



# Phoenix

March 25, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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Participants at the Phoenix community meeting expressed a desire to provide all individuals with access to the health care system, particularly children, undocumented workers, and other “non-citizens.” Throughout the meeting, individuals repeatedly voiced concerns about affordability, and listed cost as the primary barrier to care.

While an overwhelming majority expressed frustration with the current system of health care (and many called for a completely different health care “non-system”), a majority did not want to remove employers from the equation completely. Participants felt that in any system, the employers should contribute to the care of their employees.

Like those who participated in earlier community meetings, this group was also largely opposed to the idea of trade-offs. They voiced the idea that by redistributing the existing resources being spent on health care more efficiently, it would be possible to provide coverage to everyone without additional individual contributions. While there was resistance to the idea of increasing the financial responsibility of individuals, participants agreed to the idea that everyone should pay something for their care. This group repeatedly emphasized the importance of education and stressed that individuals have a personal responsibility to be informed consumers, practice healthy lifestyles, utilize proactive preventive care and use medical resources prudentially.



**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

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### **Values**

*"All people should have the same coverage that the president, vice president, and congress have..."*

When asked what values were most important in health care, universal access and entitlement to basic care topped the list. Individuals specified that universal access would include everyone, regardless of their citizenship status. Participants also prioritized shared responsibility and accountability, affordability, preventive care and ease of use and understandability. They desired a system that "put the person before the profit".

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

- Universal access to health care system
- Shared responsibility and accountability
- Entitlement to basic health care
- Affordability
- Preventive care

### **Benefits**

*"If we are trying to create health care for all Americans, than what's good for me should be good for you. My status, as employed or not, shouldn't factor into it."*

During the discussion of benefits, the overwhelming majority of participants wanted basic health care coverage for all as opposed to categorical eligibility. They emphasized the importance of involving consumers in the creation of a basic plan, suggesting this as a possible cost saving mechanism. Consumers can best articulate what services are necessary at various stages of life; therefore, their participation could help contain costs. Phoenix attendees wanted a basic plan that would vary based on age and gender, and that could be supplemented by various other components. Participants recognized that while the current system does work for some, and allows for a richer benefit than might be otherwise available, it does not work for everyone. They expressed a desire to build upon the current system, changing it into something that is more inclusive and provides care to all. Everyone would contribute to this system based on their ability to pay. However, if someone was unable to afford the cost, government subsidies should be provided to allow access to a basic package.

On the discussion of a basic plan, individuals voiced strong support for comprehensive dental coverage, long term-care and community based services. They also felt that health education should be a component of a basic plan.

## **Getting Health Care**

*"More than anything at our table we have been talking about the cost of health care – cost is keeping people from getting the care."*

Cost was listed as a primary barrier to care. Participants valued being able to choose a provider that would listen to them and provide "true" care, rather than just writing out a prescription. They wanted to be able to keep their health care provider even if they changed insurance. There was also a frustration with long waiting periods, inconvenient office hours, the lack of effective communication by the caregiver, the need for referrals and physicians that do not accept Medicare recipients or refuse to make hospital visits. Individuals noted that most providers and specialists were concentrated in the Phoenix area, and it was difficult to access care in other areas of the state.

## **Financing**

*"We all get ill, injured and pregnant - or participate in the pregnancy. We all are in the system and we all need to pay."*

The majority of participants (79 percent) felt that everyone should be required to enroll in some form of health insurance, either public or private. This includes undocumented workers and other non-citizens. However, participants doubted the feasibility of successfully enrolling certain individuals in any plan, particularly the homeless populations. They noted that if we had universal access to basic care, enrolling people would be unnecessary. Rather, everyone would have access to the care they needed. It was suggested that "enrollment" occur at birth, and that health care would be combined with education, allowing for practical, personal and preventive care. Two-thirds of the participants felt that some individuals should be responsible for paying more than others. Of these, half felt individual contributions should be determined on the basis of income.

### **What steps are the most important to take in order to slow the growth of health care costs in America?**

*(Top 5 answers according to impact and feasibility)*

- Allow Medicare Part D to negotiate the cost of drug prices
- (Increase use of) electronic medical records
- Educate people about their personal responsibility (within the health care system)
- Move to a single-payer system to reduce administrative costs
- (Increase the) use of evidence-based medicine

This meeting was split evenly on the question of whether or not the government should continue to use tax incentives to encourage employer based health care. There were strong concerns voiced by retired individuals who feared that employers would "dump us in a second." They desired a major change in the system and a transition period to prevent people from "getting dumped in their golden years."

## **Tradeoffs and Options**

*"We've been talking about how we like the idea of separating how we finance the system from how we deliver care... and how we might like the market and competition to function at the level of where care is delivered, not at the administrative level."*

Participants suggested increased use of electronic medical records, evidence based medicine and education as areas where trade-offs could be found. Individuals recognized a personal responsibility for their health, including proactive preventive medicine, proper diet and the need to stop being passive participants in health care. It was suggested that health education begin during childhood, in conjunction with traditional elementary and high school. They believed everyone should be responsible for paying something and suggested incentives for people who do not overuse the system. Participants also suggested mandatory living wills, saying we should be willing to "pull the plug quickly."

Participants had various suggestions for reducing health care costs, many of which were focused on insurance and pharmaceutical companies. These included preventing direct to consumer advertising, outlawing paid lobbyists for pharmaceutical companies and removing the profit motive from health care. Individuals voiced concern about the costs of defensive medicine and medical malpractice premiums. They suggested reducing the cost of training for physicians and other health care providers. Individuals repeatedly suggested the potential cost savings of having one administrative system, rather than many. They suggested utilizing market and competition forces at the delivery level of care, rather than the administrative level.

The majority of the participants (83 percent) expressed their agreement with the statement "there are enough resources in the system and we just need to redistribute them," and cheered when someone commented that "we shouldn't be having a trade-offs discussion at all."

### **Some believe that fixing the health care system will require tradeoffs from everyone. What tradeoffs are you willing to support?**

*(listed in order from highest support to lowest)*

- Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.
- Accept risk of giving up some privacy for cost savings of electronic medical records
- Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs
- Expanding federal programs to cover more people, but providing fewer services to those currently covered in those programs.

## **METHODOLOGY**

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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](http://www.citizenshealthcare.gov)

## **PARTICIPATION**

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Joe Hansen and Rosie Perez represented the Working Group at this meeting. On Saturday, March 25, 2006, from 9:00 am- 1:00 pm, around 150 individuals from the Phoenix area gathered at the Crowne Plaza on West Peoria Avenue to discuss health care. Comments were shared by Jane Grace of Senator Jon Kyl's staff.

## DATA

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### Are you male or female?

45.1%	1	Male
54.9%	2	Female

### How old are you?

1.9%	1	Under 25
28.3%	2	25 to 44
48.1%	3	45 to 64
21.7%	4	Over 65

### Are you Hispanic or Latino?

22.2%	1	Yes
75.9%	2	No
1.9%	3	No Response

### Which of these groups best represents your race?

77.1%	1	White
2.8%	2	Black or African American
0.9%	3	Asian
0.0%	4	Native Hawaiian or Pacific Islander
1.8%	5	American Indian or Alaska Native
15.6%	6	Other
1.8%	7	Decline to answer

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

1.9%	1	Elementary (grades 1 to 8)
1.0%	2	Some high school
6.7%	3	High school graduate or GED
28.8%	4	Some college
9.6%	5	Associate Degree
25.0%	6	Bachelor's Degree
26.0%	7	Graduate or professional degree
1.0%	8	Decline to answer

### What is your primary source of health care coverage?

75.2%	1	Employer-based insurance
2.9%	2	Self-purchased insurance
1.0%	3	Veterans'
15.2%	4	Medicare
0.0%	5	Medicaid
2.9%	6	Other
2.9%	7	None
0.0%	8	Not sure

**What is your employment status?**

- 7.3% 1 Self-employed
- 59.1% 2 Employed - working full time
- 4.5% 3 Employed - working part-time
- 2.7% 4 Not employed / currently looking for work
- 0.0% 5 Homemaker
- 26.4% 6 Other

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

- 60.6% 1 It is in a state of crisis
- 35.6% 2 It has major problems
- 1.9% 3 It has minor problems
- 0.0% 4 It does not have any problems
- 1.9% 5 No opinion

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

- 28.0% 1 To pay for everyday medical expenses
- 70.0% 2 To protect against high medical costs
- 2.0% 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?**

- 42.2% 1 Universal access to health care system
- 5.9% 2 Shared responsibility and accountability
- 21.6% 3 Entitlement to basic health care
- 6.9% 4 Affordability
- 6.9% 5 Preventive care
- 4.9% 6 High-quality service (error-free)
- 0.0% 7 Trust and honesty in the system (esp. with for-profit providers)
- 1.0% 8 Ease of use and understandability
- 6.9% 9 All-inclusive (undocumented, Native Americans, etc)
- 3.9% 10 Put the person's care before profit

**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 second most important to you?**

- 16.5% 1 Universal access to health care system
- 12.1% 2 Shared responsibility and accountability
- 8.8% 3 Entitlement to basic health care
- 19.8% 4 Affordability
- 12.1% 5 Preventive care
- 6.6% 6 High-quality service (error-free)
- 3.3% 7 Trust and honesty in the system (esp. with for-profit providers)
- 3.3% 8 Ease of use and understandability
- 9.9% 9 All-inclusive (undocumented, Native Americans, etc)
- 7.7% 10 Put the person's care before profit

**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.]**

- 91.5%      1    Yes
- 8.5%        2    No

**Which of the following statements most accurately represents your views?**

- 2.8%      1    Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
- 97.2%    2    Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

**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?**

- 24.0%      1    Long-term care
- 4.2%        2    Hospice care
- 25.0%      3    Comprehensive dental care
- 8.3%        4    Alternative therapies (holistic)
- 14.6%      5    Community-based services
- 0.0%        6    Experimental procedures
- 7.3%        7    Eye care
- 2.1%        8    Durable medicines
- 11.5%      9    Health education
- 3.1%        10   Nothing

**Of the most frequent answers the group gave, what would you take out?**

- 45.3%      1    Chiropractic care
- 2.3%        2    Occupational and speech therapy
- 5.8%        3    Maternity (need only limited coverage - women of child-baring age)
- 5.8%        3    Nothing

**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?**

- 3<sup>rd</sup>        3.936    Federal government
- 4<sup>th</sup>        3.682    State and/or local government
- 2<sup>nd</sup>        5.172    Medical professionals

6 <sup>th</sup>	1.962	Insurance companies
5 <sup>th</sup>	3.352	Employers
1 <sup>st</sup>	7.74	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 Waiting time in emergency room
- 2 Having to choose between dental care and vacation
- 3 Lack of information and educational resources
- 4 Cost
- 5 Doctors dropping out of Medicare
- 6 Doctors not making hospital visits
- 7 Getting appointments with specialists
- 8 Insurance not covering follow-up for covered procedures
- 9 Timeliness of all care
- 10 Doctors' offices' business hour
- 11 Getting access to primary care physician
- 12 Having to get referrals and pre-authorization
- 13 Communication - lack there of between doctors
- 14 Cultural barriers (language, professional lingo, etc)
- 15 No coverage for preventive care
- 16 Transportation
- 17 General provider shortage
- 18 Distribution/location problem
- 19 Prescription medications often not available or have higher copay
- 20 Portability (changing physician when insurance changes)

**In getting health care, what is most important to you?**

- 1 Need a place to go for being heard, getting personal care
- 2 Pick your own doctor
- 3 Cost
- 4 Quality of care
- 5 Access to good information for making own choices
- 6 Efficient health care delivery (no duplication)
- 7 Less time waiting for service, esp. critical
- 8 Cure to illness for which I went to doctor
- 9 No surprises about which prescriptions are covered
- 10 No penalties for pre-existing condition
- 11 Doctors who listen and get to cause of problem instead of treating symptoms
- 12 Fewer greedy doctors
- 13 Next generation - more school-based care
- 14 More time spent on preventive care (proactive)
- 15 Less influence on doctors from drug companies
- 16 Doctors who will explain side effects of drugs
- 17 Non chemically-altered nutrition

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

- 79.0% 1 Yes
- 21.0% 2 No

**Should some people be responsible for paying more than others?**

- 64.6% 1 Yes
- 35.4% 2 No

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

- 26.0% 1 None - everyone should pay the same
- 2.0% 2 Family size
- 12.0% 3 Health behaviors
- 52.0% 4 Income
- 8.0% 5 Other

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

- 53.1% 1 Yes
- 46.9% 2 No

**What responsibilities of individuals and families in the health care system would you support most?**

- 1 Be less litigious
- 2 Healthy lifestyles
- 3 Use the system prudently and wisely (ex: regular check-ups, no smoking, narcotics, etc.)
- 4 Be educated about your own health
- 5 Accept personal responsibility
- 6 Follow doctors' orders and be compliant
- 7 Paying something
- 8 Have a living will (end-of-life issues)
- 9 Keep a watchful eye on our providers (ex: prevent unnecessary tests)
- 10 Be organized and prepared for physician visits (if help is needed, bring someone along)

**IMPACT: On a scale from 1 (low) to 10 (high) in terms of impact, which of these steps is the most important to take in order to slow the growth of health care costs in America?**

- 13<sup>th</sup> 2.707 A - Lower the cost of medical school
- 6<sup>th</sup> 6.527 B - Educate people about their personal responsibility
- 5<sup>th</sup> 7.198 C - Use evidence-based medicine
- 4<sup>th</sup> 7.320 D - Electronic medical records
- 12<sup>th</sup> 5.288 E - Take the profit out of health care
- 2<sup>nd</sup> 7.662 F - Regulate pharmaceutical company advertising
- 11<sup>th</sup> 5.775 G - Provide incentives to stop people from overusing the system
- 7<sup>th</sup> 6.448 H - Comprehensive tobacco control program
- 3<sup>rd</sup> 7.659 I - Move to single-payer system to reduce administrative costs
- 8<sup>th</sup> 6.391 J - Outlaw paid lobbyists for pharmaceutical companies
- 1<sup>st</sup> 7.815 K - Allow Medicare Part D to negotiate cost of drug prices
- 9<sup>th</sup> 6.149 L - Stop being passive participants
- 10<sup>th</sup> 5.947 M - Increase R&D

**FEASIBILITY: On a scale from 1 (low) to 10 (high) in terms of feasibility, which of these steps is the most important to take in order to slow the growth of health care costs in America?**

13 <sup>th</sup>	3.553	A - Lower the cost of medical school
2 <sup>nd</sup>	7.068	B - Educate people about their personal responsibility
4 <sup>th</sup>	6.597	C - Use evidence-based medicine
1 <sup>st</sup>	7.532	D - Electronic medical records
12 <sup>th</sup>	3.835	E - Take the profit out of health care
5 <sup>th</sup>	6.561	F - Regulate pharmaceutical company advertising
10 <sup>th</sup>	5.250	G - Provide incentives to stop people from overusing the system
7 <sup>th</sup>	6.174	H - Comprehensive tobacco control program
6 <sup>th</sup>	6.353	I - Move to single-payer system to reduce administrative costs
11 <sup>th</sup>	4.693	J - Outlaw paid lobbyists for pharmaceutical companies
3 <sup>rd</sup>	6.971	K - Allow Medicare Part D to negotiate cost of drug prices
9 <sup>th</sup>	5.514	L - Stop being passive participants
8 <sup>th</sup>	5.714	M - Increase R&D

**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?**

18.8%	1	\$0
15.3%	2	\$1 - \$100
20.0%	3	\$100 - \$299
18.8%	4	\$300 - \$999
20.0%	5	\$1,000 or more
7.1%	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.**

4 <sup>th</sup>	7.623	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
2 <sup>nd</sup>	8.524	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
1 <sup>st</sup>	9.114	Guaranteeing that all Americans have health insurance
6 <sup>th</sup>	7.381	Funding the development of computerized health information to improve the quality & efficiency of health care
3 <sup>rd</sup>	7.646	Funding programs that help eliminate problems in access to or quality of care for minorities
5 <sup>th</sup>	7.446	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
8 <sup>th</sup>	6.649	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
7 <sup>th</sup>	7.000	Preserving Medicare & Medicaid

**Some believe that fixing the health care system will require tradeoffs from everyone. Please rate your support for each of the following tradeoffs on a scale from 1 (low) to 10 (high).**

2 <sup>nd</sup>	5.157	Accept risk of giving up some privacy for cost savings of electronic medical records
3 <sup>rd</sup>	4.722	Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs
4 <sup>th</sup>	3.890	Expanding federal programs to cover more people, but providing fewer services to those currently covered in those programs.
1 <sup>st</sup>	6.719	Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.

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

7 <sup>th</sup>	4.463	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
9 <sup>th</sup>	3.975	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10 <sup>th</sup>	2.937	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
5 <sup>th</sup>	5.634	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
6 <sup>th</sup>	4.677	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
4 <sup>th</sup>	5.864	Require businesses to offer health insurance to their employees
2 <sup>nd</sup>	7.013	Expand neighborhood health clinics
1 <sup>st</sup>	7.756	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
3 <sup>rd</sup>	6.649	Require that all Americans enroll in basic health care coverage, either private or public
8 <sup>th</sup>	4.128	Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage

## STAYING INVOLVED

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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](http://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](http://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](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://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](http://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](http://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](http://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](http://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](http://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](http://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](mailto:jessica.federer@ahrq.hhs.gov).