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# DataWatch

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## All Payer, Single Payer, Managed Care, No Payer: Patients' Perspectives In Three Nations

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by Karen Donelan, Robert J. Blendon, John Benson, Robert  
Leitman, and Humphrey Taylor

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**Abstract:** We present data on patients' experiences with access to and cost and quality of health services in the United States, Canada, and Germany. In general, patients report favorably about their care. U.S. respondents report more problems with access to care, even controlling for the severe problems of the uninsured. Differences in managed care versus fee-for-service plans in the United States mirror some of the problems observed in international comparisons—access to specialists and tests and waiting times for and quality of some services. Different cost containment strategies have measurable effects on patients' perspectives, particularly among patients who are sicker.

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In the Winter 1995 issue of *Health Affairs* we presented comparative data from the United States, Canada, and (West) Germany on public opinion about health care systems.<sup>1</sup> The results highlighted Americans' high expectations of and low satisfaction with their health care system relative to respondents in the other two nations. This DataWatch reports data from the same survey, and a supplemental study, on patients' experiences with health services and insurance in the same three health care systems.

Several previous studies, including an international comparative study by the authors, have underscored differences in the public's perceptions of health care systems versus the health services they receive.<sup>2</sup> These earlier efforts show that measuring satisfaction with a nation's health care system seems to capture a different set of values and concerns than does measuring satisfaction with one's own or one's family's recent medical care experience. Public ratings of health care systems appear to respond to broader concerns about fairness, costs, access, bureaucracy, security of coverage, and trust in the system. Ratings of personal health care capture a narrower assessment of the qualitative nature of care and the ease with which it was obtained.

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*Karen Donelan is senior research associate and instructor, Robert Blendon is Roger I. Lee Professor of Health Policy and Management and chairman of the Department of Health Policy and Management, and John Benson is deputy director of the Program on Public Opinion and Health Care, at the Harvard School of Public Health in Boston. Robert Leitman is executive vice-president, and Humphrey Taylor is chairman and chief executive officer, of Louis Harris and Associates, in New York City.*

Here we assess perceptions of persons (especially those with significant ill health or disability) who are trying to obtain or use health services across a spectrum of health care financing arrangements in the United States, Canada, and Germany during the year prior to the surveys. Because the issues of uninsurance and managed care are most relevant to Americans, we present data about these issues for the United States only.

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## Data And Methods

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The data reported here are derived from nationwide telephone surveys of randomly selected adults (1,214 in the United States, 1,472 in Canada, and 1,210 in [West] Germany), conducted between 1 July and 1 September 1994 by Louis Harris and Associates and two international affiliates. In April 1995 Harris conducted a supplemental survey, using the same questionnaire, of 1,408 adults (ages eighteen to sixty-four) in the United States, without an oversample. Pooled with the 1994 data, this later survey allows us to compare sick persons in managed care and fee-for-service plans.

In the initial cross-sectional surveys in all three countries we included an oversample of persons defined as having a significant illness—persons in fair or poor health, persons with a disability, and persons hospitalized in the year prior to the survey. This oversample was included to allow us to make statistically valid comparisons across subpopulations in all three nations with a higher burden of illness who likely would use more high-cost services. The proportion of respondents with at least one of the three components included 30 percent of those in the United States (16 percent fair/poor health, 14 percent disability, and 12 percent hospitalized); 28 percent of those in Canada (14 percent fair/poor health, 13 percent disability, and 11 percent hospitalized); and 58 percent of those in Germany (42 percent fair/poor health, 31 percent disabled, and 15 percent hospitalized). A striking difference between the German and the other two populations is seen in all three measures and is highly correlated with age, which suggests a possible relationship with disabilities related to World War II.

Consumers' experiences with their health care system were measured in sixty-six items, in the following categories: access to and cost of care, ease of using health plan, routine physician care, preventive services, specialist physician care, and hospital care. Items regarding physician and hospital care were asked only of those who had used these types of services in the year prior to the surveys. In the event of multiple visits or hospitalizations, respondents were asked to respond based on their most recent visit or hospitalization. With the exception of continuous measures of time waited or dollars spent, all questions reported here were posed as dichotomous choices (for example, "Were you able to see the doctor without waiting a

long time, or not?"). Voluntary "don't know" answers were recorded, and persons responding in this way were included in the denominator for purposes of calculating the proportions reported here, proportions that otherwise would be inflated by the exclusion of the "don't know" responses.

The data were weighted so that the oversampled group is not overrepresented for purposes of making generalizations to the total adult populations of each nation. The response rates were 51 percent for the U.S. 1994 survey and 53 percent for the second sample. Sample dispositions from the Canadian and German surveys did not allow for the calculation of comparable response rates because of variations in survey practice.

**Limitations and sources of error.** For a sample of 1,200 persons, the maximum margin of sampling error is  $\pm 3$  percent (at a 95 percent confidence level). The margin of sampling error increases for smaller subgroups. Significant differences outside the margin of error are reflected in the exhibits. In survey data errors also can result from biased or confusing wording, the ordering of the questions, or language or comprehension difficulties. In international studies of this kind, slight differences in interpretation of questions can occur because of translation of concepts from one language to another. Steps were taken to minimize these sources of error.

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## Results

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Here we first look at the international comparative data from 1994 in each of the areas of service for the total population and for the oversample of sick persons. For these analyses, because of the unique prevalence of uninsured persons in the U.S. sample, data are reported by insurance status. In the second section we look at combined data from the 1994 and 1995 surveys. Using the same measures, these data focus on the experiences of nonelderly insured persons in managed care and fee-for-service plans who meet the criteria noted previously for being "sick." We report these data to gain a closer view of variations in patients' assessment of health services within the insured U.S. population. On all items, we report specific findings only for those items for which statistically significant differences were measured ( $p < .05$ ) among the comparison groups of interest.

**International comparisons.** Patients in all three countries reported that their health care arrangements work relatively well. Relatively small proportions of residents in all three countries, in most cases less than 20 percent, reported problems with their health care services (Exhibit 1).

*Access to care, cost of care, and ease of using health plan.* U.S. respondents were more likely than Canadians or Germans to report problems getting and paying for medical services. Both Canadians and Germans reported fewer problems than Americans reported with overall access to

**Exhibit 1****Consumers' Views On Access To Care, Cost Of Care, And Ease Of Using Health Plans, United States. Canada. And Germany, 1995**

	United States (n = 1,214)	Canada (n = 1,472)	Germany <sup>a</sup> (n = 1,210)
Access to care			
Not able to see a specialist	15%	14%	9%*
Not able to get diagnostic tests	18	19	12*
Not able to get needed medical care	12	8*	6*
Postponed needed medical care	30	16*	13*
Discouraged from medical treatment	19	12*	6*
Cost of medical care			
Out-of-pocket expenditures last year <sup>b</sup>	\$993	\$302	\$328
Serious problem having enough money to pay doctor or hospital bills	20%	6%*	3%*
Ease of using health plan			
Have to fill out forms	41% <sup>c</sup>	35%*	22%*
Forms not easy to fill out (of those who have to fill them out)	16 <sup>c</sup>	3*	4*
Not easy to tell which treatments and procedures are covered by the plan	27 <sup>c</sup>	31*	32*
Not easy to understand what the insurance plan actually pays for and what one owes	22 <sup>c</sup>	27*	34*

Source: Authors' data.

Note: Items showing significant differences among countries.

<sup>a</sup> Western Germany.

<sup>b</sup> Mean in U.S. dollars.

<sup>c</sup> n = 1,102 insured persons.

\*  $p < .05$ .

care (Exhibit 1). Americans were more likely than Canadians and Germans to say that they were unable to get needed medical care in the past year, that they postponed getting needed care, and that they had been discouraged from seeking medical treatment. When asked about the availability of diagnostic tests and medical specialty services, Americans and Canadians were equally likely to note problems getting these services, whereas Germans were significantly less likely to report problems. Americans also were more likely to report financial access problems—they had higher out-of-pocket expenditures, and one in five (20 percent) said that they had a serious problem paying doctor or hospital bills in the past year.

With respect to the ease of using existing insurance arrangements, insured U.S. respondents were more likely than Canadians and Germans to say that they had to fill out forms for their health plan, and to complain that those forms were not easy to complete. However, Canadians and Germans were significantly more likely to report confusion about which treatments and procedures their insurance covers and what portion insurance pays.

General, preventive, and specialist care. When reporting on general or routine physician visits, Americans and Canadians do not differ significantly across most items, with the exception that Canadians are less likely to say that the amount of time that the doctor or nurse spent with them was inadequate (Exhibit 2). Americans reported, on average, waiting times of thirty minutes at the doctor's office, compared with thirty-one minutes in Canada and thirty-six minutes in Germany. Consistent with these measures, Germans were more likely than Canadians or Americans to feel that

**Exhibit 2**  
**Consumers' Views On General Care, Preventive Care, And Specialist Care, United States, Canada, And Germany, 1995**

	United States (n = 873) <sup>a</sup>	Canada (n = 939) <sup>a</sup>	Germany <sup>b</sup> (n = 936) <sup>a</sup>
General or routine physician care			
Not able to see doctor without waiting a long time at the office	18%	21%	31%*
Wait in office (average minutes)	30	31	36*
Most up-to-date tests were not used to diagnose and treat illness			
Amount of time doctor or nurse spent not adequate	9%	9%	13%*
Time doctor/nurse spent with you (average minutes)	11	5*	8
Doctor not accessible by phone or in person to answer questions	25	19*	19*
9%	10%	4%*	
Preventive services			
Did not have blood pressure check last year	16%	31%*	28%*
Did not have breast examination last year <sup>c</sup>	39	49*	45*
Did not have pelvic examination last year <sup>c</sup>	39	50*	40
Did not have Pap smear last year <sup>c</sup>	38	48*	50*
Did not have mammogram last year <sup>c</sup>	65	78*	76*
Specialist care			
Choice of medical specialists not adequate	16	27*	10*
Needed a referral to see specialist	57	83*	60
Not able to get an appointment without waiting a long time	20	34*	30*
Wait for an appointment (average days)	5	14*	4
Not able to see the doctor without waiting a long time at the office	16%	26%*	36%*
Doctor not accessible by phone or in person to answer questions	10	17*	12

Source: Authors' data.

Note: Items showing significant differences among countries.

<sup>a</sup> For specialist care, n = 363 (U.S.); n = 332 (Canada); and n = 627 (Germany).

<sup>b</sup> Western Germany.

<sup>c</sup> Women only.

\*p < .05.

they waited too long for general or routine physician care.

Canadians were more negative about their experiences with medical specialists than with generalists. Eighty-three percent said that they needed to get a referral to see a specialist; about three in ten said that their choice of specialists was not adequate, they could not get an appointment without a long wait, and they were not able to see the doctor without waiting a long time in the office. German patients seeing specialists also noted extended waiting times in office waiting rooms. The average wait for an appointment with a specialist was fourteen days in Canada versus five and four days, respectively, in the United States and Germany. Canadians also were more likely than Americans and Germans to say that their doctor was not accessible by phone or in person to answer questions.

For several screening and preventive care measures patients in the United States reported higher use of services, including blood pressure checks and, for women, breast and pelvic examinations, Pap smears, and mammography. Overall, however, 41.45 percent of patients in each country said that their doctor did not remind them to get preventive services such as exercise and weight control programs, anti-tobacco education, screening tests, immunizations, or prenatal care.

*Problems of persons in poor health.* All access measures for which significant differences were observed in the general population also showed significant differences in the subsamples of persons in poor health (Exhibit 3). In general, Americans in poor health were more likely than Americans in good health to report problems in gaining access to care. Significant differences persist among the three nations on many other aspects of care for the significantly ill. Germans were more likely than Canadians and Americans to report problems on several measures of hospital care.

*The uninsured in the United States.* The number of uninsured U.S. respondents who had used medical specialist and hospital services was inadequate for analysis. Confirming a number of previous studies, about one-third of uninsured American respondents reported difficulty getting needed medical care, and nearly two-thirds said that they had postponed needed medical care in the past year because of financial difficulties (Exhibit 4). Nearly half reported not having enough money to pay doctor and hospital bills; and average out-of-pocket expenditures were \$1,139 for uninsured persons versus \$896 for insured persons. The responses of uninsured Americans who used general or routine physician care were significantly different from those of insured users on only three of fifteen items: 35 percent said that they could not see a doctor without waiting a long time at the office, compared with 16 percent of insured persons; the average waiting time for the uninsured was fifty-one minutes (versus twenty-eight minutes for insured persons); and one in four uninsured persons (26 per-

**Exhibit 3****Consumers' Views On Access To Care, Cost Of Care, Ease Of Using Health Plan, And Types Of Care Sought, Among Persons With Significant Health Problems, United States, Canada, And Germany, 1995**

	United States (n = 496)	Canada (n = 509)	Germany <sup>a</sup> (n = 706)
<b>Access to care</b>			
Unable to see specialist	23%	18%*	10%*
Unable to get diagnostic tests	22	22	13*
Unable to get needed medical care	23	13*	9*
<b>Postponed needed medical care</b>			
Postponed needed medical care	34	20*	14*
Discouraged from seeking medical treatment	28	16*	6*
<b>Cost of medical care</b>			
Out-of-pocket expenditures last year <sup>b</sup>	\$1,442	\$765	\$313
Serious problem having enough money to pay doctor or hospital bills	28%	10%*	5%*
<b>Ease of using health plan</b>			
Have to fill out forms	38%	30%*	25%*
Forms not easy to fill out	18	4*	5*
Not easy to understand what the insurance plan actually pays for and what you owe	24	33*	31*
<b>General or routine physician care</b>			
Doctor did not care about situation	13%	6%*	7%
Amount of time doctor or nurse spent not adequate	15	7*	8*
<b>Time doctor/nurse spent (mean minutes)</b>			
Time doctor/nurse spent (mean minutes)	25	18*	19*
Doctor not accessible by phone or in person to answer questions	12%	12%	5%*
<b>Preventive services</b>			
Did not have blood pressure check last year	11%	17%*	21%*
Did not have breast examination last year <sup>c</sup>	37	49*	44*
Did not have Pap smear last year <sup>c</sup>	41	48*	50*
Did not have mammogram last year <sup>c</sup>	62	77*	73*
<b>Specialist care<sup>d</sup></b>			
Choice of medical specialists not adequate	17%	29%*	11%
Needed a referral to see specialist	60	84*	67
Not able to get an appointment without waiting a long time	19	35*	28*

cent) said that the most up-to-date tests and treatments were not available to them, compared with only 8 percent of insured Americans. The uninsured also were less likely than the insured to have received any of a range of preventive services in the year prior to the survey, including physical exams, blood pressure checks, and (for women) pelvic and breast exams.

*Managed care versus fee-for-service care in the United States.* Many studies have focused on general enrollees in health maintenance organizations (HMOs) and other managed care arrangements. Because these organiza-

**Exhibit 3****Consumers' Views On Access To Care, Cost Of Care, Ease Of Using Health Plan, And Types Of Care Sought, Among Persons With Significant Health Problems (cont.)**

	United States	Canada	Germany <sup>a</sup>
Wait for appointment (mean/ median in days)	10/4	30/ 14	9/4
Wait to see doctor (mean/median in minutes)	28/16	30/ 18	41/ 29
Not able to see doctor without waiting a long time at the office	15%	26%*	34%*
Examination not thorough enough	8	14*	6
Doctor not accessible by phone or in person to answer questions	12	18*	13
Hospital care <sup>c</sup>			
Choice of hospitals not adequate	11%	11%	18%*
Physical condition of building not satisfactory	5	6	16*
Did not have access to the most up-to-date tests, treatments, and drugs	6	7	16*
Was not told what activities should be avoided at discharge	9	23*	16*

Source: Authors' data.

Note: Items showing significant differences among countries.

<sup>a</sup> Western Germany.

<sup>b</sup> U.S. dollars.

<sup>c</sup> Women only.

dn = 219 (U.S.); n = 251 (Canada); and n = 399 (Germany).

<sup>e</sup> n = 211 (U.S.); n = 126 (Canada); and n = 188 (Germany).

\* p < .05

tions use gatekeeper physicians to control access to medical specialist services, a cost containment technique used with some controversy in other health care systems (most notably in Canada), we thought that it would be useful to look at the experiences of Americans with a higher burden of illness who would be more likely to use specialist services (Exhibit 5). The vast majority of these persons are satisfied with many aspects of their health care, regardless of the type of health plan they have. In all, fifteen items (out of sixty-six) revealed significant differences between limited-choice managed care and fee-for-service plans. For all but two items (needing to fill out forms and out-of-pocket costs), the finding was more favorable to fee-for-service plans than to managed care plans.

More than one in five Americans in limited-choice plans (22 percent) who have a significant illness reported that they had a problem in the past year getting necessary treatment, compared with 13 percent of persons in fee-for-service plans. Slightly smaller, but still statistically significant, differences were reported between people in limited-choice managed care plans and those in fee-for-service plans in the ability to see a medical specialist and to get diagnostic tests when needed.

Among persons who saw a doctor in the past year for general medical

**Exhibit 4****Consumers' Views On Access, Cost, And Preventive Care, By Insurance Status, United States, 1995**

	Insured (n = 1,102)	Uninsured (n = 111)	Total (n = 1,214)
<b>Access</b>			
Unable to see specialist	13%	35%*	15%
Unable to get diagnostic tests	16	32*	18
Unable to get needed medical care	9	37*	12
<b>Postponed needed medical care</b>			
Postponed needed medical care	26	64*	30
Discouraged from seeking medical treatment	17	37*	12
<b>Cost of medical care</b>			
Serious problem having enough money to pay doctor or hospital bills	17%	46%*	20%
Out-of-pocket expenditures last year <sup>a</sup>	\$896	\$1,139*	\$993
Not able to see doctor without waiting a long time at the office	16%	35%*	18%
<b>Wait to see doctor (mean in minutes)</b>			
Wait to see doctor (mean in minutes)	28	51	30
<b>Most up-to-date tests were not used to diagnose and treat illness</b>			
Most up-to-date tests were not used to diagnose and treat illness	8%	26%*	9
<b>Preventive services</b>			
Did not have complete physical exam last year	47%	78%*	51%
Did not have blood pressure check last year	14	32*	16
Did not have breast examination last year <sup>b</sup>	36	66*	39
<b>Did not have a pelvic examination last year<sup>b</sup></b>			
Did not have a pelvic examination last year <sup>b</sup>	36	61*	39
<b>Did not have Pap smear last year<sup>b</sup></b>			
Did not have Pap smear last year <sup>b</sup>	35	59*	38
<b>Did not have mammogram last year<sup>b</sup></b>			
Did not have mammogram last year <sup>b</sup>	63	90*	65

**Source:** Authors' data.

**Note:** Items showing significant difference between insured and uninsured persons.

<sup>a</sup> Mean in U.S. dollars.

<sup>b</sup> Women only.

\*p < .05.

care, those in limited-choice managed care plans were significantly more likely than those in fee-for-service plans to say that, on their most recent visit, they thought that their medical care was not appropriate or correct, the doctor did not explain what he or she was doing or when and how to take medications at home, they could not get an appointment without waiting a long time, or they faced a long wait in the doctor's office. Differences observed in perceptions of waiting times were confirmed by patients' actual estimates of the amount of time waited.

Among persons who saw a medical specialist in the past year, those in limited-choice managed care plans were significantly more likely than those in fee-for-service plans to say that, on their most recent visit, they thought that the care was not appropriate or correct for their situation, the examination was not thorough enough, or the doctor did not spend enough

**Exhibit 5****Percentage Of Sick, Nonelderly Americans In Limited-Choice Managed Care And Fee-For-Service Plans Who Reported Different Problems With Their Health Care And Health Insurance, 1995**

	Fee-for-service (n = 219)	Managed care (n = 254)
Report major or minor problems with not getting treatment which you and your doctor thought was necessary	13%	22%*
Unable to see specialist when needed one in the last year	15	21**
Unable to get needed diagnostic tests in past year		24**
Have to fill out forms	56	33
Amount of out-of-pocket expenditures for medical bills not covered by insurance	\$1,735	\$1,502
<b>Patients who saw physician for general or routine care in the past year (report of most recent visit)</b>	<b>(n = 185)</b>	<b>(n = 213)</b>
Care not appropriate or correct for situation	5%	12%*
Not able to get appointment without waiting a long time	7	17*
Length of time waited to get appointment with doctor (average days)	6	8*
Not able to see doctor without waiting a long time at office	18%	26%**
Waiting time in doctor's waiting room (average minutes)	27	38*
Doctor did not explain what he or she was doing	6%	12%*
Doctor did not tell when and how to take medicines at home	4	10*
<b>Patients who visited a medical specialist in the past year (report of most recent visit)</b>	<b>(n = 102)</b>	<b>(n = 116)</b>
Care not appropriate or correct for situation	3%	10%*
Exam not thorough enough	3	12*
Doctor did not care about situation	7	15**
Time doctor spent was not adequate	6	15*
Wait for appointment (average days)	12	17*

Source: Authors' data.

Note: Items showing significant difference between fee-for-service and managed care.

\*p<.05. \*\*p<.10.

time with them. The average length of time spent with the doctor in the two types of plans was not different. Patients reported that the average length of time to get an appointment with a specialist was seventeen days in managed care and twelve days in fee-for-service plans, but there was no significant difference in patients' perceptions about waiting too long.

Of particular note, given HMOs' focus on health promotion, is that sick patients in managed care plans were no more likely than patients in fee-for-service plans to report that their doctors reminded or urged them to get preventive services.

Among persons hospitalized in the past year, although patients in man-

aged care reported waiting for admission an average of two days longer than did fee-for-service patients, there were no significant differences noted on several measures of quality of and access to hospital care.

Some findings were notable because significant differences were not seen where they might have been expected. Despite gatekeeper restrictions used by many managed care organizations, managed care plan members were as likely as fee-for-service patients to say that their choice of medical specialists or hospitals was inadequate. Similar proportions (25 percent fee-for-service, 29 percent managed care) of patients with significant illnesses in both types of plans said that they had a serious problem paying doctor or hospital bills in the past year. Although sick persons in limited-choice managed care plans are significantly less likely to have to fill out insurance forms in their health plans, among those who have to fill out forms, there was no difference reported in the ease of dealing with the forms. Patients' reports also did not differ about the ease of understanding which services are covered by their insurance, or about what the plan actually pays for. On both of these latter items, 24-33 percent of persons in each group had problems understanding their coverage. In addition, about 30 percent of persons in both types of arrangements said that they had problems dealing with insurance plan rules that were confusing and complex.

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## Summary And Conclusions

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The data reported here indicate that of the three countries, overall access to medical care is least satisfactory in the United States. In the course of a year, on multiple measures, U.S. consumers confront more barriers to obtaining the care they think they need than do Canadians or Germans. As might be expected, these barriers to care are not universally experienced by all Americans. Those with private fee-for-service insurance report positive experiences in access measures, whereas those without health insurance report the most serious problems in obtaining medical care.

The comparative weak point of the Canadian and German systems from a consumer perspective is access to physician services. The proportion of patients in Canada that report difficulty getting specialist and diagnostic services is about the same as in the United States. Of those persons who actually used the services, more Canadians than Americans complain about the choice of doctors and the waiting times for care. The findings in Germany are consistent with our 1991 survey of physicians that documented a high patient volume and shorter physician visits. Finding a physician is not really a problem in Germany; waiting times in offices are. Germans also were the most likely to report limits on the availability of the most up-to-date treatments and diagnostic tests. This was not a problem for

as many Americans or Canadians.

What lessons can the United States draw from this study? In general, regardless of the health plan or national system, most respondents reported that they have good access to high-quality, affordable care. The organization of the health care system matters less at the individual patient level than many realize. However, just as patients' reported problems are likely to be associated with the public cost containment programs in Canada and Germany, so too are patients' complaints likely to be associated with private managed care programs in the United States, especially among high users of services. Cost containment policies aimed at limiting use of higher-cost services do require sacrifices by some persons. Differences in experiences in managed care mirror some of the problems observed in the international comparisons: access to specialists and tests and assessments of the waiting times for and quality of some services.

This study cannot tell us whether physicians or other experts would say that patients really needed the medical care that they reported to be difficult or impossible to get. However, we can say that different cost containment strategies have measurable effects on patients' perspectives, particularly among patients with a higher burden of illness.

These findings have important implications for research on patients' assessments of health care services. On most measures of patients' experiences with health care in all three systems, the vast majority are quite happy with their care. However, the views of persons who are sick are more negative, and the perceptions of this minority are lost in the average population response. We highlight the views of this minority because, to draw an analogy with fire insurance, the true test of consumer satisfaction with insurance coverage comes not in occasional, routine contacts with the insurance company, but when the house is burning.

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## NOTES

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