

Medical Student Views of the Affordable Care Act

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ABSTRACT

Introduction: With new insurance coverage under the Affordable Care Act (ACA) beginning in 2014 and the ever-changing practice of medicine, it is important to understand medical students' recent perspectives on health policy and reform.

Objective: This study describes the opinions, perceptions, and comprehension of the ACA and health care reform by a cross-section of medical students in Wisconsin.

Methods: A total of 578 students (35%) completed an original survey developed from previous surveys.

Results: Of those sampled, one-half identified as liberal or very liberal and 20% as conservative or very conservative. Respondents were split equally in their opinions of whether the United States or other nations had the highest quality care. One-half felt that faculty physicians and the media influenced their opinion of the ACA, while two-thirds felt that coursework and peers had no influence on their views. The vast majority sampled thought everyone is entitled to adequate medical care regardless of ability to pay and that physicians have a major responsibility to help reduce health care costs. A majority of liberal students and a minority of conservative students, supported the ACA. Personal and family experience as a patient influenced most liberals to support and most conservatives to oppose the ACA. One-half felt that medical school spent adequate time on health care policy education.

Conclusions: The results were used in curriculum development; these approaches may be useful to medical educators nationally.

INTRODUCTION

For more than 30 years, medical students have been surveyed about their opinions regarding health care policy and access to care. In 1980-1981, 417 first- and second-year medical students at 1 institution were surveyed; the majority perceived that gov-

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ernment was responsible for ensuring access to medical care for all.¹ In 2002, a survey of 770 US medical students showed that the vast majority believed that everyone is entitled to adequate medical care regardless of ability to pay, and two-thirds favored health care reform that would achieve universal coverage.² A 2011 survey of Minnesota medical students showed that most were uninformed and undecided about the Affordable Care Act (ACA).³ In a 2011 survey of medical students at 10 schools, 80% indicated support for the Patient Protection and ACA and two-thirds believed it would increase access.⁴ With the new insurance coverage under the ACA beginning in 2014 and the ever-changing practice of medicine, it is important to understand medical students' have recent perspectives on health policy and reform.

This paper describes current opinions, perceptions, and comprehension of the ACA and health care reform by medical

students. The purpose is to understand student knowledge and attitudes about the ACA and to use this information to guide health policy education curricula at medical schools across the nation.

METHODS

The study was a cross-sectional, anonymous survey of medical students at Medical College of Wisconsin (MCW) and University of Wisconsin School of Medicine and Public Health (UWSPH), and was deemed exempt by the institutional review boards of the MCW/Froedtert Hospital and the UWSPH.

Surveys from 7 publications on physician and medical student knowledge and perceptions about the ACA were reviewed.¹⁻⁷ The research team vetted 42 survey constructs on opinions, 27 on perception, 16 on understanding, 4 on responsibility, and 13 on demographics. In order to minimize the survey burden, the team

Table 1. Demographic Characteristics of Wisconsin Medical Student Survey Respondents

Characteristics	Number of Respondents	Percent
Political Identification		
Very liberal	62	11
Liberal	224	39
Centrist	91	16
Conservative	109	19
Very conservative	8	1
Independent	59	10
Apolitical	26	4
Current Specialty Interest and Anticipated Field		
Undecided	65	11
Internal medicine	92	16
Family medicine	86	15
Pediatrics subspecialty	54	9
Emergency medicine	49	9
General surgery	36	6
General pediatrics	29	5
Anesthesiology	27	5
Orthopedic surgery	26	5
Other	109	19
Current Year in Medical School		
M1	147	25
M2	157	27
M3	122	21
M4	152	26
Gender		
Male	301	52
Medical School		
Medical College of Wisconsin	291	50
University of Wisconsin School of Medicine and Public Health	287	50

used multiple voting to select the most important items in each domain resulting in 2 opinion, 3 perception, 4 understanding, 1 responsibility, and 2 demographic items for the final survey.

The medical student affairs offices e-mailed a flyer and survey invitation to all 820 medical students at MCW and 811 at UWSMPH during a 20-day period in April and May 2014. A printed flyer was posted in medical school areas frequented by students. All students also were sent 1 reminder e-mail.

No grant or contract funded this study. A faculty member donated \$200 as \$25 random lottery incentives to increase the response rate. The offices of student affairs distributed the \$25 gift cards to 4 randomly selected respondents at each medical school. Their e-mail addresses were separated from survey responses.

Survey responses were collected using the SurveyMonkey web-based tool (www.surveymonkey.com). Responses were imported into SAS version 9.4 for analysis (SAS Institute Inc, Cary, North Carolina). Frequencies and percentages were calculated using the FREQ procedure. Pearson chi-square analyses were performed to show the association of political affiliation with various questions related to attitude, influences, and beliefs.

RESULTS

A total of 578 of 1631 students completed the survey, yielding a 35% response rate. Table 1 shows demographic characteristics of the respondents. One-half identified as liberal or very liberal and 20% as conservative or very conservative. More than one-third were interested in a primary care specialty (internal medicine, family medicine, or general pediatrics) and 11% were undecided about a specialty. Respondents were distributed equally across 4 years of medical school, gender, and participating schools.

Opinions and knowledge about the ACA are depicted in Table 2. Two-thirds of respondents supported the ACA but thought “more reform is needed” while 20% did not support the ACA because “it went too far.” Most believed the ACA made access to health care better. More than 40% thought a single-payer system of universal health insurance offers the best health care to the greatest number of people for a given amount of money, while one-quarter didn’t know whether universal coverage or market approaches are best. One-quarter incorrectly thought that the ACA cut benefits to Medicare recipients and 12% were unaware of the individual mandate to buy health insurance.

Table 3 shows the students’ views of how the US health care system compares with other industrialized nations. The vast majority thought other nations had lower patient out-of-pocket costs, lower medical student debt, and better access to care. Respondents were split equally in their opinions of whether the United States or other nations had the highest quality care. Two-thirds thought the United States had superior technology development and nearly one-half felt US patients had more freedom of choice of physicians.

Influences on respondents’ opinions of the ACA are shown in Table 4. Seventy percent had a personal or family experience as a patient that influenced their support of the ACA. Slightly more than half felt that faculty physicians and the media influenced their opinion, while two-thirds felt that required and elective coursework and their medical school peers had no influence on their view of the ACA.

Table 5 shows students’ agreement with health policy positions and experiences. The vast majority thought everyone is entitled to adequate medical care regardless of ability to pay, and that physicians have a major responsibility to help reduce health care costs. More than 40% felt their medical schools spent an inadequate amount of time on health care policy education.

Variations in responses based on political identification are depicted in Table 6. Tables 6 and 7 only analyze responses for reported liberals and conservatives; centrist, apolitical, and independent views are excluded, so the denominator differs from the other tables. Approximately one-third of liberals and conservatives were interested in primary care and the vast majority agreed that physicians have a responsibility to reduce health

care costs. A majority of liberal students, and a minority of conservative students supported the ACA and thought it made access better. Most liberals thought more reform is needed. Most liberals preferred a single-payer/universal coverage system. A higher percentage of conservatives than liberals incorrectly believed the ACA cut Medicare benefits. Fifty percent of conservatives and 20% of liberals felt other nations had worse quality care than the United States. Approximately two-thirds of conservatives and one-third of liberals thought patients in other nations had less freedom of choice of physicians. Nearly all liberals and slightly more than two-thirds of conservatives agreed that everyone is entitled to adequate medical care regardless of ability to pay. Nearly half of both conservatives and liberals felt that medical school spent adequate time on health care policy education.

The sources of influences based on political affiliation are noted in Table 7. Personal/family experience as a patient influenced most liberals to support and most conservatives to oppose the ACA. Media and faculty/attending physicians also moderately affected these liberal and conservative positions. Coursework had a lesser influence on liberals and minimal impact on conservatives.

DISCUSSION

This survey of Wisconsin medical students provided new information on their political identification, knowledge and opinions of the ACA, views of the US health care system compared with other nations, and positions on health policy.

The major limitation of this survey was the 35% response rate. Equal distribution by gender and across the M1-M4 classes suggest minimal bias for these variables. However, the high number of statistically significant tests may increase the risk of type 1 errors or false positives. Moreover, the distribution of 50% liberal or very liberal respondents compared with 20% conservative or very conservative respondents may bias the overall results toward more liberal perspectives.

Similar to the 2002 survey of US medical students,² our 2014 survey of a sample of Wisconsin medical students showed that the vast majority believed that everyone is entitled to ade-

Table 2. Opinions and Knowledge of Wisconsin Medical Students About the Affordable Care Act (ACA)

Questions and Answers	Number of Respondents	Percent
Which statement best describes your attitude toward recent health care reform legislation?		
I support the ACA but think more reform is needed.	376	65
I support the ACA and think that it went far enough.	36	6
I support the ACA and think that it went too far.	29	5
I do not support the ACA because it did not go far enough.	21	4
I do not support the ACA because it went too far.	119	20
Regarding access to health care for everyone, the ACA made things...		
Better	354	61
The same	68	12
Worse	62	11
I don't know	101	17
Which of the following would offer the best health care to the greatest number of people for a given amount of money?		
Single-payer/universal	243	42
Multi-payer/universal	85	15
Fee for service/market	53	9
Managed care/market	45	8
Don't know	158	27
Answered "true" to the following statements		
The ACA prohibits insurers from denying coverage because of health status.	553	95
The ACA gives states the option to expand the Medicaid program to cover low-income, uninsured adults regardless of whether they have children.	549	94
The ACA requires all to buy insurance coverage (individual mandate).	513	88
The ACA cuts benefits that were previously provided to all people on Medicare.	139	24

Table 3. Wisconsin Medical Students' Views of "How Does the US Health Care System Compare to Other Industrialized Nations' Systems Regarding the Following"

Topic	Other Nations Better than US		Other Nations Same as US		Other Nations Worse Than US		Don't Know	
	No.	%	No.	%	No.	%	No.	%
Patients' out-of-pocket costs	519	89	21	4	14	2	30	5
Medical student debt	495	84	10	2	13	2	68	12
Access to care for everyone	515	88	30	5	27	5	15	5
High quality care	174	30	212	36	173	30	26	4
Freedom of choice of physician	120	20	101	17	267	45	99	17
Development of technologies	45	8	111	19	394	67	34	6

quate medical care regardless of ability to pay. Two-thirds of US medical student respondents in 2002, and most in Wisconsin in 2014 believed universal coverage is needed. In a 1994 survey of 631 first-year medical students in California, 72% felt that practicing physicians had a major responsibility to help reduce health care costs.⁷ In our survey of Wisconsin students, 85% believed physicians have this responsibility.

Nationally, approximately 40% of the public favor the ACA.⁸ Among responding Wisconsin medical students, two-thirds support the ACA, but the national partisan divide on the law was also evident among these students.

In a survey of 20,088 US physicians in 2014, 46% gave the ACA a D or F grade, while 25% gave it an A or B. Younger,

Table 4. Wisconsin Medical Students' Views of "Overall, How Did the Following Influence Your Opinion of the ACA"

	Influenced Support		No Influence		Influenced Opposition	
	No.	%	No.	%	No.	%
Personal/family experience as a patient	257	44	178	30	150	26
Faculty/attending physicians	200	34	281	48	103	18
Media	174	30	270	46	140	24
Required coursework	173	30	397	68	15	3
Peers in medical school	153	26	394	67	37	6
Elective coursework	126	22	440	68	16	3

Table 5. Wisconsin Medical Students' Agreement With Policy Positions/Experiences

Statement	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Everyone is entitled to adequate medical care regardless of ability to pay.	301	51	196	33	53	9	20	3	15	3
Practicing physicians have a major responsibility to help reduce health care costs.	226	39	271	46	55	9	28	5	4	1
My medical school spent an adequate amount of time on health care policy education.	61	10	137	23	135	23	168	29	85	15

female, employed, and primary care physicians were somewhat more positive about the current medical practice environment than were older, male, practice-owning, and specialist physicians.⁹ Two-thirds of sampled Wisconsin students, especially with liberal political identification, supported the ACA and 80% thought the ACA made access better. One-half of Minnesota students identified as liberal responded similarly to Wisconsin respondents when asked about the ACA. Nationally, one-quarter of the public are unaware of the individual mandate for coverage⁸ compared with 12% of sampled Wisconsin medical students.

According to the Commonwealth Fund, the United States underperforms relative to other nations on most dimensions of performance. Relative to 10 other developed countries, the United States ranks fifth in quality, ninth in access, and 11th in costs.¹⁰ The vast majority of surveyed students recognized cost and access challenges while half of conservative students and 20% of liberal students believed that the United States has higher overall quality than other nations. In international comparative questions where there was a correct answer (eg, about quality of care), responses correlated with political views. This pattern, together with curriculum having little influence on student views, might be a motivation for curricular improvements.

The results of this study were reflected in curriculum development at the 2 surveyed medical schools.¹¹ These recommended approaches may be useful to medical educators nationally:

- *Require a health policy course as a foundation, or ensure that a thread of policy issues is included throughout the curricu-*

lum. MCW offers an elective course in health policy for fourth-year students. UWSMPH expanded its existing health policy curriculum in a required event for first-year students.

- *In addition to the required curriculum, offer deeper health policy learning opportunities later in the curriculum.* MCW offers a pathway in health system management and policy for interested first- and second-year students and an option for third-year students. UWSMPH has 2 fourth-year electives on health systems and health advocacy.

- *Support medical student presentations of their experiences working on policy issues within health care delivery, through advocacy with medical associations and societies, and in community services.* MCW students in the health system management and policy pathway may present a scholarly project on policy or advocacy at the end of their course. UWSMPH enhanced a required

2.5 day experiential learning event for second-year students focused on advocacy skill building. UW offers an elective to learn effective presentation skills for advocacy as well as a fourth-year elective that focuses on mental health advocacy.

- *Provide symposia with panelists and small group discussions about controversial and complex topics such as international comparisons of health care system quality.* MCW students organized a faculty panel and group discussions of international health care systems in 2015.
- *Integrate the topics of quality of care, health outcomes, and costs of services in clinical case discussions throughout the medical school curriculum.* These Triple Aim topics are increasingly examined in clinical settings. UWSMPH has expanded a 2-day learning event called "Cost of Care" for second-year students that uses clinical cases to examine drivers of health care costs.

CONCLUSION

The surveyed sample of medical students reflected differing partisan opinions of the ACA, and their views were especially influenced by personal or family experiences. Regardless of political identification, most agreed that everyone is entitled to adequate medical care regardless of ability to pay. Only one-half felt that medical school spent adequate time on health care policy education. Educators should explore methods for helping students and teachers to recognize their own potential ideology bias in aspects of policy and the need to learn how to be open to evidence that may be in conflict with that bias. Integration of a

Table 6. Variations in Selected Responses Based on Political Identification^a

Item	Very Liberal or Liberal		Very Conservative or Conservative		P-value
	No.	%	No.	%	
Gender male	120	42	68	59	0.003
Gender female	163	57	48	41	
Specialty interest internal medicine, family medicine or general pediatrics	115	40	36	31	0.08
Support the Affordable Care Act (ACA) but think more reform is needed	253	89	25	21	0.0001
ACA made access to healthcare better	229	80	36	31	0.0001
Single-payer/universal offers best health care to the greatest number for a given amount of money	164	58	16	14	0.0001
Fee for service/market offers best health care to the greatest number for a given amount of money	4	1	28	24	
Believe the ACA cuts benefits that were previously provided to all people on Medicare	46	16	48	41	0.0001
Other Nations Better					
Patient's out-of-pocket costs	268	94	99	85	0.002
Medical student debt	259	91	86	74	0.0001
Access to care for everyone	275	96	87	74	0.0001
Other Nations Worse					
High quality care	57	20	58	50	0.0001
Freedom of choice of physician	105	37	76	65	0.0001
Development of technologies	184	65	92	79	0.004
Strongly agree or agree physicians have a major responsibility to help reduce health care costs	254	89	96	82	0.04
Strongly agree or agree everyone is entitled to adequate medical care regardless of ability to pay	273	96	82	70	0.0001
Disagree or strongly disagree that medical school spent an adequate amount of time on health care policy education	118	41	58	50	0.13

^aCentrist, apolitical, and independent views are excluded from this table.

Table 7. Sources of Influences Based on Political Affiliation^a

Item	Very Liberal or Liberal		Very Conservative or Conservative		P-value
	No.	%	No.	%	
Personal/Family Experience as a Patient					
Influenced support	174	61	19	16	0.0001
No influence	87	30	27	23	
Influenced opposition	25	9	71	61	
Peers in Medical School					
Influenced support	90	32	23	20	0.0001
No influence	188	66	78	67	
Influenced opposition	7	2	16	14	
Media					
Influenced support	119	42	14	12	0.0001
No influence	125	44	52	44	
Influenced opposition	41	14	51	44	
Faculty/Attending Physicians					
Influenced support	125	44	31	27	0.0001
No influence	132	46	49	42	
Influenced opposition	28	10	37	32	
Required Coursework					
Influenced support	104	36	20	17	0.0001
No influence	182	64	89	76	
Influenced opposition	0	0	8	7	
Elective Coursework					
Influenced support	83	29	9	8	0.0001
No influence	202	71	96	83	
Influenced opposition	0	0	10	9	

^aCentrist, apolitical, and independent views are excluded from this table.

variety of health policy learning opportunities longitudinally throughout the required and elective 4-year curriculum may help future physicians better understand the complexities of the political environment in which they will practice.

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