

Public opinion poll shows gap between experts and public on need to cut Medicare spending

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As debate over the national debt and the federal budget deficit begins to heat up again, an analysis of national polls conducted in 2013 shows that, compared with recent government reports prepared by experts, the public has different views about the need to reduce future Medicare spending to deal with the federal budget deficit. Many experts believe that future Medicare spending will have to be reduced in order to lower the federal budget deficit but polls show little support (10% to 36%) for major reductions in Medicare spending for this purpose. In fact, many Americans feel so strongly that they say they would vote against candidates who favor such reductions. Many experts see Medicare as a major contributor to the federal budget deficit today, but only about one-third (31%) of the public agrees.

This analysis appears as a Special Report in the September 12, 2013, issue of *New England Journal of Medicine*.

One reason that many Americans believe Medicare does not contribute to the deficit is that the majority thinks Medicare recipients pay or have prepaid the cost of their health care. Medicare beneficiaries on average pay about \$1 for every \$3 in benefits they receive. *However*, about two-thirds of the public believe that most Medicare recipients get benefits worth about the same (27%) or less (41%) than what they have paid in [payroll taxes](#) during their working lives and in premiums for their current coverage.

Differences between experts on the financial condition of Medicare and the public can also be seen when examining the reasons for rising Medicare costs and ways to reduce future Medicare spending. Unlike many experts, the public does not see overuse of [medical care](#) and the cost of new medical technologies as among the most important reasons for rising Medicare costs. Only one in six Americans (17%) believes that "people receiving drugs and medical treatments they don't need" is one of the most important reasons why Medicare care costs are rising, and only 6% see "[new drugs](#), tests and treatments being offered to the elderly" as one of the most important reasons. The three reasons cited most often by the public are poor management of Medicare by government (30%), fraud and abuse in the health sector (24%), and excessive charges by hospitals (23%).

Many experts believe that one of the most important reasons for rising Medicare costs is unnecessary care provided to patients. The public, however, sees the bigger problem for people on Medicare as not getting the health care they need (61%), rather than receiving unnecessary care (21%). Many experts see capitated payments (doctors getting paid a fixed amount of money so they can manage all of a patient's health care for the year) as a preferred way of reducing future Medicare spending. However, a majority of the public favors continuing fee-for-service payments (65%) rather than changing to capitated health care arrangements (30%). This resistance to change may be related to the fact that a majority of the public sees Medicare in some cases already withholding treatments and prescription drugs to save money, including 63% who believe this happens very or somewhat often.

"These differences in perspective between Medicare experts and the public are likely to make this issue much more difficult for the President and Congress to address," said Robert Blendon, professor of health policy and political analysis at Harvard School of Public Health and co-author of the analysis.

The public's hostility to reducing Medicare spending could play an important role in future elections. The poll findings show that regardless of the potential seriousness of the problem, candidates who favor major cuts in Medicare spending to reduce the [federal budget deficit](#) could face negative electoral consequences. Few registered voters (12%) say that they would be more likely to vote for a congressional candidate taking this stand, while many more (58%) say it would make them less likely. This is especially true for registered voters age 50 and over, about two-thirds (66%) of whom say they would be less likely to vote for such a candidate.

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The article draws on findings from seven existing national polls, as well as a new one conducted by Harvard School of Public Health. This is the second article on Medicare and the budget debate by these two authors.

Interviews for the Harvard School of Public Health poll were conducted via telephone by SSRS, an independent research company, with a representative national sample of 1,253 adults age 18 and over from May 13-26, 2013. The margin of error for the total sample is plus or minus 3.6 percentage points. Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent Census data available from the Current Population Survey for gender, age, race, education, region and number of adults in the household. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent

selection within households, are used to ensure that the sample is representative.

More information: Robert J. Blendon and John M. Benson, "The Public's Views about Medicare and the Budget Deficit," *New England Journal of Medicine*, 365(4):e8(1-4); July 28, 2011.

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