seek ERISA waivers to provide comprehensive health care bills to assist the self-insured ("Four States to Get ERISA Waivers," 1993, p. 3).

The same concerns for health care that Fister and Mallory explored in 1963 resurfaced during the Clinton Administration and continue to drive the push for reform in the Obama Administration. Healthcare, Guaranteed, A Simple, Secure Solution for America, by Ezekiel J. Emanuel, M.D., Ph.D. outlines the plan he proposed during the Clinton Administration, while serving on the Healthcare Task Force. The Health Security Act (S. 1757/H.R. 3600, 1993) proposed sweeping reforms in the United States. The original act was voted down by Congress but served as a catalyst for the need of health care reform. President Clinton's plan would have made states more responsible for providing health care plans to residents. Many of those ideas have been

incorporated into state health reform legislation from the Clinton bill (Frank, Sullivan, DeLeon, 1994).

However, due to the lack of consensus at a national level, many states have not enacted successful reform programs. Additionally, state governments face several challenges such as abiding by the ERISA or seeking a waiver, financial restraints, and the ability to have uniformity in their own state. State governments have considered several key issues including expanding financial access, controlling costs, improving delivery systems, and naming commissions to recommend future health reform legislation (Testimony of W.D. Helms, 1993).

Corporate American has revolutionized health care in the last 10 years. Corporate health care is driving down health care premiums, shutting down hospitals, and shrinking the health care industry. Campbell and McDaniel (1996) believe that if the government doesn't revitalize health care, corporate America will (Campbell & McDaniel, 1996). In 1996, current HMOs were cutting back on fee reimbursements and moving toward a capitalized system. Physicians' organizations began to expand and grow throughout many communities. Specialist and primary care physicians began to be competitive over being care providers and referring physicians outside of their network (Campbell & McDaniel, 1996).

The importance of state reform is that the decision to provide a federalized health care program and the challenges that America is facing in health care reform are regenerated and updated ideas that many past presidents have incorporated into their administration and have yet to solve the health care problem.

In 1932, President Franklin D. Roosevelt wrote, "The country needs, and unless I mistake its temper, the country demands bold, persistent experimentation. It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something," (Dobson, Moran & Young, 1992, p. 73). This American value can best describe the health care system today, one that has been a series of bold, persistent experiments to shape health care as it is in the current form. American government is facing many challenges with health care reform as well as keeping Corporate America content (Dobson, Moran & Young, 1992).

Relationship of study to other work

The relationship of the study to other work that has been published is for the researcher to clearly identify the physicians' opinions about the possibility of America going to a federalized health care system and do physicians feel that patient quality will be affected?

President Obama has made the health care crisis part of his presidential agenda (Samuelson, 2008). He hopes to find alternative ways to insure the 47 million Americans currently living without medical insurance. Currently, the cost of providing medical care to the uninsured is over \$2.1 trillion per year, "or more than one out every six dollars spent on everything in the entire United States" (Emanuel, 2008, p. 1). On average, the individual cost of each person without health insurance is \$7,000 per person.

The health care crisis is a working government concern "since the first wave of baby boomer started heading toward retirement," says, Congressman Dan Lungren, California, 3rd district (Lungren, 2008, p. 1). He outlines his health care concerns on his

congressional website for his constituents. One of his key speaking points is that “with over half of all Americans receiving some type of federally aided medical care, there are some calling for complete a federalized health care system as the next logical step to improve care and expanded services for all Americans. Lungren would look to Europe, but for a very different reason, in an attempt to avoid some of the well-known pitfalls encountered by our colleagues across the Atlantic,” says Lungren (Lungren, 2008, p. 1). Republican Senator Dave Durenberger is a very outspoken republican from Minnesota who favors health care change and reform (Durenberger, 1993). Durenberger served as vice-chair of the bi-partisan Pepper Commission on Comprehensive Health Care Reform during the Clinton Administration. Additionally, he co-authored a bill to reform the small group insurance market.

The Clinton Administration proposed a radical bill for health care that would reform the entire system during Durenberger’s tenure. The health care bill has a direct correlation to President Kennedy’s health care bill that was proposed for older American’s during his administration (AMA, 1963). The bill proposed by President Clinton would permit the government to use a more federalized system to distribute health care (Emanuel, 2008).

Durenberger writes that the government has become deeply involved in all aspects of health care, and although the Clinton Health Care bill was voted down, many other health care reforms came from the draft of the bill (Durenberger, 2003).

Durenberger would like to see health care “return to the principles of federalism, have a design for private-public partnerships, and a redesign of the federal bureaucracy.

Durenberger believes that “reform will not succeed without careful attention to the basic issues of infrastructures,” (Durenberger, 2003, p. 857).

World View

Emanuel (2008) favors a health care system similar to Canada’s federalized system. Ideally, America would endorse sweeping reforms that would make health care available to everyone and a secondary provider illegal. The Canadian Health Care System worked well when first institutionalized, but now has difficulty in maintaining the same quality of care. Patient timeliness and quality are issues that have been issues of contention (Marchildon, 2005 p. 37).

The most important health care decision was the recent Supreme Court case in Canada. The decision in *Chaoulli v. Quebec* has opened the door for Quebec residents to obtain a secondary or private insurance provider, to guarantee better health care. Until recently, medical care has been provided on a need factor versus an ability to pay. However, in recent years, the shift on the Canadian government has gone from financial barriers to access to non-financial barriers to access. In particular, the question remains the timely access to health care. Barriers to access have included waiting for certain diagnostic test and surgical procedures, as well as access to certain types of specialist physicians, or even family physicians, in some parts of the country. The smaller, less wealthy cities and towns have less access to timely health care (Marchildon, 2005, p. 121).

“In the 2005, case of *Chaoulli v. Quebec*, the Supreme Court of Canada decided that the Government of Quebec’s prohibition on private health insurance was contrary to

that province's Charter of Human Rights and Freedoms in situations when an individual's lengthy wait for Medicare services seriously compromises the health of the individual. The Supreme Court gave the Government of Quebec a year to make its Medicare law consistent with its own charter," (Marchildon, 2005, p. 122).

This case raised a fundamental challenge to the Canadian model of single payer Medicare. Private health care was not an option, and delayed needed medical attention because of the single-paying health care provider. However, by allowing a private health care provider to offer additional medical care, it would allow those who can afford to buy additional health care priority patients for appointments, tests and procedures. The patient quality of care has been affected because of the shortage of appointments and overwhelming backup of patients for test, procedures and surgeries. However, the introduction of additional medical care at a cost to the individual enable a better system of health care for Canadians is still being determined (Maioni, 2006).

The case reminded Canadians of two basic points. "First, health care is provincial jurisdiction and the discourse about the Canadian health care system is misleading. The Chaoulli case was fought in Quebec courts over Quebec's health care laws, and the court's judgment was focused on remedies within provincial competencies. Second, a national institution (the Supreme Court) can have an important voice in shaping its reform trajectory, through the court referred to Quebec's Charter of Rights and Freedoms rather than the Canadian Charter," (Maioni, 2006, p. A19)

The Supreme Court's decision to invalidate the ban on private insurance in Quebec's health care legislation became a lightning rod for those on both sides of a wider societal debate about the role of the private sector in health care (Maioni, 2006). The Canadian federalized health care program has many similarities to American Medicare (Maioni 1998; Tuohy 1999). Most recently, the need for a greater administrative efficiency and service quality has made the Canadian government look for ways to improve quality of care through research and data collection. Home care, pharmaceutical drugs, and preventive medicine are also issues the government has just started to research, and not much is known (Marchildon, 2005, p. 132). The aging population and long-term health conditions such as cancer, diabetes, and obesity have also remained inadequately explored.

Canadians are working against the same problems as Americans. The Canadian government is trying to overcome its health care crisis of equally distributing quality care and the rising health care cost. Americans are working against cost and distribution on different levels.

Other countries that have similar models of health care but are not a true universal coverage are Austria, Belgium, Germany, Switzerland and the Netherlands. They all use a mixed public-private health care plan. "Public and private health plans that compete to sell health plans to sell a basic level of coverage to all people regardless of their health status, and very strong government subsidies to help low-income people buy their health insurance," (Halvorson, 2007, p. F19).

In London, for example, patients can expect to wait about 10 months for a cataract surgery and a year or more for hip replacement surgery. These long waits are forcing many people to purchase private insurance to insure readily available medical treatment when needed (Grose, 2007).

Europeans fund universal coverage through payroll taxes. On average, there is a mandatory payroll deduction, or income-linked contribution, required of each worker to buy medical care. Those deductions are usually between 3% and 9%. In the Netherlands, employees pay a mandatory 6.5% of pre-taxed income for medical care. In the United States, Americans pay on average between 5% and 10% of their earned income toward medical care. On average, Americans pay about the same or less than Europeans do for better medical care (Halvorson, 2007).

Today, most of Europe seems to use various healthcare financing arrangements that more closely resemble the managed competition model of the original Clinton health plan. Now in the United States there is a push for an individual mandate approach that is being introduced in Massachusetts and being proposed by Governor Schwarzenegger in California to validate a state-by-state health care plan and remove some of the power from the federalized government (Halvorson, 2007).

Agreement of Work

President George W. Bush description of President Clinton's proposed Health Care bill and the move toward federalized care has "the efficiency of the post office and the compassion of the KGB" (Cohn, 1992, p.7).

Congressman Dan Lungren agrees with former President Bush's thoughts about the efficiency of a federalized system and believes that, although health care reform is important, America should look across the Atlantic for ideas about making health care available for everyone and learn to avoid the many mistakes of European countries. The British are looking across to America to learn how to reform a flawed socialism system. Presently, all British citizens have an opportunity for health care, but patients have to wait months or even years for treatment for disease such as cancer. As a result, many European nations are looking for a form of privatized health care (Lungren, 2008).

Bloche discusses that "traditional principles of federalized care support a substantial state role in the provision and regulation of health care" (Bloche, 2003, p. 51). Every state in the nation would decide how health care needs would be met through each state government. Bloche believes the true principles of federalized care have some of the difficulties that constrain state-level health reform initiatives because, unlike the federal government, states cannot print money. If money cannot be allocated to pay for medical services, taxes are raised. States with less money will be able to do less for their residents than wealthier states (Bloche, 2003). Bloche's concern is that a federalized health care plan would make health care uneven, providing better care to patients in states that have the funding to keep up with cost versus states that do not have the government funds available for the extra cost of health care. Currently, there is so much federal gridlock that many states are laboring to fill an economic void without adequate resources to do so. Some states have a substantially greater ability to generate funds than others do, and health programs suffer differently state-to-state (Durenberger, 1993).

Susan McDaniel, Ph.D., associate professor of psychiatry and family medicine at the Primary Care Institute of Highland and the University of Rochester School of Medicine and Dentistry, writes of her experiences through her travels at various professional conferences that she supports the idea of reforming health care, but has concerns about a federalized system. "I attended two national conferences that gave a sense of how health professional in the rest of the USA are responding to the changes in healthcare," writes Campbell (Campbell, 1996, p. 282). Her report details the spring conference for the Society of Teachers of Family Medicine (STFM).

During their meeting, the participants of the spring conference had mixed feelings. Educators discussed their concerns for the future of new physicians and barriers to education. The conference for the STFM was divided. One theory proposed at the STFM conference is that if a nation goes to a federalized health care system that the need for new family physicians would grow and there will be a continued demand for new doctors (Campbell, 1996).

The other theory proposed by the society was that although they will continue to have a need for physicians, the educational cost would be more expensive than what the government would be willing to pay new doctors and it would be unclear who would pay for the growing cost of medical education (Campbell, 1996).

However, the majority of the conference agreed that managed care is not in the education business. "Departments have to rely increasingly on clinical income to fund training programs, and faculties have to increase their clinical work to generate more of their own salaries, (Campbell, 1996 p. 282). Conference participants agreed that if a federalized

health care system was put into place then funding would be limited in other areas such as educating physicians and training health care workers and as a result current employees are doing more work with fewer resources (Campbell, 1996).

Currently, the federal government funds the majority of graduate and post-graduate medical education, but even now, the downsizing and cuts in Medicare and Medicaid have made funds less available for medical students (Campbell, 1996). Government is so deeply involved with health care that there is no clear delineation of health care responsibilities among the levels government, private providers and individual consumers. Durenberger (1993) believes that America needs more clear-cut responsibilities, and Americans have lost the ability to hold decision makers accountable for results if the lines are not clear (Durenberger, 1993).

Ideally, less government, but more governance would characterize the role that government needs to play in order to untangle the present federal and state involvement in health care and rethink the relationship of each level of government to the private sector (Osborne and Gaebler, 1992).

Disagreement of Work

The Clinton Administration took on healthcare reform during its 8 years in office. President Clinton worked with a team of advisors to resolve the healthcare industry crisis and prevent it from becoming even more of a financial burden. The health care industry continues to debate coverage for all and the Obama administration has brought back many of President Clinton's staff to continue the work with health care reform. President

Obama has aligned his cabinet with instrumental key figures from the Clinton Administration to continue to work on the health care issue (James, 2009).

Emanuel (2008) writes that in 2000, there were 40 million Americans without insurance, and by 2007, the numbers have risen almost 7 million to 47 million people. Emanuel's research analyzed the problem with health care, and considered that it was created out of temporary fixes for a nation that was just coming out of the Great Depression. During the recovery period, after the Great Depression, money was unavailable to pay the higher salaries. Health care benefits became a way to insure that workers continued to work and gave them something to work toward. Health care quickly became the incentive plan for employees, and having good health care was better than having a high paying job (Millbank Quarterly, 2008).

Today, America spends \$2.1 trillion a year on health care and that is 50% higher than Switzerland, the second highest health care cost. America also leads the developed countries in patients with more chronic illnesses such as diabetes, heart failure and obesity (Emanuel, 2008).

President Obama plans to overhaul the U.S. health care system and estimates the plan to cost \$75 billion, but his proposed plan would provide health insurance for 95 percent of Americans. According to President Obama, as a direct result of the deficit and financial crisis, there probably will be no new federal money available, so health reform may require reallocation of dollars already in the health system, (Reuters, 2008).

The existing research indicates that a health care plan, if proposed and accepted, cannot be flawed or the current system of care will be deeply affected. Research done by

Emanuel in his book, "Healthcare, Guaranteed, A Simple, Secure Solution for America," offered a detailed look at the importance of re-evaluating health care (Emanuel, 2008). Emanuel believes that if the proposed health care plan is accepted that it would resolve other social issues that exist, such as employees finding work more suited to their abilities rather than staying in unhappy situations due to insurance reasons. Coverage for everyone would also encourage more couples to marry who avoided marriage due to medical coverage (Emanuel, 2008).

Emanuel's health care plan is the same health care plan that was written, proposed and rejected in 1994 (Emanuel, 2008). He highlights an ideal health care plan, the national single-payer plan, but was voted down by Congress during the Clinton Administration. Emanuel has a seven step proposed health care goal:

1. **Guaranteed Coverage for all Americans.** Emanuel's goal is to see 100 percent of all health care covered. This coverage would include office and home visits, hospitalization, preventive screening test, prescription drugs, some dental care, mental-health care, and physical and occupational therapies, with no deductibles and minimal co-pays. He believes that under the national single-payer plan this is possible.
2. **Effect Cost Controls, by reducing fraud and excessive administrative cost.** He proposes reducing administrative waste by insurance companies and this will reduce price for many excessively over price medical services and prescription drugs. However, Emanuel acknowledges that the lack of administrative management would leave the system open to fraud.

3. **High-Quality Coordinated Care.** Through coordinating all physicians and providing a service that will eliminate already proven test and services that have been done by previous physicians, Emanuel believes that this would be difficult to put into place and progress would be slow to have all physicians on the same system.
4. **Choice.** Give Americans the opportunity to choose their physicians and decide if they want to purchase an additional health care plan over the basic plan provided by the government. Emanuel's proposed plan would preserve the choice of physicians, hospital, and other health care providers.
5. **Fair Funding.** By redesigning the tax laws to favor all incomes and not the wealthier Americans, Emanuel believes in fair funding, however, is not sure how the progressive taxing mechanism would factor into fair funding and how funding would be distributed to make it equal.
6. **Reasonable Dispute Resolution.** This would speed up the malpractice system by providing patients who have suffered from a medical mistake quicker and without the years of going through the legal system. Emerson acknowledges like high-quality, coordinated care it would be very difficult to you unit the health care industry to speed up lengthy legal cases and resolve them quicker.
7. **Economic Revitalization.** A new system of health care would encourage more employers to higher employees for their ability without the concern of the cost of health care if they are in poor medical condition. Emerson believes that in order to do this that controlled tax increases to fund a single-payer system would work in the long-term. Although it would be a long-term effect, removing healthcare constraints from business

and labor decisions would stimulate job mobility and innovation. (Emanuel, 2008, p. 167-69)

Bloche argues “the failure of President Clinton’s health reform plan in 1994 set off a surge of entrepreneurship. With the prospect of comprehensive legislation gone, insurers, doctors and hospitals, and health care purchasers were free to act without high political and regulatory risk,” (Bloche, 2003).

Foreign evaluation

Canada sets an example of a federalized system and the results that federalized health care has had for the medical industry. Canada has 32 million residents. The American population of uninsured citizens is 47 million making America a much larger demographic area. Facing the same illness and long-term conditions prone to Americans, Canada is searching for alternative methods to pay for health care (Marchildon, 2005). Canadian health care provides an example of a federalized system that offers health care to all Canadians, but finds itself addressing the same problems that Americans face such as chronic illness and long-term health care needs. Canadians are also working specifically with minority groups who are prone to chronic conditions such as diabetes, alcoholism and cancer (Marchildon, 2005).

Canada began its first phase one of health reforms in 1988. The objective was to cut cost by closing hospitals, eliminating newer equipment purchases and cutting services. These methods saved the country money, but started to provide long delays for elective procedures, MRIs, CT scans and many more test that were delayed because of cost (Marchildon, 2005).

Today, Canada is weighing the decision to mix privatized and public care to provide better services to Canadians, but at an additional cost to the citizens. Now Canada is looking to America for ways to use a Medicare type system (Marchildon, 2005).

In comparison, M. Gregg Bloche discusses the privatization of health care reform. He supports the idea that like Canada, by implanting a federalized system that the financing and delivery of health care are likely “to impede effective action at the state level,” in essence the poorer states will not be able to provide the same quality of care to a patient then the wealthier states (Bloche, 2003, p. 49).

There have been many suggested proposals for a national health care system like a federalized Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), and many others to date. However, Americans psychologically are skeptical of giving power to any one program or system through a federalized health care program (Mechanic, 2008). Ironically, the cost that is already being paid to maintain a current health care system would be equivalent to the cost of a federalized system (Mechanic, 2008).

Converting the current health care plan to a federalized system would require a large financial undertaking. “Economic and psychological barriers to adopting new information technology, but expenditures, would help build the practice infrastructures needed to make evidence-based medicine more a reality, put in place better disease-managements programs, and other ideas such as pay-for-performance,” (Mechanic, 2008, p. 24). A national panel of government health care administrators has estimated that it

would cost \$156 billion over five years to reform the system with an average of \$48 million a year to provide upkeep (Rainue, 2005, p. 165).

Primary care physicians are also working against low reimbursement rates and growing administrative complexities. Younger physicians have turned to specialty practices because of the financial burden of maintaining a family practice or primary care practice. They are unable to pay student loans or live the lifestyle that they anticipated if a new physician does not acquire a specialty (Mechanic, 2008).

Rebuilding primary care will require attention to the structures of practice that allow doctors to care for patients in more interesting and effective ways. According to Mechanic (2008), it may be ideal to introduce change to physicians through large organized group practices and networks. Small group offices and individual practices will be unable to make a change that will ultimately affect a large amount of patients. Although introducing a federalized system would ideally work in a large network, the networks themselves are less likely to accept a change that would be such an undertaking (Mechanic, 2008).

“Changing the health care system in a constructive fashion is no slam-dunk. There is too much at stake and too many competing interests to make change easy. In the controversy of the Clinton health care proposals, while most participants could understand the need for reforms, few were willing to risk their own individual advantages,” (Skocpol, 1997, p. 176).

President Obama has begun his administration with a revised health care plan that will be an aggressive health care overhaul similar to President Clinton’s health care

proposals (The Associated Press, 2009). One of his first decisions toward health care reform was to appoint a new director of Health and Human Services, Former Senator Tom Daschle.

Senator Tom Daschle, the Democratic leader in the Senate from 1995 until 2004, represented South Dakota where he was first elected as a congressional representative in 1978 and served in the House until he was elected to Senate in 1986. Additionally, he is the author of *Critical: What we can do about the Health-Care Crisis*. The book discusses the need for universal health care coverage to reach 46 million uninsured Americans by expanding the federal employee health benefits program. This would include private employer plans together with Medicaid and Medicare (Crowley, Henry, 2009).

However many Republicans are against Senator Daschle's plan, saying it would give too much power to government. Republicans also feared that the Senator's wife, Linda Daschle, a registered lobbyist for a firm that includes health care clients would be a conflict of interest (Crowley, Henry, 2009).

President Obama had given Daschle two jobs to fulfill during his administration. He is both the health secretary and director of a new White House office on health reform. In the previous administrations, the White House, and not the Cabinet agency, have led attempts to reform health care (Associated Press, 2009). As of February 2, 2009, Senator Daschle had decided to remove himself from President Obama's cabinet.

The American culture is now focused on health care reform, but few follow the means to prevent health conditions such as practicing a lifestyle of exercise and diet (Mechanic, 2008). In order to correct the health care crisis, or to reform health care by

either a large scale reform or going to a federalized system, will be a long and expensive process. Mechanic (2008) questions the ability of Americans to change and doubt that change or acceptance will be easy whatever the outcome is for health care.

CHAPTER III

METHODOLOGY

Data Needed

The researcher analyzed physicians' opinions for a proposed national federalized health care. Data included a select number of physicians' opinions regarding federalized health care and the affect that it will have on patient care if Americans go to a federalized health care system. This was done through a series of personal interviews.

A literature review was completed for and against federalized health care comparing Canada and the United States. The researcher compared the results and success of health care as a federalized system in Canada, one of the few countries that uses an absolute federalized system (Bloche, 2003). Canada implemented a federalized system in 1972, when all the provinces and territories had implemented universal public insurance (Bloche, 2003). Before 1972, health care was an issue that was resolved by each individual province or territory.

Canada is the youngest federalized system. As the newest country to go to a federalized system, Canada is growing and changing health care policies to fit the needs of the country. The government is still working out its system to best serve its citizens (Maioni, 2006).

Data Sources

The researcher provided physician opinions from a variety of medical subspecialties that either accepted or rejected the hypotheses. Because physicians are often difficult to gather for a focus group, a survey, consisting of multiple-choice questions was used.

Research Method

Physicians polled a series of proposed questions related to federalized health care and the quality of patient care. Interviews were done through an Internet survey program entitled Survey Monkey. The researcher works in a hospital and obtained physician e-mail list from stored data. An e-mail was sent to physicians asking them to log onto an on-line survey. Physicians were encouraged to pass the e-mail along to other medical doctors, who also logged into the on-line survey.

Interviews were obtained from some of the various the locations:

- Community Hospital, Chester City, Pa
- Delaware County Memorial, Delaware County, Pa
- Springfield Hospital, Delaware County, Pa
- Crozer-Chester Medical Center, Delaware County, Pa
- Taylor Hospital, Delaware County, Pa
- Shriners Hospitals for Children in Philadelphia and Erie, Pa
- DuPont Hospital, De
- Private Medical Practices, Northeast Philadelphia, Pa
- Surgeons from the United States Navy both retired and active

- Active members of the American Medical Association who represented various parts of the country

Sample selection and size

The questions on the survey focused on the physicians' perception of proposed federalized health care and how they felt it would affect the quality of care for Americans. The target physician group was American Medical Association members. Although the survey design employed a small sample, the research was stratified to encompass a wide geographic area. A diversity of locations was achieved through an on-line survey program called Survey Monkey (www.surveymonkey.com). E-mails were sent out to hospitals and physicians through out the country requesting that they log onto the Web site and take a short survey.

Qualitative research was collected through the on-line program's comment section. Physicians had the opportunity to comment on the questions that they answered in the on-line survey. The comment section was unanimous and physicians could freely express their opinion about the ten survey questions.

The pros of having a unanimous comment section were the opportunity for physicians to express their opinion unanimously and without judgment making their response more likely to be their true opinion or thoughts about federalized health care. The cons of having a unanimous comment section was that many of the comments provided by physicians would have served as a better data collecting mechanism if the interview and comment sections were done in person allowing the physician to expand or detail his or her comments.

Secondary research sources included medical articles, television journalism, news articles, and published work discussing the medical industry and the current movement to re-evaluate health care.

Control groups

In order to eliminate and remove distracting variables, the researcher focused only on physicians. The researcher e-mailed a letter attached to each survey with instructions and verification from a practicing physician that the poll is for educational purpose only.

In order to determine reliability and validity, the researcher only contacted physicians through hospital e-mail accounts that could be verified through the hospital directory or medical affairs office.

Data Collection Method

Random Surveys were used to obtain the data needed to complete the study. Questionnaires were distributed to physicians via e-mail with instruction to log on to the on-line survey site to complete the survey and answer direct and indirect questions regarding federalized health care.

Data analysis method

The researcher analyzed the data through comparing the completed surveys returned from the physicians and the comment section provided in the survey. Additionally, the researcher will compared and contrasted survey results with work published on the topic of federalized health care.

Data was analyzed through the quantitative measure of central tendency. What the average opinion of physicians toward the possibility of going toward federal health care

and the quality of care that it will have on their patients will be given a set of number to generate the mean. The mean gives the researcher the opinion of physicians' polls.

The goal of the researcher was to find a direct correlation between physicians' opinions of health care going to federalized care and physicians' opinions of the effect that a federalized system will have on the quality of patient care.

Chapter IV

Findings

Data was collected and analyzed in an effort to better understand how physicians regard the possibility of going to a federalized health care system. The researcher conducted a Likert scale survey to measure physicians' opinions through a confidential un-bias method. Physicians who participated in the confidential survey expressed many of the same concerns about a federalized health care system.

The data was initially gathered through surveys that were mailed, faxed or handed to the physician by either the researcher or proxy. One hundred surveys were distributed and eight returned. Survey monkey, an internet survey gathering site, was used to provide an easier distribution and return rate among the physicians. A link to the on-line survey was e-mailed to physicians throughout the country and the likelihood of receiving a response rose.

The survey was stopped at 50 completed surveys, to keep the responses pure and to verify that only physicians filled out the survey and not a third party. Additionally, the economy and changing views on the health care industry made the survey more reliable if it was finished before more changes occurred in the industry changing public opinion.

Data has been analyzed through the measure of central tendency. The average opinion of physicians going toward federal health care and the quality of care that it will

have on their patients will be given a set of numbers to generate the mean. The mean will give the researcher the opinion of physicians' polls.

The researcher's goal was to see if a direct correlation existed between physicians' opinions of health care going to federalized care and physicians' opinions of the effect that a federalized system will have on the quality of patient care.

Findings

Many doctors were hesitant to be identified, even anonymously, with any conversation about a federalized medicine. Data also indicated that physicians are not sure that a federalized system is a wrong move, but felt that it was not necessarily the right move. However, all agree that something needs to be done and none of those interviewed could indicate what they felt the best solution was for the health care situation.

Physicians also expressed concern that the current health care system required more paperwork than patient access time and in the end, that patients suffered from the lack of time a physician is available. There is a concern that if a federalized health care system is put into place, that it will increase the paperwork and patient wait time.

The survey consisted of ten questions that had a point value. Each physician was asked to choose the answer that best indicated his/her belief system about federalized health care. Physicians were also given the opportunity to write additional comments about each question.

Questions and results are as follows in tables and figures 1-10:

Table 1. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.

answered question	4	8	6	11	19	48
						0
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	100.0% (4)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	8.3% (4)
agree	0.0% (0)	100.0% (8)	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (8)
neutral	0.0% (0)	0.0% (0)	100.0% (6)	0.0% (0)	0.0% (0)	12.5% (6)
disagrees	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (11)	0.0% (0)	22.9% (11)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (19)	39.6% (19)
Other (please specify)	0.0% (0)view	0.0% (0)view	0.0% (0)view	0.0% (0)view	0.0% (0)view	0.0% (0)

A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.

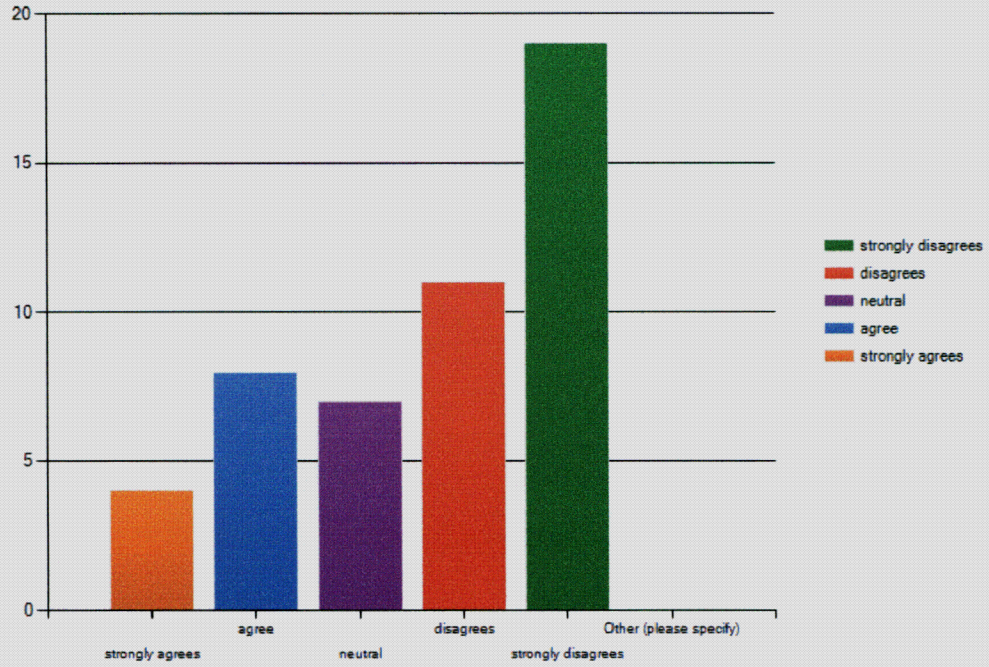


Figure 1

Table 2. Fewer physicians would practice medicine if a federalized health care was enacted.

answered question4	8	6	11	19	48	0
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	15.8% (3)	6.3% (3)
agree	25.0% (1)	0.0% (0)	66.7% (4)	27.3% (3)	47.4% (9)	35.4% (17)
neutral	50.0% (2)	25.0% (2)	0.0% (0)	45.5% (5)	15.8% (3)	25.0% (12)
disagrees	25.0% (1)	62.5% (5)	33.3% (2)	27.3% (3)	15.8% (3)	29.2% (14)
strongly disagrees	0.0% (0)	12.5% (1)	0.0% (0)	0.0% (0)	5.3% (1)	4.2% (2)
Other (please specify)	0view	0view	0view	0view	4view	4

Fewer physicians would practice medicine if a federalized health care was enacted.

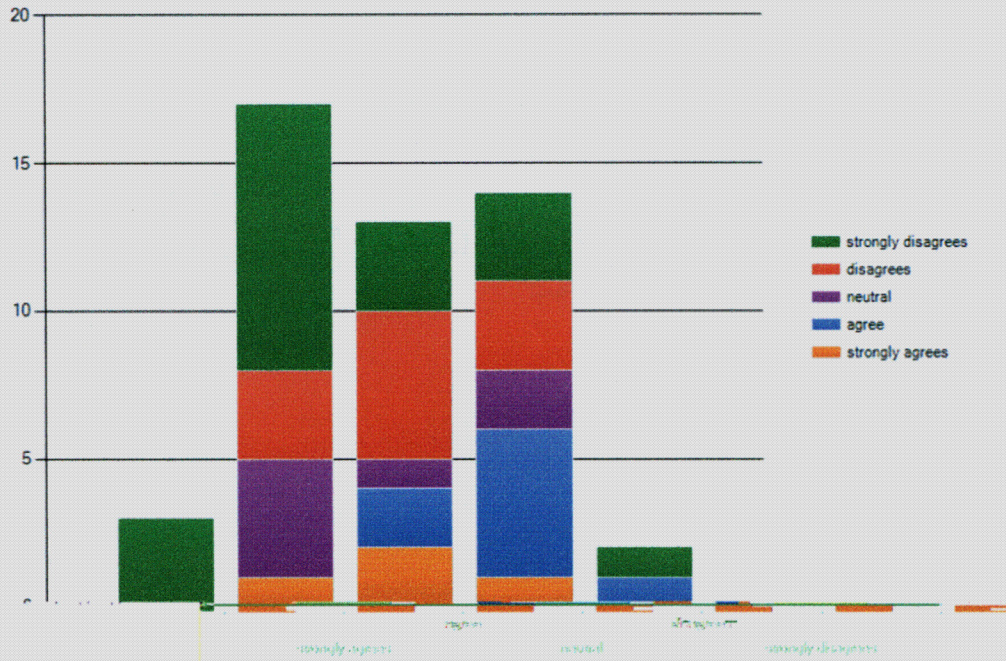


Figure 2

Table 3. Canada practices a form of federalized health care and have the most accurate health care for its citizens.

answered question	3	7	5	11	18	44
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
agree	0.0% (0)	14.3% (1)	0.0% (0)	0.0% (0)	11.1% (2)	6.8% (3)
neutral	66.7% (2)	57.1% (4)	60.0% (3)	72.7% (8)	38.9% (7)	54.5% (24)
disagrees	33.3% (1)	14.3% (1)	40.0% (2)	18.2% (2)	33.3% (6)	27.3% (12)
strongly disagrees	0.0% (0)	14.3% (1)	0.0% (0)	9.1% (1)	16.7% (3)	11.4% (5)
Other (please specify)	0view	1view	1view	0view	3view	5

Canada practices a form of federalized health care and have the most accurate health care for its citizens.

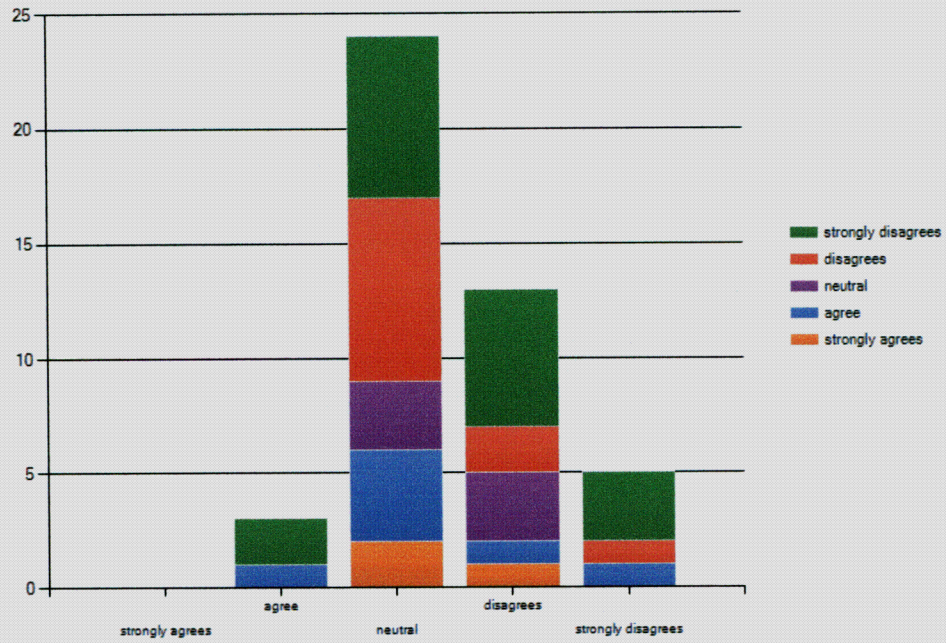


Figure 3

Table 4. Europe practices a form of federalized health care and have the most accurate health care for its citizens.

answered question	3	7	6	11	18	45
						3
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
agree	0.0% (0)	14.3% (1)	16.7% (1)	0.0% (0)	0.0% (0)	4.4% (2)
neutral	33.3% (1)	85.7% (6)	50.0% (3)	81.8% (9)	44.4% (8)	60.0% (27)
disagrees	66.7% (2)	0.0% (0)	33.3% (2)	18.2% (2)	38.9% (7)	28.9% (13)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (3)	6.7% (3)
Other (please specify)	0view	1view	1view	0view	1view	3

Europe practices a form of federalized health care and have the most accurate health care for its citizens.

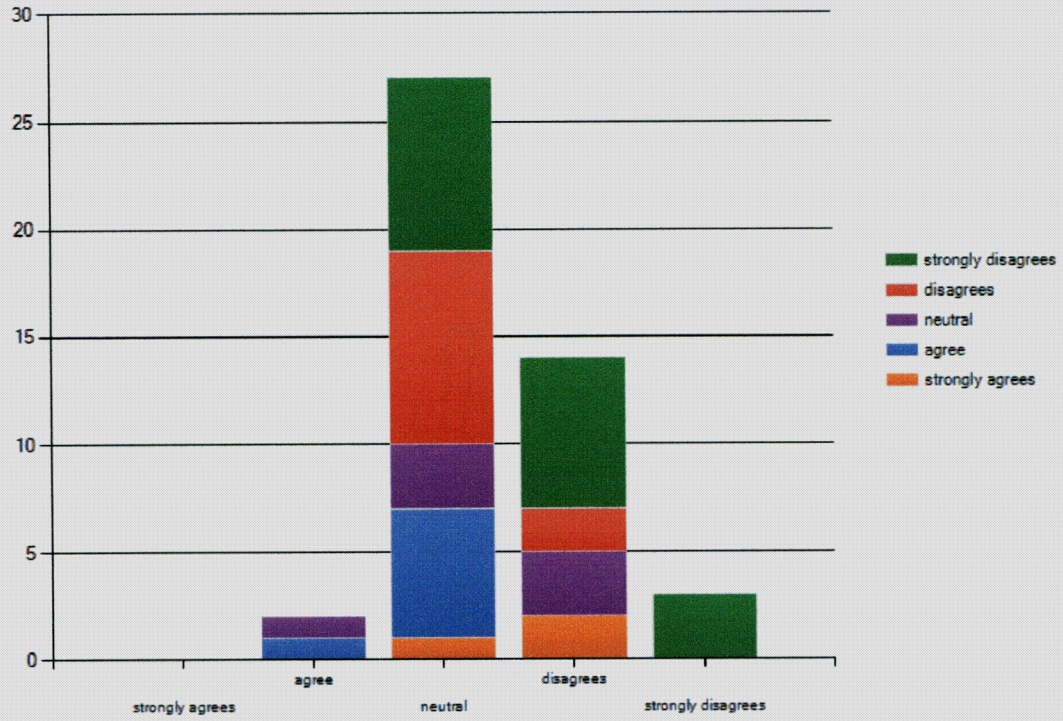


Figure 4

Table 5. As a physician, your practice would not be as profitable if the United States went to a federalized system.

answered question 3		8	6	10	17	44
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	16.7% (1)	10.0% (1)	41.2% (7)	20.5% (9)
agree	33.3% (1)	50.0% (4)	33.3% (2)	40.0% (4)	29.4% (5)	36.4% (16)
neutral	0.0% (0)	37.5% (3)	50.0% (3)	20.0% (2)	11.8% (2)	22.7% (10)
disagrees	66.7% (2)	12.5% (1)	0.0% (0)	20.0% (2)	17.6% (3)	18.2% (8)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	10.0% (1)	0.0% (0)	2.3% (1)
Other (please specify)	0view	0view	0view	1view	7view	8

As a physician, your practice would not be as profitable if the United States went to a federalized system.

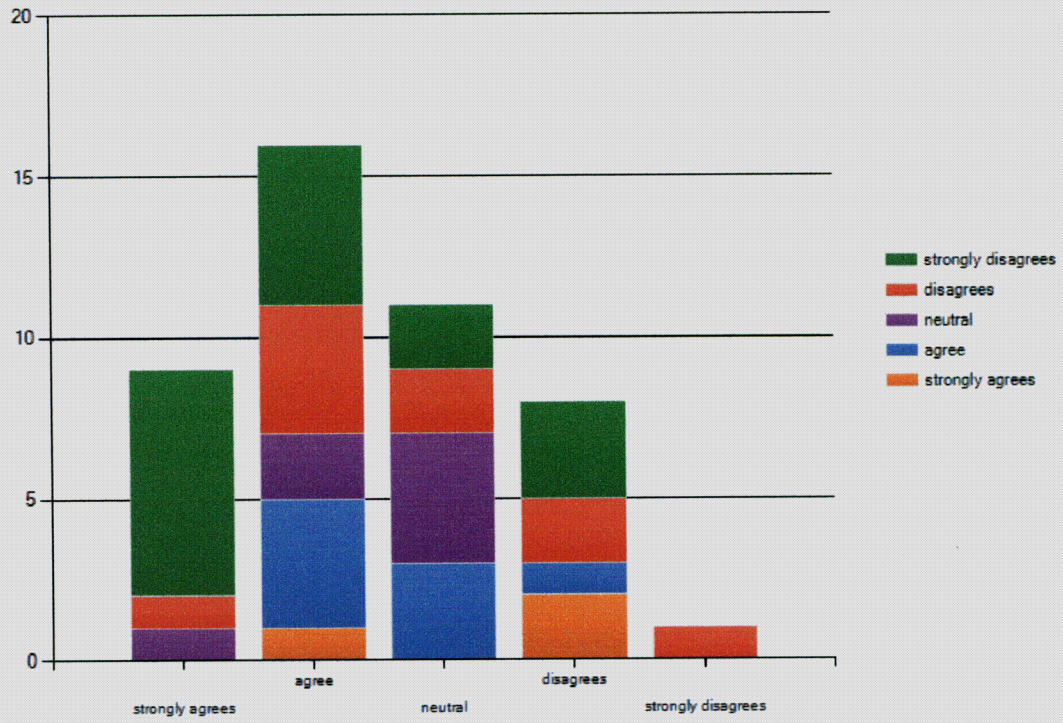


Figure 5

Table 6. Medical breakthroughs and technology would be potentially affected if America went to a federalized system.

answered question 3	8	6	11	18	46	2
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	9.1% (1)	27.8% (5)	13.0% (6)
agree	33.3% (1)	25.0% (2)	83.3% (5)	63.6% (7)	50.0% (9)	52.2% (24)
neutral	33.3% (1)	25.0% (2)	0.0% (0)	9.1% (1)	11.1% (2)	13.0% (6)
disagrees	33.3% (1)	50.0% (4)	16.7% (1)	9.1% (1)	11.1% (2)	19.6% (9)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	9.1% (1)	0.0% (0)	2.2% (1)
Other (please specify)	0view	0view	0view	0view	2view	2

Medical breakthroughs and technology would be potentially affected if America went to a federalized system.

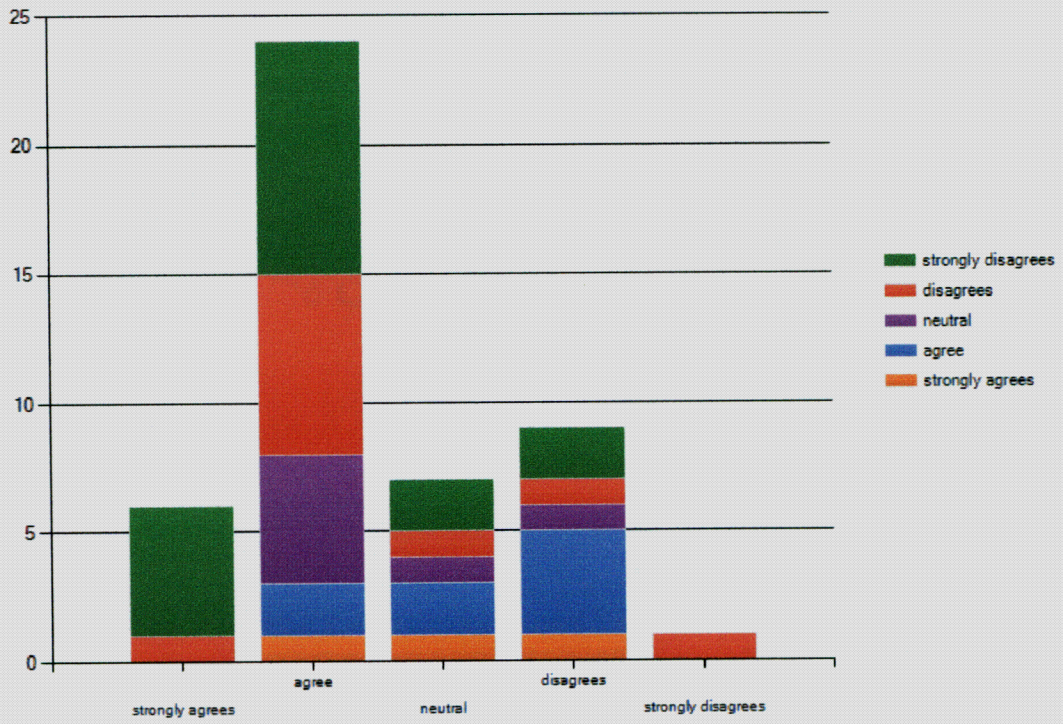


Figure 6

Table 7. You determine if you will see a patient based on the type of health care coverage that he/she has.

answered question	3	8	6	11	18	46
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	12.5% (1)	0.0% (0)	0.0% (0)	5.6% (1)	4.3% (2)
agree	0.0% (0)	37.5% (3)	50.0% (3)	0.0% (0)	5.6% (1)	15.2% (7)
neutral	0.0% (0)	12.5% (1)	0.0% (0)	9.1% (1)	0.0% (0)	4.3% (2)
disagrees	0.0% (0)	37.5% (3)	33.3% (2)	36.4% (4)	5.6% (1)	21.7% (10)
strongly disagrees	100.0% (3)	0.0% (0)	16.7% (1)	54.5% (6)	83.3% (15)	54.3% (25)
Other (please specify)	0view	0view	0view	0view	1view	1

You determine if you will see a patient based on the type of health care coverage that he/she has.

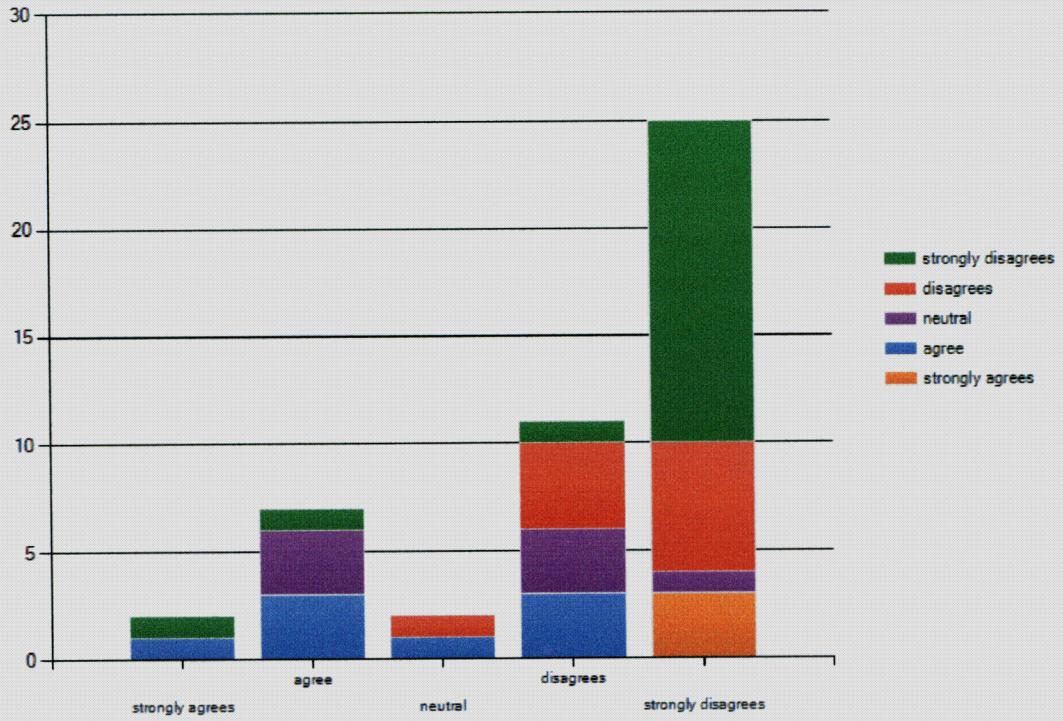


Figure 7

Table 8. President Obama's health care plan is a true representation of Americans' wants/beliefs.

answered question	3	8	5	10	18	44
	strongly agrees	agree	neutral	disagree	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
agree	0.0% (0)	37.5% (3)	40.0% (2)	10.0% (1)	5.6% (1)	15.9% (7)
neutral	66.7% (2)	50.0% (4)	20.0% (1)	30.0% (3)	16.7% (3)	29.5% (13)
disagrees	33.3% (1)	12.5% (1)	40.0% (2)	30.0% (3)	27.8% (5)	27.3% (12)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	30.0% (3)	50.0% (9)	27.3% (12)
Other (please specify)	1view	0view	1view	0view	7view	9

President Obama's health care plan is a true representation of Americans' wants/beliefs.

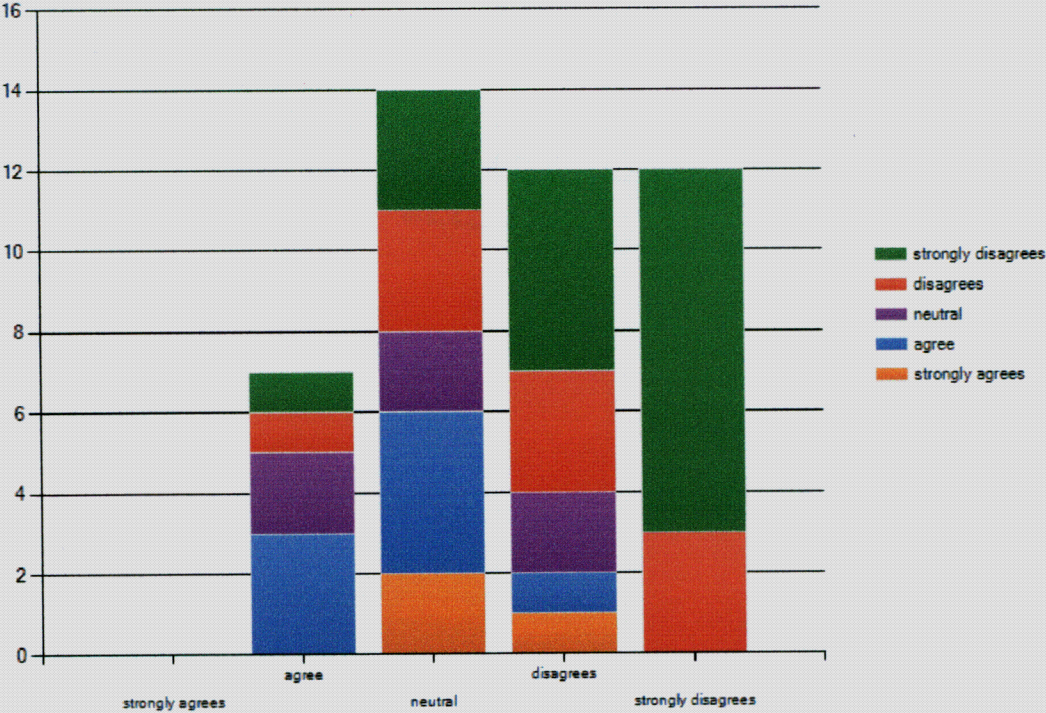


Figure 8

Table 9. A federalized program would increase the patient wait times to see a physician.

answered question	3	8	6	11	18	46
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	66.7% (2)	25.0% (2)	50.0% (3)	72.7% (8)	77.8% (14)	63.0% (29)
agree	33.3% (1)	37.5% (3)	33.3% (2)	27.3% (3)	16.7% (3)	26.1% (12)
neutral	0.0% (0)	12.5% (1)	0.0% (0)	0.0% (0)	0.0% (0)	2.2% (1)
disagrees	0.0% (0)	25.0% (2)	0.0% (0)	0.0% (0)	5.6% (1)	6.5% (3)
strongly disagrees	0.0% (0)	0.0% (0)	16.7% (1)	0.0% (0)	0.0% (0)	2.2% (1)
Other (please specify)	0view	0view	0view	0view	3view	3

A federalized program would increase the patient wait times to see a physician.

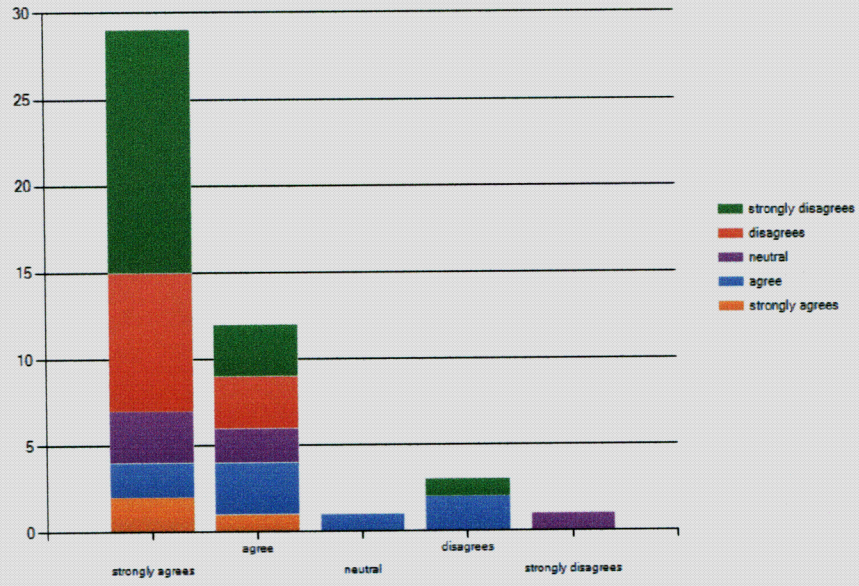


Figure 9

Table 10. Federalized health care is the ideal health care for all Americans.

answered question	3	7	6	11	18	45
	strongly agrees	agree	neutral	disagrees	strongly disagrees	Response Totals
strongly agrees	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
agree	33.3% (1)	57.1% (4)	0.0% (0)	0.0% (0)	0.0% (0)	11.1% (5)
neutral	33.3% (1)	14.3% (1)	16.7% (1)	18.2% (2)	11.1% (2)	15.6% (7)
disagrees	33.3% (1)	28.6% (2)	83.3% (5)	45.5% (5)	27.8% (5)	40.0% (18)
strongly disagrees	0.0% (0)	0.0% (0)	0.0% (0)	36.4% (4)	61.1% (11)	33.3% (15)
Other (please specify)	0view	1view	0view	1view	5view	7

Federalized health care is the ideal health care for all Americans.

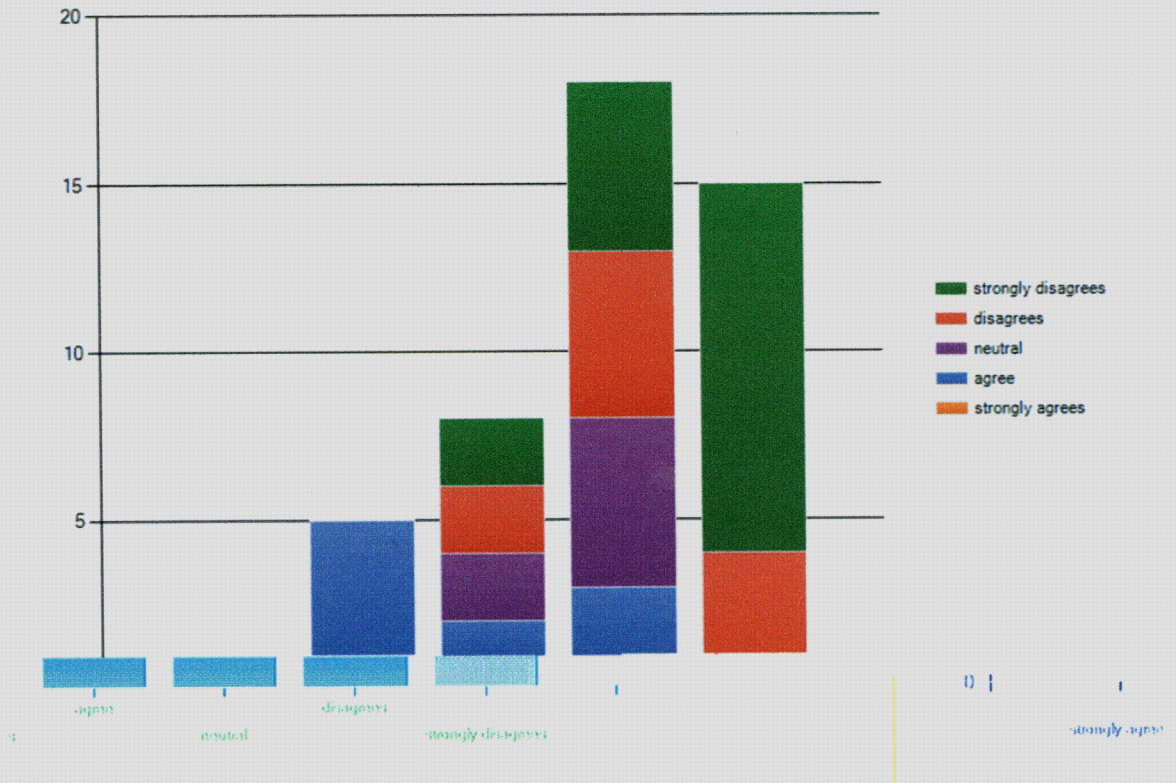


Figure 10

Survey Questions

Physicians also commented about the survey questions. They were given space to make a comment or question the validity of the statement.

1. Question 1: A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.

a. Answer:

- i. The overall system needs improvement. We need to shift the money into better prevention care and NOT simply open access.

2. Question 3: Canada practices a form of federalized health care and has the most accurate health care for its citizens.

a. Answers:

- i. It works for the poor but not everyone.
- ii. Not sure, I know a lot of places now have a pay as you go method work environment.
- iii. Many Canadian citizens have chosen alternative sources as opposed to the backlog associated with communal health care.

3. Question 5: As a physician, your practice would not be as profitable if the United States went to a federalized system.

a. Answers:

- i. No sure, with insurance not it is difficult I do emergency burn care so I will always work in this specialized industry.
- ii. I am a nephologist and do transplant surgery. My practice would suffer if we went to a federalized health care system. Transplants would be delayed and more people would be terminally ill because of the delayed wait time.
- iii. Depends on how many practices go to a cash only type of service.
- iv. It will be government controlled so yes.
- v. The government cannot keep Medicare and Medicaid straight on an administrative level for the elderly... forget it when it comes to the entire population.
- vi. The private facilities would not profit but the Emergency Care Centers would be able to finally recoup their expenses.

4. **Question 6: Medical breakthroughs and technology would be potentially affected if America went to a federalized system.**

a. **Answers:**

b. **No money to go around will result in research decline.**

c. **We are already seeing a decrease in this with the Pharmaceutical companies.**

5. **Question: 7: You determine if you will see a patient based on the type of health care coverage that he/she has.**

a. **Answers:**

i. **Depends on their specialty.**

ii. **You practice medicine because you are passionate for it.**

iii. **Physicians (much like India) will open their own, non-government sponsored office and will take cash only from people who don't want to wait in long lines like in a clinic. Doctors don't want to take less reimbursement then they are worth.**

iv. **I think the quality of physicians would decrease.**

6. Question 8: President Obama's health care plan is a true representation of Americans' wants/beliefs.

a. Answers:

- i. Don't know.
- ii. He is moving towards socialism, Pa wants to cut millions of dollars from the health care industry and in return lay off hundreds of people. He wants only the "strong" to survive and in return, it will come to be a socialized health care system with little choice.
- iii. What plan!
- iv. I feel the working class wants an affordable system without paying for the non-working citizens and non-citizens.
- v. I don't feel the president ever really presented a health care plan.

7. Question 10: Federalized health care is the ideal health care for all Americans.

a. Answers:

- i. Not sure, health care is a hard decision.
- ii. This is so bad for American. We need to move forward and not back.

iii. It is the answer but what we have now isn't the answer either.

Federalized Health Care will push physicians out of practice and cause more physicians to demand cash for services.

iv. I wish more people (non-clinical) would understand and realize the difficulty in running a clinic and all the problems that follow.

The overall trend in this survey is that many physicians have expressed an opinion that federalized health care will delay patient care and force more doctors to go into a cash for only services in order to obtain a profit and satisfy the wait time of patients. Physicians expressed concern that the quality of medical care will decrease if too much government involvement is interjected into health care.

CHAPTER V

SUMMARY AND INTERPRETATIONS

Overall Summary

Federalized Health is in some form going to be available in America. Physicians agree, and research supports, that health care needs reform. The problem is that health care was a temporary solution to aid in the recovery of the Great Depression. Employers were unable to provide high paying salaries and instead offered employees health care coverage. Health care then became a right and not a privilege (Davis, 2005).

Health care was something that became expected from employers with minimal salary deductions. The increase in health insurance coverage doubled between 1910 and 1930 (Davis, 2005). As time has elapsed, medical technology and hospital cost rose faster than government funding could supply.

The new administration has health care reform as a priority. President Obama's proposed plan aims to preserve the existing job-based insurance system while extending coverage to people who do not have insurance. His plan calls for individuals and small businesses to buy a private or a Medicare-like government policy through the National Health Insurance Exchange. Policies would have to meet a minimum standard of care, and insurers would not be permitted to raise prices for the sick or refuse coverage from

pre-existing conditions. He intends to offer subsidies or tax credits to help need applicants buy health coverage (Consume Reports, 2008).

Presidents Obama's health care plan mimics President Kennedy's health care initiative in 1963 (AMA 1963) and President Clinton's health care initiative in 1993. The Health Care Security Act (S. 175/H.R. 3600, 1993) proposed sweeping reforms in the United States. The original act was voted down by Congress but served as a catalyst for the need of health care reform.

The new administration is working with health care companies to find a solution to the problem of the uninsured Americans. Health care companies have offered \$2 trillion in spending dedication over 10 years. Hospitals, insurance companies, drug makers and doctors have told the Obama administration that they will voluntarily slow their rate increases in coming years in a move that government economists say would create a breathing room to help provide health insurance to an estimated 50 million Americans who now are without (Alonso-Zaldivar, AP 2009).

Evaluation

Surveys indicate the physicians feel that President Obama's health care plan is not the ideal health care resolution for all Americans. Additionally, most physicians are neutral in opinion about European health care and Canadian health care practice.

Approximately, 89 percent of physicians surveyed agreed or strongly agreed that if we go to a federalized health care system that patient wait times and medical procedures will be delayed. More than 50 percent of physicians either agree or strongly

agree that if a federalized health care system was institutionalized that they would not be as profitable as they have been in the past.

However, more than 75 percent of physicians either disagreed or strongly disagreed that they would turn a patient away because of insurance. The other 25 percent are specialty surgeons who do procedures that are optional.

Interpretation

The researcher's interpretation is that Federalized Health Care is very important to examine because through casual conversations with physicians many are concerned that if health care becomes federalized it will directly influence the quality of care given to patients. During the survey process, Leon Katz, M.D., Bariatric surgeon at Crozer-Chester Medical Center, commented, "It seems that most of the world is going to privatizing medical care, but the United States is almost making this a socialism topic. We are going backwards and not forward in our thought process." The researcher anticipates that many physicians will have similar remarks because the fear is that if the United States goes to a federalized health care program, current medical expectations will be diminished. Physicians from outside the Philadelphia area have similar opinions of the health care crisis and feel that a federalized health care system would better serve the needs of Americans.

President Obama has a full health care agenda. His goal includes putting into place changes into the health care system that will directly affect physicians and patients. Change is inevitable. Whatever the government institutionalizes over the next 4 years, to revamp health care completely, alter the existing health care, or use a federalized health

care program to provide medical care to all Americans, will force Americans to make a change.

Conclusion

The data indicates that respondents do not feel that federalized health care will improve health coverage, but they themselves do not have an answer. Conversations indicate a sense of weariness with Medicare and Medicaid and the numerous insurance practices. Doctors just want to be doctors, and not spend half of the workday on documentation.

Contribution to the Field

The researcher's intention is to educate non-medical readers about the importance that health care has on the physicians' doing their jobs at the best of their ability. When completing the survey, respondents indicated that most physicians felt that going to a federalized system would be unprofitable that they would never turn a patient away because of health care or treat them inadequately because of their health care. Medical professionals want to treat medicine, but fear that a federalized system would decide what they are able to treat in a timely fashion. Additionally, medical contributions have the potential of being delayed because of the redirection of funding institutionalized by government to pay for federalized health care.

Future Research

The practical influence on the field of public relations is a comparison that it draws between medicine and physician reality. As a public relations practitioner, it is

imperative to understand where physicians' ideas and frustrations focus on in the industry.

Research is continuing on a national level because of the urgency of health care reform. As recently as April 1, Brent C. James, M.D. from Michigan State addressed the United States House of Representatives Ways and Means Committee, "Reforming the Health Care Delivery System." James is the National Academy of Science's Institute of Medicine chief quality officer and executive director, Institute for Health Care Delivery Research Intermountain Healthcare, Utah.

James' has institutionalized a program based on best patient outcomes at the lowest necessary cost (James, 2001). His program is based on foundations of health care reform proposed by the Kennedy Administration and the Clinton Administration. The reform initiative is a variation of John Wennberg, M.D. who transformed the manufacturing industries world wide, redefining competition and customer-focused success. James believes that by focusing on the customer, providing care before there is a problem and providing follow-up that in the long run of medicine cost will go down and lives will have a better quality.

The health care industry is an ever revolving institution and continues to further research and also revisit previous presidential administrations for insight on the on going health care crisis.

REFERENCES

- Alonso-Zaldivar, Ricardo & Elliot, Philip. (AP writers) (2009). Health Care Companies Bail to Obama. Associate Press, May 11, 2009.
- American Medical Association. (Eds.) (1963). *Federalized Health Care for the Ages, A Critical Symposium*. American Medical Association.
- Associate Press. (Eds.) (2009). Daschle seeks health care overhaul. Retrieved from www.MSNBC.com, January 8, 2009
- Bloche, M. Greed (2003). The Privatization of Health Care Reform: Legal and Regulatory Perspectives. *Federalism and Health Care Reform*, Oxford University Press, 49-82.
- Campbell, M.D., Thomas, L. & McDaniel, Ph.D., Susan H. (1996). Editorial, Challenges to Collaboration. *Families, Systems & Health*, 14 (3), 1996, 281-285.
- Cohn, V. (1992, August 18). GOP on health: Less government is more. *Washington Post Health*, p. 7.
- Consumer Reports. (2008). November 2008, 20-21. Retrieved from www.ConsumerReports.org.
- Crowley, Candy & Henry, Ed. (CNN Correspondents). (2009). Obama Taps Daschle as 'lead architect' of health care plan. Retrieved from www.CNNPolitics.com, December 11, 2008.

- Davis, Ph.D., Michael, M. (2005). The American Approach to Health Insurance. *The Millbank Quarterly*, 83 (4), 537-547.
- Dobson, A., Moran, D. & Young, G. (1992). The role of federal waivers in the health policy process. *Health Affairs*, 11(4), 72-94.
- Durenberger, Dave & Bartlett-Foote, Susan. (1993). Beyond Incrementalism, Designing an Infrastructure for Reform. *American Psychologist* 48(3), 277-282.
- Emanuel, M.D., Ezekiel J. (2008). *Healthcare, Guaranteed, A Simple Solution*. Published by the United States by Public Affairs.
- Field, M. J. & Shapiro, H.T. (Eds.) (1993). *Employment and health benefits: A connections at risk*. Washington, DC: National Academy Press.
- Fister, M.D., George M. (1963). The Case Against Federalized Medicine. *Saturday Evening Post*, 236 (4), February 2, 1993.
- Four states to get ERISA waivers. (1993, May 17). *Medicine and Health*, 3.
- Frank, Robert. G., Buckelew, S.P. & Gluck, J.P. (1990). Rehabilitation: Psychology's greatest opportunity? *American Psychologist*, 45. 757-761.
- Frank, Robert. G., Sullivan, Michael, J., DeLeon, Patrick H. (1994). Health Care Reform in the States. *American Psychologist*, October, 855-867.
- Grose, Thomas K. (2007). Free Health Coverage for All. *U.S News & World Report* 142, 11, 65 March 26-April 7.
- Halvorson, George. (2007). Thing you know European healthcare? *Modern Healthcare*, 37 (6) 22 F19.

- James, Brent C. (2009). "Reforming the Health Care Delivery System." *Testimony to the United States House of Representatives Ways and Means Committee*, April 2, 2009.
- Lungren, Dan. (2008). Congressman Dan Lungren's Congressional Web site, "Health Care." Retrieved from <http://lungren.house.gov>.
- Maioni, A. (2006). The myth of Canadian health system. *The National Post*, November 3, page A19.
- Maioni, A. (1998). *Parting at the crossroads: the emergence of health insurance in the United States and Canada*. Princeton, NJ, Princeton University Press.
- Mallory, M.D., Joseph, P. (1961). A Family Doctor's Fight against Socialized Medicine. *Look Magazine*, May 23, 1961. Provided by Cowles Magazines and Broadcasting, Inc.
- Marchildon, Gregory, P. (2005). *Health Systems in Transition, Canada*. Published by the University of Toronto Press.
- Mechanic, David. (2006). *The Truth about Health Care: Why Reform is Not Working in America*. Publisher.
- Osborne, D. & Gaebler, T. (1992). *Reinventing government: How the entrepreneurial spirit is transforming the public sector*. Reading, MA: Addison-Wesley.
- Rainu Kaushal, Blumenthal, Poon, David et al. (2005). *The Costs of National Health Information Network*. *Annual of Internal Medicine* 143(3) (August 2, 2005) 165-173.

Reuters. (2008). November 12, 2008. Obama health plan to cost \$75 billion: analysis.

Reuters, Retrieved from www.reuters.com.

S. 1757/ H.R. 3600, 103d Cong., 1st Sess. (1993).

Samuelson, Robert J. (2008). Getting Real about Health Care. *Newsweek*, September 15, 2008, 152, (11) 73.

Silvermann, Fred. (Executive Producer). (2008, September). The HealthCare Crisis: Who's At Risk [Television Broadcast]. New York and Washington, DC: Public Broadcasting Service.

Skocopl, Theda. (1997). *Boomerang: Health Care Reform and the Turn Against Government*. New York: W.W. Norton, 109.

Testimony of W. D. Helms on state capacity to achieve health care reform before the Subcommittee on Health, Committee on Ways and Means, U.S. House of Representatives, 103d Cong., 1st Sess. (June 8, 1993).

Tuohy, CH. (1999). *Accidental logics: the dynamics of change in the health care arena in the United States, Britain, and Canada*. New York, Oxford University Press.

Appendix A

The list of questions presented to each surveyor via www.surverymonkely.com.

April 2009

Dear Physician,

I am a graduate student at Rowan University, Glassboro, NJ, and currently writing my master's thesis. The purpose of the study is to gain physicians' perceptions of a proposed federalized health care system, and its potential impact on the quality of health care.

Responses will be used for the purpose of research only, and only group data will be reported. At no time will individual respondents be identified.

I value your time and hope you can take a few moments to review my survey questions. My goal is to either accept or reject the notion that under federalized health care American's health care will be impacted, and will either be improve or harmed under this system.

Please feel free to respond to me either through the U.S. mail, via e-mail, or telephone. Responses must be received by May 1, 2009.

Thank you,

Katrina Stier
Bowenk38@students.rowan.edu

Federalized Health Care and Quality of Health Care

What are physicians' perceptions of proposed federalized health care and how do they feel it will impact the quality of health care?

The purpose of this study is to examine physicians' opinions of a federalized health care system, as well as the impact, positively and negatively, federalized health care will have on the quality of patient care provided by physicians.

The survey is presented as a semantic differential, which is a scale used for measuring the meaning of things and concepts. The goal of this survey is to measure the physician's opinion of the impact that a proposed federalized health care plan would have on the medical community.

Optional Personal Data:

Name and title: _____

Are you a member of the American Medical Association? Yes or No (circle one)

What is your specialty? _____

Do you have a subspecialty and if so what is it? _____

How many years have you been practicing medicine? _____

Survey

Please circle either strongly agrees, agree, neither, disagree or strongly disagree under each questions. Please feel free to comment on any or all the questions below.

1. A federalized healthcare program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.

strongly agrees agree neutral disagree strongly disagree
1 2 3 4 5 6 7

2. Fewer physicians would practice medicine if a federalized health care was enacted.

strongly agrees agree neutral disagree strongly disagree
1 2 3 4 5 6 7

3. Canada practices a form of federalized health care and have the most accurate health care for its citizens.

strongly agrees agree neutral disagree strongly disagree
1 2 3 4 5 6 7

4. Europe practices a form of federalized health care and have the most accurate health care for its citizens.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

5. As a physician, your practice would not be as profitable if the United States went to a federalized system.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

6. Medical breakthroughs and technology would be potentially affected if America went to a federalized system?

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

7. You determine if you will see a patient based on the type of health care coverage that he/she has.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

8. You alter your treatment according to what health care coverage the patient has.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

9. Personal financial reimbursement would alter your perception about the balance of healthcare in terms of reform if America became federalized.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

10. Personal financial reimbursement would not alter your perception about the balance of healthcare in terms of reform if America became federalized.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

11. President Obama's health care plan is a true representative of Americans' wants/beliefs.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

12. A federalized program would increase the patient wait times to see a physician.

<u>strongly agrees</u>	<u>agree</u>	<u>neutral</u>	<u>disagree</u>	<u>strongly disagree</u>		
1	2	3	4	5	6	7

13. Federalized health care is the ideal health care for all Americans.

strongly agrees agree neutral disagree strongly disagree
1 2 3 4 5 6 7

(Answer #14 only if you sub-specialize)

14. If you sub-specialize, you reconsider practicing a sub-specialty if health care would be federalized.

strongly agrees agree neutral disagree strongly disagree
1 2 3 4 5 6 7

**15. Please summarize your thoughts about proposed federalized health care
Please add additional comments if needed.**

Please provide additional comments here:

Person who collected research data and date collected: _____

Appendix B

Raw data answers for survey questions.

Thesis Survey Federalized Health Care

"Q1. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.""

"Answer Options, ""strongly agrees"", ""agree"", ""neutral"", ""disagrees"", ""strongly disagrees"", ""Response Percent"", ""Response Count""

"strongly agrees,4,0,0,0,0,10.3%,4"

"agree,0,8,0,0,0,20.5%,8"

"neutral,0,0,5,0,0,12.8%,5"

"disagrees,0,0,0,6,0,15.4%,6"

"strongly disagrees,0,0,0,0,16,41.0%,16"

"Other (please specify),0,0,0,0,0,0.0%,0"

"answered question,4,8,5,6,16,,39"

"skipped question,,,,,,,,0"

"Q2. Fewer physicians would practice medicine if a federalized health care was enacted., ""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens. ""

"Answer Options, ""strongly agrees"", ""agree"", ""neutral"", ""disagrees"", ""strongly disagrees"", ""Response Percent"", ""Response Count""

"strongly agrees,0,0,0,0,3,7.7%,3"

"agree,1,0,3,2,7,33.3%,13"

"neutral,2,2,0,3,3,25.6%,10"

"disagrees,1,5,2,1,2,28.2%,11"

"strongly disagrees,0,1,0,0,1,5.1%,2"

"Comments,0,0,0,0,2,,2"

"answered question,4,8,5,6,16,,39"

"skipped question,,,,,,,,,0"

"Q3. Canada practices a form of federalized health care and have the most accurate health care for its citizens.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens."""

"Answer Options,""strongly agrees"" , ""agree"" , ""neutral"" , ""disagrees"" , ""strongly disagrees"" , ""Response Percent"" , ""Response Count""

"agree,0,1,0,0,2,8.6%,3"

"neutral,2,4,3,4,5,51.4%,18"

"disagrees,1,1,1,1,5,25.7%,9"

"strongly disagrees,0,1,0,1,3,14.3%,5"

"strongly agrees,0,0,0,0,0,0.0%,0"

"Comments,0,1,1,0,1,,3"

"answered question,3,7,4,6,15,,35"

"skipped question,,,,,,4"

"Q4. Europe practices a form of federalized health care and have the most accurate health care for its citizens.,"
"Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens."
"

"Answer Options, "strongly agrees", "agree", "neutral", "disagrees", "strongly disagrees", "Response Percent", "Response Count"

"agree,0,1,1,0,0,5.6%,2"

"neutral,1,6,3,5,6,58.3%,21"

"disagrees,2,0,1,1,6,27.8%,10"

"strongly disagrees,0,0,0,0,3,8.3%,3"

"strongly agrees,0,0,0,0,0,0.0%,0"

"Comments,0,1,1,0,0,,2"

"answered question,3,7,5,6,15,,36"

"skipped question,,,,,,3"

"Q5. As a physician, your practice would not be as profitable if the United States went to a federalized system.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens."""

"Answer Options,""strongly agrees"" , ""agree"" , ""neutral"" , ""disagrees"" , ""strongly disagrees"" , ""Response Percent"" , ""Response Count"""

"strongly agrees,0,0,1,0,6,20.0%,7"

"agree,1,4,1,2,5,37.1%,13"

"neutral,0,3,3,1,1,22.9%,8"

"disagrees,2,1,0,2,2,20.0%,7"

"strongly disagrees,0,0,0,0,0,0.0%,0"

"Comments,0,0,0,0,5,,5"

"answered question,3,8,5,5,14,,35"

"skipped question,,,,,,,,4"

"Q6. Medical breakthroughs and technology would be potentially affected if America went to a federalized system.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens."""

"Answer Options,""strongly agrees"" , ""agree"" , ""neutral"" , ""disagrees"" , ""strongly disagrees"" , ""Response Percent"" , ""Response Count""

"strongly agrees,0,0,0,1,5,16.2%,6"

"agree,1,2,4,3,8,48.6%,18"

"neutral,1,2,0,1,1,13.5%,5"

"disagrees,1,4,1,0,1,18.9%,7"

"strongly disagrees,0,0,0,1,0,2.7%,1"

"Comments,0,0,0,0,2,,2"

"answered question,3,8,5,6,15,,37"

"skipped question,,,,,,,,,2"

"Q7. You determine if you will see a patient based on the type of health care coverage that he/she has.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens. """

" Answer Options, ""strongly agrees"", ""agree"", ""neutral"", ""disagrees"", ""strongly disagrees"", ""Response Percent"", ""Response Count"""

"strongly agrees,0,1,0,0,1,5.4%,2"

"agree,0,3,3,0,1,18.9%,7"

"neutral,0,1,0,1,0,5.4%,2"

"disagrees,0,3,2,3,1,24.3%,9"

"strongly disagrees,3,0,0,2,12,45.9%,17"

"Comments,0,0,0,0,0,,0"

"answered question,3,8,5,6,15,,37"

"skipped question,,,,,,,,,2"

"Q8. President Obama's health care plan is a true representation of Americans' wants/beliefs."
"Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens."

"Answer Options, "strongly agrees", "agree", "neutral", "disagrees", "strongly disagrees", "Response Percent", "Response Count"

"agree,0,3,2,1,1,19.4%,7"

"neutral,2,4,1,3,2,33.3%,12"

"disagrees,1,1,1,0,5,22.2%,8"

"strongly disagrees,0,0,0,2,7,25.0%,9"

"strongly agrees,0,0,0,0,0,0.0%,0"

"Comments,1,0,1,0,6,,8"

"answered question,3,8,4,6,15,,36"

"skipped question,,,,,,3"

"Q9. A federalized program would increase the patient wait times to see a physician., ""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens. """

"Answer Options, ""strongly agrees"", ""agree"", ""neutral"", ""disagrees"", ""strongly disagrees"", ""Response Percent"", ""Response Count"""

"strongly agrees,2,2,2,5,11,59.5%,22"

"agree,1,3,2,1,3,27.0%,10"

"neutral,0,1,0,0,0,2.7%,1"

"disagrees,0,2,0,0,1,8.1%,3"

"strongly disagrees,0,0,1,0,0,2.7%,1"

"Comments,0,0,0,0,3,,3"

"answered question,3,8,5,6,15,,37"

"skipped question,,,,,,,,2"

"Q10. Federalized health care is the ideal health care for all Americans.,""Crosstab Q. A federalized health care program would eliminate the health care crisis in America and would provide health care coverage for all American citizens.""

"Answer Options, ""strongly agrees"", ""agree"", ""neutral"", ""disagrees"", ""strongly disagrees"", ""Response Percent"", ""Response Count""

"agree,1,4,0,0,0,13.9%,5"

"neutral,1,1,0,2,2,16.7%,6"

"disagrees,1,2,5,3,4,41.7%,15"

"strongly disagrees,0,0,0,1,9,27.8%,10"

"strongly agrees,0,0,0,0,0,0.0%,0"

"Comments,0,1,0,1,4,,6"

"answered question,3,7,5,6,15,,36"

"skipped question,,,,,,,,3"