



Miami

March 9, 2006



Citizens' Health Care Working Group

HEALTH CARE

THAT WORKS FOR ALL

AMERICANS

OVERVIEW

Although there appeared to be common themes and areas of agreement among the participants in Miami, there were a variety of diverging opinions that emerged during the discussion. The participants offered contrasting and contradictory opinions on a range of issues. This diversity of thought underscored the challenge that the Working Group and the country face in seeking to find a health care system that would work for all Americans.

While participants agreed on the importance of health care and the need to address the challenges facing both individuals and communities seeking to assure adequate health care, they did not arrive at a unified perspective on the problems of the health care system and potential solutions. Even when the results of the polling questions seemed to indicate a fairly unanimous perspective, the subsequent discussion underscored their belief that the issues were difficult to discuss with the goal of achieving a rapid consensus. For example, although 81 percent supported continuation of tax rules to encourage employer-based health insurance, a number claimed that their support was only until a “better solution comes along” while others contended that there should be a role for employers in any system.

In that regard, the discussion was extremely valuable in that it covered a broad range of concerns felt deeply by the participants that will require further effort to address. Additionally, it appears the meeting inspired others to download materials and host their own meetings – with one being planned immediately for human resource professionals in Palm Beach County.



Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Salt Lake City, Utah



SESSION FINDINGS

Values

"The country needs to get back to fundamentals."

Over half the meeting participants (60 percent) indicated that the most important value regarding health care was that it be: comprehensive, universal, and accessible for all. Next most important values were affordability (21 percent) and quality (12 percent). When asked if anything prominent was missing from the values that other participants had suggested and voted on, a participant expressed the concern that the health care system had become too complex and disconnected with the basics of providing care. An overwhelming number of the participants (92 percent) endorsed the idea that it should be public policy that all Americans have affordable health care coverage.

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?

- Comprehensive health care for all
- Equal access
- Access as a right
- Reality
- Empathetic care
- Affordability
- Universal
- Works for everyone (including undocumented)
- Quality
- Access to specialists

Benefits

"Who's going to pay for all this? I want to know how we're going to be able to afford these services."

The participants overwhelmingly endorsed the concept of ensuring a basic level of care for all; a minority (11 percent) disliked having to choose between continuing current systems of categorical care and providing a basic level of care for all. Some participants indicated that it was hard to make a choice without knowing *who* was providing the coverage. Discussants at one table said they had assumed the option of having a basic level of care would represent a "floor" (i.e., a minimum amount of services that would be available to all) and not a "ceiling" (maximum level of care/services that would be available to all). There was also a concern expressed about whether providing resources for everyone would deteriorate the special services for some.

One participant passionately stated that "the questions are missing a spiritual dimension." Another pointed out that "people on fixed income need emergency specialty care that is unavailable because there are not enough trained specialists." A third wanted greater public intervention: "We have the best system in the world even if it needs tweaking. The system today doesn't work because there are too many variables in too many areas. The government needs to pay the balance above some set cap; the government should pay for the catastrophic level of costs."

One participant indicated that everyone already has a minimum level of care through emergency rooms and wondered whether a basic level of care was needed. Yet

another indicated that, “the ideal system would be a single payer, Medicare for example. I don’t think the burden should be on businesses but should be relocated elsewhere.”

Asked to identify services that needed to be added to a minimum health care package, the participants named several, including: health education, nutrition therapy, genetic testing, science based alternative medicine, a campaign against obesity, more comprehensive dental care, more comprehensive health care for women and coverage for pre-existing conditions. Regarding what services could be taken away from the hypothetical coverage package, chiropractic services were identified.

An interesting observation made about the need for services was that, “The biggest advances in health care have been from public health: sanitation, TB control, and vaccines. These have made a bigger impact on longevity than any other specific treatments.”

Regarding who should decide about what services would be covered in a system of universal basic health care, the participants top three choices, in order, were: consumers, medical professionals and government.

Getting Health Care

The Miami participants were very expansive in answering a question regarding difficulties in obtaining care that people needed. In a rapid brainstorming exchange, they identified 20 difficulties, including:

- Exclusion of pre-existing conditions (already previously remarked on);
- Discontinuity of care due to changes in job, coverage changes, etc.;
- High costs; especially for the uninsured; premium and co-payment hurdles;
- Immigrant fear of INS, language and cultural barriers to navigating the system;
- Difficulties getting specialty care;
- Malpractice threats, resulting unnecessary diagnostic care; no transparency for patients;
- Difficulty young, chronically ill have getting care when they become adults;
- Mediocre quality of physicians; and
- Inadequate transportation systems.

Financing

“Let’s reconsider that vote (on whether to continue tax rules supporting employer-based health insurance). I think we’ve learned that the burden on the corporations is a burden they can no longer afford to carry. When they get tax subsidies, it means we’re paying for it. Healthier workers go to companies that don’t offer health insurance and the opposite also; that’s terrible.”

The meeting participants strongly endorsed (75 percent) the concept that everybody should be required to enroll in a system of either public or private basic health care coverage. As indicated by one of the majority: “along with having to get a social

security number, parents should be required to get a medical care number for their children; we should mandate basic care, just like seat belts and vaccinations.”

However, there were a number of articulate voices of dissent to the majority vote. A business spokesperson made it clear that there should be no mandatory enrollment “if it’s the government doing it.” Another individual indicated, “There are people with religious convictions that shouldn’t be forced to purchase coverage.” Yet another asked: “What do we gain by requiring everyone to enroll since we have emergency room coverage (as a safety net)?”

In response, those supporting the proposition indicated that “Group insurance spreads costs to all the population so it is better in concept.”

Representing some of the diversity of views present, another participant commented that “The system should assure the provision of catastrophic and critical care covered, not basic. Everyone should be able to pay the basic coverage by themselves.” Another speaker responded that, “Basic health care is important; if we only had catastrophic it overburdens our emergency rooms. Having a system of basic care could reduce emergency room visits.”

A majority (58 percent) thought that some people should be responsible for paying more for health care than others, although, several (8 percent) indicated they either were actively abstaining from expressing an opinion or did not agree with the question. Among those who agreed with the majority, one commented that payments for health care “should be set similar to the progressive tax system; someone poor shouldn’t be asked to pay and those wealthier should pay more.” Concluding this discussion, another participant commented that, “we all have an interest in a comprehensive health care system because things like pandemic flu and other similar circumstances can affect everyone.”

In one of the more energetic exchanges of the evening (81 percent) of the participants indicated, in its initial vote, that they supported continuing use of tax rules to encourage employer-based health insurance. This exceeded the proportion (59 percent) that had indicated they had such coverage. Departing from the meeting “script,” participants sought to discuss the issue further and then, with their greater understanding, vote again.

In support of retention of current tax rules, one participant indicated that: “if the tax break goes away, employees will have to pay for the current tax offset.” Other participants were not certain this result would occur. “If a business has an expense, it may be passed along to the consumer, not to the employee.” At the conclusion of this debate, the vote was retaken and the percent supporting retention of tax benefits for employers had dropped (from 81 percent to 67 percent).

Reasons given for the continuing high level of support (2/3 of the participants) for the tax provision were in part explained by comments such as: “If an employer drops their insurance, there are people across the country that lose insurance.” This heated discussion inspired at least one meeting participant to post an entry on the Citizens’ Health Care Working Group discussion forum (see www.CitizensHealthCare.gov and select the “Discussion Forum” icon on the home page) discussing the need for more options under this question. As one participant asked, during the meeting, “would it be possible to have a third choice besides pro and con regarding employer-based insurance?”

Meeting participants identified an assortment of roles individuals and families can play in the health care system including: sharing the payment burden, making preventive health efforts, self-educating, emphasizing women as the principal decision-makers about health care purchases and participating in the political process.

The participants also had a myriad of suggestions about how to slow the costs of health care, including: create a single payer system in order to make the system more efficient and eliminate administrative waste; get insurance companies out of health care; build on Medicare (since it has such low overhead costs); advance the practice of evidence-based medicine; ensure transparency of costs so consumers know better what they are paying for or what is being paid on their behalf; allow the government broader authority to negotiate competitive prices with pharmaceutical companies (as it does in the Veterans Administration and the 330B Federally Qualified Community Health Systems); have Medicare Part D use Average Wholesale Prices, not average retail prices; emphasize prevention; get the Department of Education back into elementary schools providing health education (including obesity); emphasize public health services; focus on quality of care and apply stricter controls on genetically engineered foods; insure everyone; and emphasize women's health in order to have healthy children.

Tradeoffs and Options

"If we could get away from the blame game, we might be able to find some real solutions. The tradeoffs really need to be universal in order to work."

Participants identified a number of potential trade offs they would be willing to make, although at least one person indicated they would make, "no trade-offs. Since we send youth off to war, we shouldn't compromise care for them." Consistent with the diversity of the opinions offered on other topics, the participants provided examples of tradeoffs that ranged from the concrete and health-related to the more general and global.

Suggested trade offs included: lowering profits for the private sector, removing the private sector from a single payer system, accepting care from mid-level practitioners, sterilizing drug addicted women until they get over their addictions (sic), rescinding corporate tax breaks and spending it on health care, accepting longer waiting times for lower costs, exchanging higher deductibles for more choice, raising taxes in order to have coverage for all, expanding federal health programs to more people but covering fewer services, exchanging expensive end of life care for more comfort care, and having the government define essential benefits rather than having free market competition.

As the meeting progressed, it appeared to be splintering into factionalism, however, the concluding polls tended to reconfirm there was a common thread of concern and opinion regarding the direction that health care needs to go in America. The participants rated the statement "Guaranteeing that all Americans have health insurance" an average of 9.4 on a scale of 1 to 10, where 10 represented the highest level of agreement. Similarly, out of ten possible options about specific proposals to ensure access to affordable, high quality health care coverage and services for all Americans, the following statement received the highest ranking from the

participants: "Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance."

METHODOLOGY

Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using keypads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available in the Data section of this report and online at www.citizenshealthcare.gov

PARTICIPATION

On Thursday, March 9, 2006, from 4:00 to 8:00 pm at the Grand Bay Coconut Grove in Miami, an enthusiastic and diverse group of more than 130 participants – including a wide range of health care advocates, students, retired individuals, business and insurance representatives and other concerned citizens – met to discuss health care in America. Mayor Manny Diaz delivered welcoming remarks. Montye Conlan represented the Working Group at this meeting. Miami

DATA

Are you male or female?

35.9% 1 Male
64.1% 2 Female

How old are you?

21.2% 1 Under 25
24.7% 2 25 to 44
38.8% 3 45 to 64
15.3% 4 Over 65

Are you Hispanic or Latino?

35.7% 1 Yes
59.5% 2 No
4.8% 3 No Response

Which of these groups best represents your race?

80.7% 1 White
4.8% 2 Black or African American
2.4% 3 Asian
0.0% 4 Native Hawaiian or Pacific Islander
0.0% 5 American Indian or Alaska Native
9.6% 6 Other
2.4% 7 Decline to answer

What is the highest grade or year of school you completed?

0.0% 1 Elementary (grades 1 to 8)
1.2% 2 Some high school
2.5% 3 High school graduate or GED
24.7% 4 Some college
7.4% 5 Associate Degree
13.6% 6 Bachelor's Degree
50.6% 7 Graduate or professional degree
0.0% 8 Decline to answer

What is your primary source of health care coverage?

53.8% 1 Employer-based insurance
16.3% 2 Self-purchased insurance
1.3% 3 Veterans'
10.0% 4 Medicare
0.0% 5 Medicaid
6.3% 6 Other
12.5% 7 None
0.0% 8 Not sure

What is your employment status?

- | | | |
|-------|---|---|
| 20.7% | 1 | Self-employed |
| 39.0% | 2 | Employed - working full time |
| 11.0% | 3 | Employed - working part-time |
| 2.4% | 4 | Not employed / currently looking for work |
| 0.0% | 5 | Homemaker |
| 26.8% | 6 | Other |

Which one of these statements do you think best describes the U.S. health care system today?

- | | | |
|-------|---|-------------------------------|
| 59.5% | 1 | It is in a state of crisis |
| 38.0% | 2 | It has major problems |
| 1.3% | 3 | It has minor problems |
| 0.0% | 4 | It does not have any problems |
| 1.3% | 5 | No opinion |

Which one of the following do you think is the MOST important reason to have health insurance?

- | | | |
|-------|---|---------------------------------------|
| 29.4% | 1 | To pay for everyday medical expenses |
| 70.6% | 2 | To protect against high medical costs |
| 0.0% | 3 | No opinion |

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?

- | | | |
|-------|----|---|
| 25.6% | 1 | Comprehensive health care for all |
| 6.1% | 2 | Equal access |
| 14.6% | 3 | Access as a right |
| 1.2% | 4 | Reality |
| 4.9% | 5 | Empathetic care |
| 20.7% | 6 | Affordability |
| 4.9% | 7 | Universal |
| 8.5% | 8 | Works for everyone (including undocumented) |
| 12.2% | 9 | Quality |
| 1.2% | 10 | Access to specialists |

**Should it be public policy that all Americans have affordable health care coverage?
[By public policy we mean that the stated public goal is set out in federal or state law.]**

- | | | |
|-------|---|-----|
| 91.7% | 1 | Yes |
| 8.3% | 2 | No |

Which of the following statements most accurately represents your views?

- | | | |
|-------|---|--|
| 10.0% | 1 | Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now |
| 78.9% | 2 | Providing a defined level of services for everyone (either by expanding the current system or creating a new system) |
| 11.1% | 3 | Neither / abstain |

It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to co-payments and deductibles:

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

How would a basic package compare to this “typical” plan?

Of the most frequent answers the group gave, what would you add?

- 1 Education
- 2 Medical nutrition therapy
- 3 Genetic testing
- 4 Alternative, holistic medicines
- 5 Education to reduce obesity
- 6 Comprehensive dental care
- 7 Prenatal care
- 8 Ophthalmology / optometry
- 9 Palliative hospice care
- 10 Hearing

Of the most frequent answers the group gave, what would you add?

- 1 Women's health care (OBGYN)
- 2 Chronic issues (e.g. cancer)
- 3 Family planning, STD care
- 4 Personalized enrollment
- 5 Accepting existing pre-conditions
- 6 Basic nutrition / tackling hunger

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

- 3rd 4.953 Federal government
- 4th 4.522 State and/or local government
- 2nd 5.453 Medical professionals
- 6th 2.250 Insurance companies
- 5th 2.971 Employers
- 1st 6.894 Consumers

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

- 1 Exclusion of pre-existing conditions
- 2 Lack of ability to continue with the same doctor
- 3 Geographical / accessibility
- 4 High cost of deductibles
- 5 Fear of immigration (INS)
- 6 Language barrier
- 7 Difficulty in getting specialty care
- 8 Discrepancy in charges between insured and uninsured
- 9 Legal / liability issues (defensive medicine)
- 10 Continuation of care for chronically disabled children after the age of 21

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

- 1 Full public disclosure (lack of information)
- 2 Mediocre quality of care by local physicians
- 3 Difficulty in navigating system (cultural)
- 4 Transportation
- 5 Ability to find doctors who accept Medicaid
- 6 High insurance premiums
- 7 Restrictions by insurance companies on medical professionals
- 8 Portability of insurance and care job-to-job
- 9 Over-treatment of funded patients by local physicians
- 10 Quality of prescription drugs

Should everyone be required to enroll in basic health care coverage - either private or public?

- 74.7% 1 Yes
- 25.3% 2 No

Should some people be responsible for paying more than others?

- 63.0% 1 Yes
- 37.0% 2 No

What criteria should be used for making some people pay more?

- 1 None - everyone should pay the same
- 2 Family size
- 3 Health behaviors
- 4 Income
- 5 Other

Should public policy continue to use tax rules to encourage employer-based health insurance?

- 81.1% 1 Yes
- 18.9% 2 No

REPOLL: Should public policy continue to use tax rules to encourage employer-based health insurance?

- 67.4% 1 Yes
- 32.6% 2 No

What should the responsibilities of individuals and families be in paying for health care?

- 1 Everyone should pay
- 2 Taking care of oneself
- 3 Everyone pays, but progressively
- 4 Care-giving for relatives
- 5 Educate ourselves and not be manipulated
- 6 Vote

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- 1 Get insurance companies out
- 2 Universal financing
- 3 Transparency of cost (posted prices)
- 4 Elimination/reduction of lawsuits (replace with government plan)
- 5 More evidence-based medicine
- 6 Utilize appropriate level of medical provider
- 7 Regulate pharmaceutical advertising and cost
- 8 More government accountability in non-health centers
- 9 More use of family care centers
- 10 Creative mechanisms for local/state

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- 1 Get health back into public schools (K-12)
- 2 Reduction in provider fraud and abuse
- 3 Reduce waste in system by using single-payer system
- 4 Health and physical education and nutrition
- 5 Increase funding for public health
- 6 More cures to prevent future illnesses
- 7 Stricter government controls on genetically engineered foods and pesticides
- 8 Decrease doctors' fears over getting sued (defensive medicine)
- 9 Insure everyone
- 10 Emphasis on prenatal care

How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?

- 1 \$0
- 2 \$1 - \$100
- 3 \$100 - \$299
- 4 \$300 - \$999
- 5 \$1,000 or more
- 6 Don't know

On a scale from 1 (low) to 10 (high), please rate each of the following public spending priorities to reach the goal of health care that works for all Americans.

- | | | |
|-----------------|-------|---|
| 7 th | 6.857 | Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas |
| 4 th | 8.674 | Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters |
| 1 st | 9.360 | Guaranteeing that all Americans have health insurance |
| 8 th | 6.766 | Funding the development of computerized health information to improve the quality & efficiency of health care |
| 6 th | 6.929 | Funding programs that help eliminate problems in access to or quality of care for minorities |
| 5 th | 7.404 | Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease |
| 2 nd | 8.795 | Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)." |
| 3 rd | 8.741 | Preserving Medicare & Medicaid |

Some believe that fixing the health care system will require tradeoffs from everyone – e.g. hospitals, employers, insurers, consumers, government agencies. What could be done – and by whom? And which of these trade-offs do you support the most?

- | | | |
|----|---|---|
| -- | 1 | Abandon state health insurance in favor of more federal |
| -- | 2 | Limit liability (in medical malpractice) in exchange for lower cost |
| -- | 3 | Give up physician care for midwifery |
| -- | 4 | Less end-of-life care in exchange for lower cost |
| -- | 5 | Trade off insurance company involvement for more self-management |
| -- | 6 | Quantity for quality |

If you believe it is important to ensure access to affordable, high quality health care coverage & services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following on a scale from 1 (low) to 10 (high).

- | | | |
|------------------|-------|---|
| 9 th | 4.224 | Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own. |
| 4 th | 6.614 | Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance. |
| 10 th | 3.217 | Rely on free-market competition among doctors, hospitals, other health care providers & insurance companies rather than having government define benefits & set prices. |
| 3 rd | 7.860 | Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program |
| 6 th | 6.022 | Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families |
| 7 th | 4.667 | Require businesses to offer health insurance to their employees |
| 2 nd | 8.465 | Expand neighborhood health clinics |
| 1 st | 9.043 | Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance |
| 5 th | 6.133 | Require that all Americans enroll in basic health care coverage, either private or public |
| 8 th | 4.511 | Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage |

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.
www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.citizenshealthcare.gov
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
www.citizenshealthcare.gov/community/mtng_files/complete.php
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.