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| Payment reform                   | Changing the way physicians are paid—the system is currently fee-for-service, and hospitals and doctors charge separately for every service provided. | • Felt it could reduce overtreatment  
• Worried it would lead physicians to skimp on care                                          | “[Payment reform] sounds good to me but I don’t know if the doctors would agree. They’re used to a high rate now and they feel like they are able to demand that. It’s going to be really tough.” – Woman, NJ |
| Performance-based payment for physicians | Paying physicians based in part on patients’ health outcomes, recovery rates or satisfaction. | • Financial incentives may make doctors work harder  
• Worried about doctors gaming the system  
• Doctors are already well paid  
• Outcomes may be out of doctors’ control | “I don’t think a doctor should get a bonus for doing his job.” – Man, NJ  
“It would get out of hand. People would manipulate it.” – Woman, NJ |
| Practitioner coordination        | Improving coordination among professionals, including through electronic medical records. | • Many problems they have experienced personally stem from lack of coordination  
• Concerns about privacy did not emerge strongly                                             | “If I held my medical records, I’d be in control with my situation and be able to provide information to whoever needs said information.” – Man, CT |
| Government price capping         | The federal government would set limits on the prices of health care services and products. | • Participants were deeply divided along political lines  
• Some were able to work through their feelings during deliberation and made progress towards measured support | “[Price setting is] like the nanny state. You’re not incentivizing the best and brightest to become doctors. Let the market decide.” – Man, OH  
“[T]he more I thought about it… I don’t see why, when we have something that is causing the crisis, that there couldn’t be some form of government regulation on some things.” – Man, OH  
“They set limits on everything else in the world. Why not health care costs?” – Man, NJ |
| Consumer cost sharing            | Shifting more cost onto consumers, in the form of higher deductibles.        | • Saw this as part of the problem, not the solution; found it troubling  
• Many acknowledged that paying more out of pocket could spur judicious use | “Blood better be spurting out before I’m going to the doctor now.” – Man, OH  
“I’m forced to become a more conscientious health care consumer and shop for prices where perhaps I didn’t care that much before.” – Man, OH |
| Price transparency and increased choice in plans | Implementing cost calculators and other price transparency systems so that consumers can shop around for their health care. | • Seemed challenging, hard to predict and unrealistic in practice  
• More choice among insurance plans held some appeal                                            | “It’s not like when you go out to buy a car and you can price them at different dealerships. You break your leg, you don’t really shop around.” – Woman, NJ  
“Quite honestly, I don’t want to have to do all that research. I am not going to be able to develop that kind of expertise.” – Woman, OH |
| Prevention                       | Promoting healthier behaviors and lifestyle choices, including through higher premiums and taxes for unhealthy lifestyles. | • Universal concern for lifestyles that lead to disease and agreement over need for personal responsibility  
• Environments make healthy choices difficult  
• Prevention efforts alone are not enough to solve spending problem                           | “I understand I have to be responsible. However, I want to see that the media or the government are going to be equally participating and not just making the patient responsible.” – Woman, OH |