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As the Obama administration exits the stage in Washington and the Trump administration takes its place, healthcare industry executives are collectively holding their breath as they anticipate the changes to come. It is a unique moment in history for the industry—will the healthcare policies of the past eight years remain in place and continue to evolve, or will they be discarded and replaced?

The HealthLeaders Media survey Healthcare in the Trump Era provides a snapshot from healthcare industry leaders of what they view as needed by the new administration as it formulates and revises healthcare policy.

**Patient Protection and the Affordable Care Act.** Two-thirds of respondents (66%) say the best option for the healthcare industry regarding the Patient Protection and Affordable Care Act is to make some changes but otherwise retain it (Figure 5). At the opposite ends of the spectrum, 27% favor full repeal and replacement, while only 7% of respondents say keep it as it is, indicating the extent of dissatisfaction with the PPACA.

Interestingly, a greater share of health systems (78%) than hospitals (66%) and physician organizations (65%) favor making some changes to the PPACA. On the other hand, a greater share of hospitals (28%) and physician organizations (27%) than health systems (17%) prefer full repeal and replacement. This is perhaps an indication that health systems are less able than other providers to accept full repeal and replacement because of their greater complexity as organizations.

Among the 66% of respondents who say that the best option for the PPACA is to make some changes (Figure 6b), the top three changes they advocate are adding a public health insurance option (61%), eliminating the excise tax on high-cost employer health benefit plans (‘Cadillac tax’) (50%), and eliminating the individual mandate and noncompliance penalty (37%). The two changes receiving the fewest responses are eliminating Medicaid expansion (10%) and abandoning the focus on value-based care and reimbursement (16%).

Note that a greater share of respondents from physician organizations (56%) and hospitals (52%) than health systems (41%) mention eliminating the excise tax on high-cost employer health benefit plans (‘Cadillac tax’), and a greater share of hospitals (44%) and physician organizations (38%) than health systems (28%) cite eliminating the individual mandate and noncompliance penalty.
Among the 27% (Figure 5) of respondents who say that the best option for the PPACA is full repeal and replacement (Figure 6c), the top response by a large margin for key elements of a replacement law is full voluntary coverage to ensure individual choice (62%). Responses forming a distant second tier are full universal coverage to ensure an adequate risk pool (17%), complete elimination of government-sector insurance companies (e.g., Medicare/Medicaid) and benefits managers (14%), and complete elimination of private-sector insurance companies and benefits managers (13%).

It is worth mentioning that the percentage of respondents selecting other (20%) is relatively high for this question, and many of these entries suggest that a blended approach between employer- and government-provided solutions should be part of a new law. Respondents are divided as to whether this should include a mandatory participation component.

Among the 7% (Figure 5) of respondents who indicate that the best option for the healthcare industry regarding the PPACA is to keep it as is (Figure 6a), coverage for preexisting conditions (95%), coverage for children up to age 26 on parents’ insurance (84%), and Medicaid expansion (76%) topped the list of components that are most important to keep. Responses for the remaining items are also strong, falling in a range between 68%–76%, indicating that this particular group of respondents sees value in nearly all aspects of the PPACA.

**Best healthcare model for industry.** When asked to identify the model that offers the best solution for the healthcare industry (Figure 4), the majority of respondents (52%) favor models with less governmental involvement such as consumer-directed healthcare (38%) and employer-sponsored healthcare (14%), approaches that generally represent politically conservative views. On the other hand, 39% prefer government-based solutions such as government-funded universal single-payer healthcare (25%) and government-mandated universal health insurance (14%), models that are generally aligned with liberal views and include the current Patient Protection and Affordable Care Act.

Perhaps not surprisingly, among respondents who say the Trump administration will have a very positive or positive impact (41%) on the healthcare industry (Figure 1), a greater share say consumer-directed healthcare (64%) and employer-sponsored healthcare (56%) are the best solutions for the industry than government-mandated universal health insurance (1%) and government-funded universal single-payer healthcare (2%).

Conversely, among respondents who say the Trump administration will have a very negative or negative impact (37%) on the healthcare industry, a greater share say government-mandated universal health insurance (70%) and government-funded universal single-payer healthcare (66%) are the best solutions for the industry than consumer-directed healthcare (10%) and employer-sponsored healthcare (20%).

A greater share of hospitals (44%) and physician organizations (44%) than health systems (25%) cite consumer-directed healthcare as the best solution for the healthcare industry. Further, a greater share of health systems (35%) than physician organizations (26%) and hospitals (21%)
prefer government-funded universal single-payer healthcare.

**Healthcare-related regulations.** Nearly two-thirds of respondents (65%) say that the Trump administration should reduce regulations (Figure 9), but within reason as some regulations are needed. This cautious approach runs somewhat contrary to the rhetoric surrounding the issue of overregulation of the healthcare industry. At the two opposite extremes of the regulation question are respondents who say regulations should be reduced and that most are unnecessary and burdensome (20%), and those who say they should not be reduced and that most regulations are needed (15%).

A greater share of physician organizations (28%) than hospitals (18%) and health systems (13%) say regulations should be reduced and that most are unnecessary and burdensome, and a greater share of health systems (20%) than hospitals (15%) and physician organizations (13%) say they should not be reduced and that most regulations are needed. Note that a greater share of health systems (68%) and hospitals (67%) than physician organizations (59%) say regulations should be reduced, but within reason as some regulations are needed.

When asked to identify just one governmental regulation that respondents would eliminate (Figure 10), responses covered a broad range of governmental regulations, with the top three being to eliminate the individual mandate and tax penalty (10%), simplify and reduce provider documentation regulations (9%), and a broad grouping of other health plan–related items, such as eliminating Medicare regulations, eliminating mandates for care that violate religious conscience, eliminating closed networks, eliminating bundled payments, and ending value-based purchasing (8%). The results of this open-ended question suggest that there is no single regulation that is considered so onerous that it generates a majority response, or even a large plurality.

**Industry direction and Trump impact.**

While the majority of respondents (51%) indicate that the healthcare industry today (pre-Trump administration) is on the wrong track, a fairly large group (39%) say that it is on the right track (Figure 8). Apparently, providers as well as politicians are divided on the best course for the healthcare industry.

A greater share of respondents from hospitals (54%) than health systems (40%) and physician organizations (48%) say the healthcare industry is on the wrong track. Further, a greater share of health systems (49%) than physician organizations (40%) and hospitals (34%) say it is on the right track.

Note that among the 51% of respondents who say that the healthcare industry today is on the wrong track, 85% say the best option for the Patient Protection and Affordable Care Act is full repeal and replacement (Figure 5). At the other end of the spectrum, among the 39% of respondents who say the industry is on the right track, 70% say the best option is to keep the PPACA as is.

Survey respondents are also divided about the impact a Trump administration will have on the healthcare industry (Figure 1). Forty-one percent say that they expect the administration to have either a very positive (14%) or positive (27%) impact, and 37% say that they expect either a very negative (18%) or negative (19%) impact. Another
10% say that the administration will have a neutral impact, and 13% don’t know.

A greater share of respondents from hospitals (43%) and physician organizations (41%) than health systems (28%) say the Trump administration will have a very positive or positive impact on the healthcare industry. Similarly, a greater share of respondents from health systems (47%) than physician organizations (35%) and hospitals (30%) say the administration will have a very negative or negative impact on the industry. Results for neutral are comparable: health systems (13%), hospitals (11%), and physician organizations (8%).

A greater share of respondents who say the Trump administration will have a very positive or positive impact on the healthcare industry are from the South (50%) than the Midwest (41%), Northeast (34%), and West (34%). Conversely, a greater share of respondents who say the administration will have a very negative or negative impact on the industry are from the Northeast (42%), West (41%), and the Midwest (39%) than the South (27%).

Impact on strategic planning. As can be expected, there is a great deal of uncertainty surrounding the Trump administration’s healthcare policies—the new administration has yet to take office, and will doubtless require some time to get its house in order. Perhaps as a result, the majority of respondents (50%) say they are putting some things on hold until they know more with regard to their organization’s strategic planning (Figure 7). Another 18% of respondents indicate they are revising and updating some plans, and only 3% say they are making extensive changes to their plans.

Twenty-nine percent say they are making no changes to their plans.

A greater share of respondents from physician organizations (40%) than health systems (25%) and hospitals (32%) say they are making no changes to their plans, an indication that physician organizations expect less impact from a Trump administration. Further, based on net patient revenue, a greater share of large organizations (35%) than medium (28%) and small (23%) organizations say they are making no changes to their plans.

While much is unknown about the incoming Trump administration’s healthcare plans, this much is certain: Healthcare providers—and, indeed, much of the country—remain divided on the best course forward for healthcare. The silver lining is that there are areas of consensus, and with that comes the hope of a workable solution. Two-thirds of respondents (65%) in this survey favor reducing regulations, but within reason as some regulations are needed, and two-thirds (66%) say the best option for the Patient Protection and Affordable Care Act is to make some changes, but otherwise retain it. Both of these results are an indication that broad consensus is possible. However, as always, the devil is in the details.

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Overall, survey respondents are divided about the impact a Trump administration will have on the healthcare industry. Forty-one percent say that they expect the administration to have either a very positive (14%) or positive (27%) impact, and 37% say that they expect either a very negative (18%) or negative (19%) impact. Another 10% say that the administration will have a neutral impact, and 13% don’t know.

A greater share of respondents from hospitals (43%) and physician organizations (41%) than health systems (28%) say the Trump administration will have a very positive or positive impact on the healthcare industry. Similarly, a greater share of respondents from health systems (47%) than physician organizations (35%) and hospitals (30%) say the administration will have a very negative or negative impact on the industry. Results for neutral are comparable: health systems (13%), hospitals (11%), and physician organizations (8%).

A greater share of respondents who say the Trump administration will have a very positive or positive impact on the healthcare industry are from the South (50%) than the Midwest (41%), Northeast (34%), and West (34%). Conversely, a greater share of respondents who say the administration will have a very negative or negative impact on the industry are from the Northeast (42%), West (41%), and the Midwest (39%) than the South (27%).
Respondent expectations for the impact Department of Health and Human Services Secretary nominee Tom Price, MD, would have on the healthcare industry are very similar to the survey results for the Trump administration. Forty-three percent say that they expect Price will have either a very positive (14%) or positive (29%) impact, and 34% say that they expect either a very negative (15%) or negative (19%) impact. Ten percent say that Price will have a neutral impact, and 14% don't know.

Similar to the results for the Trump administration (Figure 1), a greater share of respondents from physician organizations (46%) and hospitals (43%) than health systems (31%) say Price will have a very positive or positive impact on the healthcare industry. Likewise, a greater share of respondents from health systems (46%) than hospitals (30%) and physician organizations (29%) say Price will have a very negative or negative impact on the industry. Results for neutral are also similar: health systems (13%), physician organizations (13%), and hospitals (10%).

Additionally, a greater share of respondents who say Price will have a very positive or positive impact on the healthcare industry are from the South (54%) than the West (36%), Midwest (37%), and Northeast (39%). Conversely, a greater share of respondents who say Price will have a very negative or negative impact on the industry are from the Northeast (40%), West (39%), and Midwest (36%) than the South (23%).
Respondents are more uncertain and less negative about CMS Administrator nominee Seema Verma’s impact on the healthcare industry than they are for both the Trump administration and HHS Secretary nominee Tom Price, MD. Thirty-three percent say that they expect Seema Verma to have either a very positive (10%) or positive (23%) impact, which is 8 percentage points lower than the very positive (14%) or positive (27%) impact respondents say of the Trump administration (41%), and 10 percentage points lower than the very positive (14%) or positive (29%) impact respondents say about Price (43%) on the healthcare industry. However, the results overall are less negative, with 21% saying that they expect a very negative (8%) or negative (13%) impact, which is 16 percentage points lower than the very negative (18%) or negative (19%) impact respondents say of the Trump administration (37%), and 13 percentage points lower than the very negative (15%) or negative (19%) impact respondents say about Price (34%) on the healthcare industry. Further, 24% of respondents say that Verma will have a neutral impact on the healthcare industry, which is more than twice that of the neutral impact that respondents say of the Trump administration (10%) and Price (10%). Twenty-two percent of respondents say they don’t know the impact that Verma will have on the healthcare industry, while responses for don’t know for the Trump administration (13%) and Price (14%) were 9 percentage and 8 percentage points higher, respectively.

As with the results for the Trump administration and Price (Figures 1 and 2), a greater share of respondents from physician organizations (37%) and hospitals (35%) than health systems (23%) say Verma will have a very positive or positive impact on the healthcare industry. Similarly, a greater share of respondents from health systems (31%) than physician organizations (12%) and hospitals (18%) say Verma will have a very negative or negative impact on the industry. Results for neutral are particularly high: health systems (29%), hospitals (23%), and physician organizations (22%). Also high are the results for don’t know: physician organizations (29%), hospitals (25%), and health systems (17%). Both of these results indicate that many respondents are unfamiliar with Verma, and that there is uncertainty as to what they should expect.
The majority of respondents (52%) favor models with less governmental involvement, such as consumer-directed healthcare (38%) and employer-sponsored healthcare (14%), approaches that generally represent politically conservative views. On the other hand, 39% prefer government-based solutions such as government-funded universal single-payer healthcare (25%) and government-mandated universal health insurance (14%), models that are generally aligned with liberal views and include the current Patient Protection and Affordable Care Act.

Perhaps not surprisingly, among respondents who say the Trump administration will have a very positive or positive impact on the healthcare industry (Figure 1), a greater share say consumer-directed healthcare (64%) and employer-sponsored healthcare (56%) are the best solutions for the industry than government-mandated universal health insurance (1%) and government-funded universal single-payer healthcare (2%).

Conversely, among respondents who say the Trump administration will have a very negative or negative impact on the healthcare industry, a greater share say government-mandated universal health insurance (70%) and government-funded universal single-payer healthcare (66%) are the best solutions for the industry than consumer-directed healthcare (10%) and employer-sponsored healthcare (20%).

A greater share of hospitals (44%) and physician organizations (44%) than health systems (25%) cite consumer-directed healthcare as the best solution for the healthcare industry. Further, a greater share of health systems (35%) than physician organizations (26%) and hospitals (21%) prefer government-funded universal single-payer healthcare.
Two-thirds of respondents (66%) say the best option for the healthcare industry regarding the Patient Protection and Affordable Care Act is to make some changes but otherwise retain it. At the opposite ends of the spectrum, 27% favor full repeal and replacement, while only 7% of respondents say keep it as it is, indicating the extent of dissatisfaction with the PPACA.

A greater share of health systems (78%) than hospitals (66%) and physician organizations (65%) favor making some changes to the PPACA. Conversely, a greater share of hospitals (28%) and physician organizations (27%) than health systems (17%) prefer full repeal and replacement. This is perhaps an indication that health systems are less able than other providers to accept full repeal and replacement because of their greater complexity as organizations.

A greater share of nonprofit organizations (71%) than for-profit organizations (57%) cite a preference for making some changes to the PPACA, and a greater share of for-profit organizations (34%) than nonprofit organizations (23%) mention full repeal and replacement as the best option. A fairly equal number of respondents from for-profit organizations (9%) and nonprofit organizations (6%) say keep it as it is.
FIGURE 6A: Most Important Parts of the PPACA to Keep As Is

What parts of the PPACA are most important to keep as is?
(Among the 7% who say to keep PPACA as is.)

Among the small share of respondents who indicate that the best option for the healthcare industry regarding the Patient Protection and Affordable Care Act is to keep it as is, coverage for preexisting conditions (95%), coverage for children up to age 26 on parents’ insurance (84%), and Medicaid expansion (76%) topped the list of components that are most important to keep. Responses for the remaining items are also strong, falling in a range between 68%–76%, indicating that this particular group of respondents sees value in nearly all aspects of the PPACA.
FIGURE 6B: Changes Made to the PPACA

What changes should be made to the PPACA?
(Among the 66% who suggest making changes to PPACA.)

Among the majority of respondents who say that the best option for the Patient Protection and Affordable Care Act is to make some changes, the top three changes they advocate are adding a public health insurance option (61%), eliminating the excise tax on high-cost employer health benefit plans (‘Cadillac tax’) (50%), and eliminating the individual mandate and noncompliance penalty (37%). The two changes receiving the fewest responses are eliminating Medicaid expansion (10%) and abandoning the focus on value-based care and reimbursement (16%).

A greater share of respondents from physician organizations (56%) and hospitals (52%) than health systems (41%) mention eliminating the excise tax on high-cost employer health benefit plans (‘Cadillac tax’), and a greater share of hospitals (44%) and physician organizations (38%) than health systems (28%) cite eliminating the individual mandate and noncompliance penalty.

A greater share of respondents from physician organizations (20%) than health systems (10%) and hospitals (6%) say to eliminate Medicaid expansion, and a greater share of physician organizations (22%) and hospitals (20%) than health systems (10%) say to abandon the focus on value-based care and reimbursement.
FIGURE 6C: Key Elements of a Law That Replaces the PPACA

What should be the key elements of a law that replaces the PPACA?

(Among the 27% who selected full repeal and replace.)

Among roughly one-quarter of respondents who say that the best option for the Patient Protection and Affordable Care Act is full repeal and replacement, the top response by a large margin for key elements of a replacement law is full voluntary coverage to ensure individual choice (62%). Responses forming a distant second tier are full universal coverage to ensure an adequate risk pool (17%), complete elimination of government-sector insurance companies (e.g., Medicare/Medicaid) and benefits managers (14%), and complete elimination of private-sector insurance companies and benefits managers (13%).

The percentage of respondents selecting other (20%) is relatively high for this question, and many of these entries suggest that a blended approach between employer- and government-provided solutions should be part of a new law. Respondents are divided as to whether this should include a mandatory participation component.
The majority of respondents (50%) say they are putting some things on hold until they know more with regard to their organization's strategic planning, in order to assess the impact of the incoming Trump administration. Another 18% of respondents indicate they are revising and updating some plans, and only 3% say they are making extensive changes to their plans. Twenty-nine percent say they are making no changes to their plans.

A greater share of respondents from physician organizations (40%) than health systems (25%) and hospitals (32%) say they are making no changes to their plans, an indication that physician organizations expect less impact from a Trump administration. Further, based on net patient revenue, a greater share of large organizations (35%) than medium (28%) and small (23%) organizations say they are making no changes to their plans.
While the majority of respondents (51%) indicate that the healthcare industry today (pre-Trump administration) is on the wrong track, a fairly large group (39%) say that it is on the right track. Ten percent of respondents say they don’t know. Apparently, providers as well as politicians are divided on the best course for the healthcare industry.

A greater share of respondents from hospitals (54%) than health systems (40%) and physician organizations (48%) say the healthcare industry is on the wrong track. Further, a greater share of health systems (49%) than physician organizations (40%) and hospitals (34%) say it is on the right track.

A greater share of for-profit organizations (57%) than nonprofit organizations (48%) say the healthcare industry is on the wrong track, and a greater share of nonprofit organizations (42%) than for-profit organizations (32%) say it is on the right track.

Among respondents who say that the healthcare industry today is on the wrong track, 85% say the best option for the Patient Protection and Affordable Care Act is full repeal and replacement (Figure 5). At the other end of the spectrum, among respondents who say the industry is on the right track, 70% say the best option is to keep the PPACA as is.
Nearly two-thirds of respondents (65%) say that the Trump administration should reduce regulations, but within reason, as some regulations are needed. This cautious approach runs somewhat contrary to the rhetoric surrounding the issue of overregulation of the healthcare industry. At the two opposite extremes of the regulation question are respondents who say regulations should be reduced and that most are unnecessary and burdensome (20%), and those who say they should not be reduced and that most regulations are needed (15%).

A greater share of physician organizations (28%) than hospitals (18%) and health systems (13%) say regulations should be reduced and that most are unnecessary and burdensome, and a greater share of health systems (20%) than hospitals (15%) and physician organizations (13%) say they should not be reduced and that most regulations are needed. Note that a greater share of health systems (68%) and hospitals (67%) than physician organizations (59%) say regulations should be reduced, but within reason as some regulations are needed.

A greater share of for-profit organizations (28%) than nonprofit organizations (16%) say regulations should be reduced and that most are unnecessary and burdensome, and a greater share of nonprofit organizations (17%) than for-profit organizations (10%) say they should not be reduced and that most regulations are needed. Two-thirds of respondents from nonprofit organizations (66%) and a nearly equal number from for-profit organizations (62%) say regulations should be reduced, but within reason as some regulations are needed.
### SURVEY RESULTS

**FIGURE 10: If You Could Eliminate Just One Governmental Regulation**

If you could eliminate just one governmental regulation, what would it be and why?

<table>
<thead>
<tr>
<th>Topic</th>
<th>No.</th>
<th>%</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate the individual mandate and tax penalty</td>
<td>34</td>
<td>10%</td>
<td>1</td>
</tr>
<tr>
<td>Simplify and reduce provider documentation regulations</td>
<td>33</td>
<td>9%</td>
<td>2</td>
</tr>
<tr>
<td>Other health plan-related, such as eliminating Medicare regulations, eliminating mandates for care that violate religious conscience, eliminating closed networks, eliminating bundled payments, ending value-based purchasing, etc.</td>
<td>29</td>
<td>8%</td>
<td>3</td>
</tr>
<tr>
<td>Revise regulations regarding pharmaceuticals; e.g., allow international purchasing, allow federal government to negotiate prices for pharmaceuticals, reduce FDA time to market, etc.</td>
<td>15</td>
<td>4%</td>
<td>4</td>
</tr>
<tr>
<td>Eliminate various nonacute care regulations (e.g., eliminate the 25% LTAC referral rule, SNF surveys, MDS requirements, face-to-face requirement for home health care, etc.)</td>
<td>14</td>
<td>4%</td>
<td>5</td>
</tr>
<tr>
<td>Eliminate Meaningful Use and EHR-related regulations</td>
<td>14</td>
<td>4%</td>
<td>6</td>
</tr>
<tr>
<td>Eliminate the three-day hospital stay requirement for SNF Medicare coverage</td>
<td>10</td>
<td>3%</td>
<td>7</td>
</tr>
<tr>
<td>Too many regulations to cite one</td>
<td>10</td>
<td>3%</td>
<td>8</td>
</tr>
<tr>
<td>Eliminate PPACA itself</td>
<td>10</td>
<td>3%</td>
<td>9</td>
</tr>
<tr>
<td>Eliminate employer-related compliance (payroll reporting, nondiscrimination provisions, mandated covered services)</td>
<td>9</td>
<td>3%</td>
<td>10</td>
</tr>
<tr>
<td>Eliminate the two-midnight rule and observation status regulations</td>
<td>9</td>
<td>3%</td>
<td>11</td>
</tr>
<tr>
<td>Relax Stark law and anti-trust regulations</td>
<td>9</td>
<td>3%</td>
<td>12</td>
</tr>
<tr>
<td>Revise or eliminate HCAHPS, break link between patient satisfaction and clinical care reimbursement</td>
<td>9</td>
<td>3%</td>
<td>13</td>
</tr>
<tr>
<td>Eliminate readmission penalties, especially all-cause; ACA Section 3025</td>
<td>8</td>
<td>2%</td>
<td>14</td>
</tr>
<tr>
<td>Eliminate reporting of quality data and calculation of quality metrics</td>
<td>8</td>
<td>2%</td>
<td>15</td>
</tr>
<tr>
<td>Eliminate the employer mandate to provide health insurance coverage</td>
<td>7</td>
<td>2%</td>
<td>16</td>
</tr>
<tr>
<td>Eliminate restriction against interstate sale of health insurance</td>
<td>7</td>
<td>2%</td>
<td>17</td>
</tr>
<tr>
<td>Eliminate MIPS and MACRA</td>
<td>7</td>
<td>2%</td>
<td>18</td>
</tr>
<tr>
<td>None: regulations are not a problem, and adverse consequences of removing regulations are too great</td>
<td>7</td>
<td>2%</td>
<td>19</td>
</tr>
<tr>
<td>Eliminate nurse-related restrictions</td>
<td>5</td>
<td>1%</td>
<td>20</td>
</tr>
<tr>
<td>Eliminate guilty-until-proven-innocent RAC and other audits</td>
<td>5</td>
<td>1%</td>
<td>21</td>
</tr>
<tr>
<td>Eliminate Certificate of Need regulations</td>
<td>4</td>
<td>1%</td>
<td>22</td>
</tr>
<tr>
<td>Eliminate HIPAA regulations</td>
<td>4</td>
<td>1%</td>
<td>23</td>
</tr>
<tr>
<td>Tort reform needed; eliminate regulations that increase provider liability risk and lead to excessive care utilization</td>
<td>3</td>
<td>1%</td>
<td>24</td>
</tr>
<tr>
<td>Eliminate the medical device tax</td>
<td>3</td>
<td>1%</td>
<td>25</td>
</tr>
<tr>
<td>Clarify EMTALA violation regulations</td>
<td>3</td>
<td>1%</td>
<td>26</td>
</tr>
<tr>
<td>Other: less than 1% per topic, including tighter conditions for Medicaid eligibility, faster Medicaid waiver process, lifting the Medicare income cap, eliminating the IPAB, etc.</td>
<td>74</td>
<td>21%</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>350</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
SURVEY RESULTS

FIGURE 10: If You Could Eliminate Just One Governmental Regulation (continued)

Respondents identified a broad range of governmental regulations that merit elimination, with the top three being to eliminate the individual mandate and tax penalty (10%), simplify and reduce provider documentation regulations (9%), and a broad grouping of other health plan–related items, such as eliminating Medicare regulations, eliminating mandates for care that violate religious conscience, eliminating closed networks, eliminating bundled payments, and ending value-based purchasing (8%). The results of this open-ended question suggest that there is no single regulation that is considered so onerous that it generates a majority response, or even a large plurality.
The Healthcare in the Trump Era survey was conducted by the HealthLeaders Media Intelligence Unit, powered by the HealthLeaders Media Council. The HealthLeaders Media Council comprises executives from healthcare provider organizations who collectively deliver unbiased industry intelligence. In December 2016, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience. A total of 535 completed surveys are included in the analysis and base size varies between 37 and 535. The margin of error for a base of 535 is +/-4.2% at the 95% confidence interval.

UPCOMING INTELLIGENCE REPORT TOPICS

JANUARY/FEBRUARY
Annual Industry Outlook

MARCH
Nursing Excellence

APRIL
Mergers, Acquisitions, and Partnerships

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RESPONDENT PROFILE

Respondents represent titles from health systems, hospitals, and physician organizations.

Base = 535

<table>
<thead>
<tr>
<th>Title</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior leaders</td>
<td>49%</td>
</tr>
<tr>
<td>Clinical leaders</td>
<td>19%</td>
</tr>
<tr>
<td>Operations leaders</td>
<td>19%</td>
</tr>
<tr>
<td>Financial leaders</td>
<td>9%</td>
</tr>
<tr>
<td>Marketing leaders</td>
<td>3%</td>
</tr>
<tr>
<td>Information leaders</td>
<td>1%</td>
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**SENIOR LEADERS**
CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer, Chief Nursing Officer, Chief Medical Information Officer

**CLINICAL LEADERS**
Chief of Cardiology, Chief of Neurology, Chief of Oncology, Chief of Orthopedics, Chief of Radiology, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Inpatient Services, Dir. of Intensive Care Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/Psychosurgical Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD), VP Nursing

**OPERATIONS LEADERS**
Chief Compliance Officer, Chief Purchasing Officer, Asst. Administrator, Chief Counsel, Dir. of Patient Safety, Dir. of Purchasing, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/Administration, Other VP

**FINANCIAL LEADERS**
VP/Dir. Finance, HIM Director, Director of Case Management, Director of Patient Financial Services, Director of RAC, Director of Reimbursement, Director of Revenue Cycle

**MARKETING LEADERS**
VP/Dir. Marketing/Sales, VP/Dir. Media Relations

**INFORMATION LEADERS**
Chief Technology Officer, VP/Dir. Technology/MIS/IT

**REGION**

**WEST:** Washington, Oregon, California, Alaska, Hawaii, Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

**MIDWEST:** North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa, Minnesota, South Carolina, North Carolina, Virginia, West Virginia, DC, Maryland, Delaware

**SOUTH:** Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, Florida, Georgia, South Carolina, North Carolina, Virginia, West Virginia, DC, Maryland, Delaware

**NORTHEAST:** Pennsylvania, New York, New Jersey, Connecticut, Vermont, Rhode Island, Massachusetts, New Hampshire, Maine

**TYPE OF ORGANIZATION**
Base = 535

- Hospital: 35%
- Health System (IDN/IDS): 21%
- Physician Org (MSO, IPA, PHO, Clinic): 16%
- Long-term care/SNF: 9%
- Health Plan/Insurer (HMO/PPO/MCO/PBM): 7%
- Ancillary, Allied Provider (Home Health, Lab, Rehab Post-Acute, etc.): 7%
- Government, Education/Academic: 5%

**NUMBER OF BEDS**
Base = 189 (Hospitals)

- 1-199 (Small): 49%
- 200-499 (Medium): 34%
- 500+ (Large): 16%

**NUMBER OF SITES**
Base = 112 (Health systems)

- 1-5 (Small): 16%
- 6-20 (Medium): 27%
- 21+ (Large): 57%

**NUMBER OF PHYSICIANS**
Base = 85 (Physician org)

- 1-9 (Small): 25%
- 10-49 (Medium): 32%
- 50+ (Large): 44%

**TYPE OF ORGANIZATION**
Base = 535

- For profit: 33%
- Nonprofit: 67%

**STANDARD NET PATIENT REVENUE**
Base = 427

- $249.9 million or Less (Small): 44%
- $250 - $999.9 million (Medium): 33%
- $1 billion or More (Large): 24%
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