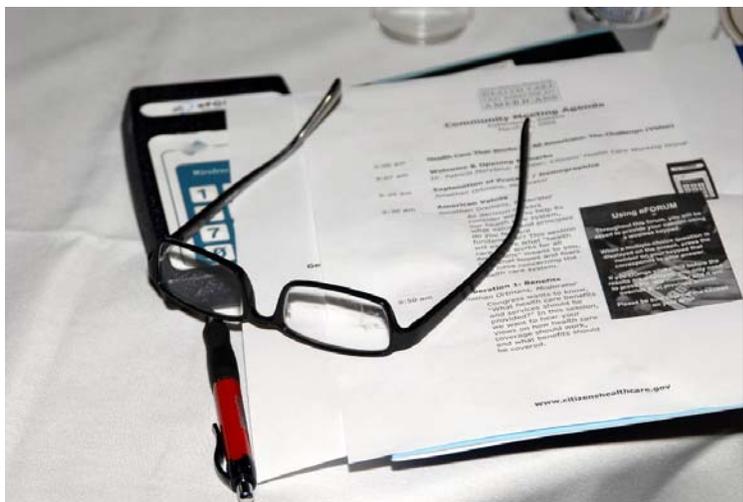




# Kansas City

January 17, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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The people of Kansas City and the surrounding communities shared their views in the first of many meetings held in early 2006 by the Citizens' Health Care Working Group. There was a shared sense of urgency among participants as 99% felt that the current health care system was either in a state of crisis or that it had major problems.

When asked later to elaborate on some of the challenges causing those problems, the most frequent responses were the "link between employment and health insurance" and the "health care/insurance costs." Adding to those concerns was a general sense of skepticism about the profit margins that existed in the system and those who were seen to be capitalizing to a great extent. Some of the more popular suggestions that participants had for slowing the growth of health care costs: limit the profit motive (in the system); create a different form of reimbursement; and to change the marketing/business practices for pharmaceutical companies.

However, participants were also eager to take an active role as well. Calls for increased education efforts on prevention and better access to information to help make informed decisions (regarding health care and/or insurance) punctuated the meeting.



**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**

The value expressed most often as important to participants was access to care, in particular primary care, for all. Some participants expressed their support for health care as a right; others indicated their support for access without using that characterization. Additional principles for which there was strong support were accountability on the part of both providers and patients and configuring the health care system so that positive behavior is rewarded.

The overwhelming majority of participants (91 percent) believed that it should be public policy that all Americans have affordable health care coverage. A dissenter said, "Name one time the government got involved in something and it turned out right!" In response, some participants countered that the government was already so involved in the delivery of health care that its continued presence is essential. It was further stated that the issue of health insurance was a red herring and what was essential was people getting health care, not how providers are paid for delivering that care.

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

- Comprehensive
- Accountability, professional & personal
- Human right and common good
- Everyone has access
- Shared responsibility
- System rewards healthy behaviors
- Education on prevention
- Public - Private partnerships
- Everyone has access to primary care

### **Benefits**

Most participants (81 percent) preferred a health care system based on a basic benefits package for all as opposed to a system, such as America currently utilizes, based on categories of individuals (e.g. employees, Medicare beneficiaries, low income families). Of the people who supported categorical eligibility (10 percent) one suggested it would be easier to expand coverage to additional groups than to reconfigure the current system. Generally, the full group believed it would be a great start to improving health care if all Americans received "basic" coverage. The three basic services receiving the most participant support were prescription drugs, preventive care/annual physicals and inpatient hospital care. Strong support was voiced for access to preventive services at all stages of life, a focus on "health care not illness care" and mental health parity. Support was voiced for including services based on proven medical effectiveness. Many participants also emphasized that "essential" services differ from one individual to another based on the individual's need.

Several people at this meeting would be willing to pay more for additional services outside a basic package, such as chiropractic services, fertility treatment or laser eye surgery. Participants also suggested a willingness to pay more for receiving services at more convenient hours or locations.

## **Getting Health Care**

The two most significant hindrances to accessing health care identified by participants were the link between employment and health insurance coverage (33 percent) and health care/insurance costs (28 percent). Many cited the for-profit nature of the insurance industry as another impediment to access.

Participants decided the four most important factors when choosing a doctor, other health care provider or a health plan were: getting the information they needed to make health care choices for themselves and their families; having health care providers who were respectful and communicated well; having the ability to choose a personal physician; and keeping out of pocket costs low. Perhaps due to the large number of medical professionals in attendance, it was not surprising that the workplace/working in a medical profession was the most common source of health information, with one's doctor and the internet being ranked as other significant sources. Citizens deplored the lack of good information linkages across providers at the community level. One participant noted that making choices about health care when one is faced with desperate circumstances is especially difficult and helps illustrate why health care does not neatly fit in a market model.

## **Financing**

Prior to discussion, participants were split 60/40 on whether everyone who could afford to should be required to obtain health insurance. Following discussion, results were virtually identical: 59 percent believed those who could afford it should be required to obtain insurance and 41 percent disagreed. Discussion on this point was spirited. Many proponents believed those who could afford to do so should pay their "fair" share. Another noted that "we already require car insurance." There was discussion about how to define "affordable" and reference was made to changes to Medicaid and State Children's Health Insurance Program in Missouri which underscored the issue of affordability, particularly at a time when gas prices had risen rapidly. One opponent of the proposal explained that a national health care system was needed instead. Most participants (72 percent) believed that some people should pay more for health insurance than others. Of those who believed this, most thought that income should determine who pays more. However, others believed Americans should be rewarded for healthy life style choices by getting a break on health insurance costs. A contrary voice remarked that "a healthy lifestyle is its own reward." Still others believed structuring a payment system where everybody paid some base amount was important because, "People value what they pay for."

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

*(Top 10 answers)*

- Limit profit motive
- Different form of reimbursement (e.g. single payer)
- Eliminate disparities in health care
- Reward people for being healthy
- Change marketing and other business practices for pharmaceutical companies to reduce cost
- Incentives for providers to keep people healthy
- Better and continuing support for public health
- Reduce fraud in health care settings
- Invest in emerging new technology to avoid duplication and waste
- Reduce over-utilization of the system

When considering what could be done to slow the growth of health care costs, sentiment was strongest for limiting profits in the health care sector. Support for a single payer form of reimbursement reducing administrative costs was the second most popular response. Many people in the room believed that addressing health care disparities effectively would lead to reduced costs. There was also support for giving incentives to either patients or providers to reward healthy behavior. Several people suggested cutting costs associated with over-utilization or misuse of drugs driven by providers or direct to consumer advertising.

### ***Tradeoffs and Options***

Eighty percent of participants voted they are willing to pay more in order to ensure that all had access to affordable high quality health services. The most important spending priority for meeting attendants, expressed by 43 percent, was ensuring that all Americans were covered by health insurance. This was followed (34 percent) with ensuring that all Americans received needed health care, through safety net programs if necessary. In terms of trade-offs, the first person who spoke up suggested that consumers could give a little on choice, if providers would give a little on profit. Another person suggested that all stakeholders, including among others patients, providers, insurers, trial lawyers and pharmaceutical firms, be asked to recommend what they would each be willing to do. There was mild support from some for higher deductibles to reduce premiums. Raising taxes on alcohol and tobacco was also proposed.

#### **Public spending priorities on health and health care in America**

*(Top 3 choices)*

- Guaranteeing that all Americans have health insurance
- Guaranteeing that all Americans get health care when they need it, through public safety net programs (if they cannot afford it).
- Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters

The group's most popular option for providing affordable, high quality health care coverage and services was establishing a national health plan financed by taxpayers through which all Americans would receive care. The next most popular option was expanding neighborhood health clinics. The third most popular option was opening up enrollment in Medicare and/or the Federal Employees Health Benefits Program to those not now eligible. It is worth noting that although this meeting took place less than three weeks after the initial implementation of the Medicare prescription drug benefit and the many snags reported in the press about early implementation, there were no allusions to these difficulties among meeting participants: in fact, strong support for the Medicare program was expressed.

## 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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Randy Johnson represented the Working Group. Local sponsors included Swope Health Services, a large community health center, the Kansas Public Health Association and the Mid America Coalition on Health Care.

Carl Schramm, CEO of the Kauffman Foundation made brief opening remarks. The Kauffman Foundation believes itself unique among American foundations for its focus on entrepreneurship.

Over 175 people attended the Kansas City meeting. Attendees were predominately women (63 percent), aged 45-64 (about 60 percent) and highly educated (62 percent had a graduate or professional degree). The demographic profile of the meeting attendees closely matched that of respondents to the Working Group's website as of the meeting date.

Organizations represented at the meeting were predominately health-related. They included public organizations such as Health Departments from Johnson County, MO and Sedgwick County, KS, local health systems, hospitals and children's hospitals, professional organizations representing specialty groups, nurses, dentists, behavioral and other health professionals, Blue Cross Blue Shield of Kansas City, medical students and several disease specific groups.

Some of the other organizations represented at the meeting included Johnson County Community College, the Jackson County Democratic Party, the Menorah Legacy Foundation, the Thurman Medical Center Charitable Foundation, Phoenix Family Housing Corporation, the United Food and Commercial Workers Union, the United Auto Workers/Ford Community Health Initiative, Price Chopper, Columbian Bank & Trust, the Missouri Athletic Trainers' Association [should this be health related??], Free State Business and Financial Services and the Missouri Association for Social Welfare. A staff person for Congressman Dennis Moore (D-KS) also attended.

## DATA

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### Are you male or female?

37.1%	1	Male
62.9%	2	Female

### How old are you?

9.6%	1	Under 25
25.3%	2	25 to 44
59.0%	3	45 to 64
6.0%	4	Over 65

### Are you Hispanic or Latino?

1.2%	1	Yes
96.5%	2	No
2.4%	3	No Response

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

71.3%	1	White
19.5%	2	Black or African American
2.3%	3	Asian
1.1%	4	Native Hawaiian or Pacific Islander
0.0%	5	American Indian or Alaska Native
2.3%	6	Other
3.4%	7	Decline to answer

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

2.2%	1	Never attended school
1.1%	2	Elementary (grades 1 to 8)
1.1%	3	Some high school
2.2%	4	High school graduate or GED
6.5%	5	Some college
5.4%	6	Associate Degree
19.6%	7	Bachelor's Degree
62.0%	8	Graduate or professional degree
0.0%	9	Decline to answer

### Do you have any kind of health care coverage including health insurance or government plans such as Medicare or Medicaid?

94.4%	1	Yes
5.6%	2	No
0.0%	3	Not sure

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

59.6%	1	It is in a state of crisis
39.3%	2	It has major problems
1.1%	3	It has minor problems
0.0%	4	It does not have any problems
0.0%	5	No opinion

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

- |       |   |                                       |
|-------|---|---------------------------------------|
| 31.7% | 1 | To pay for everyday medical expenses  |
| 57.4% | 2 | To protect against high medical costs |
| 10.9% | 3 | No opinion                            |

**And 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?**

- |       |   |   |
|-------|---|---|
| 1.9%  | 1 | Comprehensive                           |
| 11.1% | 2 | Accountability, professional & personal |
| 21.2% | 3 | Human rights and common good            |
| 27.3% | 4 | Everyone has access                     |
| 1.0%  | 5 | Shared responsibility                   |
| 8.1%  | 6 | System rewards healthy behaviors        |
| 5.1%  | 7 | Education on prevention                 |
| 2.0%  | 8 | Public - Private partnerships           |
| 21.2% | 9 | Everyone has access to primary care     |

**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.]**

- |       |   |     |
|-------|---|-----|
| 90.7% | 1 | Yes |
| 9.3%  | 2 | No  |

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

- |       |   |  |
|-------|---|--|
| 9.7%  | 1 | Health insurance coverage should be provided for groups of people, such as individuals, employees, or people eligible for public programs (such as Medicare or Medicaid) as it is now. |
| 80.6% | 2 | Health insurance coverage should be available for everyone, but would cover basic, important types of services (hospital care, physician visits, etc.), rather than all health care.   |
| 9.7%  | 3 | Unsure   |

**On a scale from 1 (not essential) to 4 (most essential): How essential would each of the following services be to include in a basic benefits package**

- |                  |        |  |
|------------------|--------|--|
| 2 <sup>nd</sup>  | 3.7283 | Annual physicals & preventive care                           |
| 14 <sup>th</sup> | 3.2963 | Community-based care services (for people with disabilities) |
| 21 <sup>st</sup> | 2.0244 | Complementary and alternative medicine                       |
| 10 <sup>th</sup> | 3.4625 | Dental care  |
| 4 <sup>th</sup>  | 3.6364 | Doctor's office visits                                       |
| 22 <sup>nd</sup> | 1.1282 | Elective plastic surgery                                     |
| 8 <sup>th</sup>  | 3.5132 | Emergency room visits  |
| 16 <sup>th</sup> | 3.0988 | Family planning  |
| 19 <sup>th</sup> | 2.9863 | Hearing aids   |
| 17 <sup>th</sup> | 3.0921 | Home health care   |
| 9 <sup>th</sup>  | 3.4805 | Hospice and other palliative care (pain management)          |
| 3 <sup>rd</sup>  | 3.6667 | Hospital stays (including surgery)                           |
| 13 <sup>th</sup> | 3.3158 | Imaging tests  |
| 5 <sup>th</sup>  | 3.6049 | Lab tests  |
| 18 <sup>th</sup> | 3.0886 | Medical equipment  |
| 7 <sup>th</sup>  | 3.5270 | Mental health care   |

15 <sup>th</sup>	3.1772	Nursing home care
6 <sup>th</sup>	3.5513	Outpatient surgery
11 <sup>th</sup>	3.3243	Physical therapy
1 <sup>st</sup>	3.7949	Prescription drugs
20 <sup>th</sup>	2.9615	Substance abuse care
12 <sup>th</sup>	3.3205	Vision care

**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?**

8.0%	1	Shortage of providers and specialty providers
8.0%	2	Communication between providers
12.5%	3	Increased levels of access
28.4%	4	Cost
5.7%	5	Energy to fight bureaucracy
0.0%	6	Adequate staffing
4.5%	7	Limited coverage
27.3%	8	For-profit insurance industry
2.3%	9	Culturally competent care
3.4%	10	Special interests

**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?**

13.3%	1	Location
6.0%	2	Arbitrary limits on mental health services
10.8%	3	Pre-existing condition clauses
6.0%	4	Access to Education on healthy lifestyles
10.8%	5	Rising co-pays
32.5%	6	Linkage between coverage and employment
12.0%	7	Lack of understanding of insurance coverage
0.0%	8	Gender discrimination
4.8%	9	Lack of uniform data collection
3.6%	10	Lack of information about providers

**On a scale of 1 (not important) to 4 (most important): If you had the opportunity to choose health insurance plans, how important would each of the following be to you**

3 <sup>rd</sup>	3.5195	Being able to choose my own personal physician
7 <sup>th</sup>	3.1757	Being able to choose my own medical specialist
9 <sup>th</sup>	3.0494	Being able to choose which hospital to go to
2 <sup>nd</sup>	3.6222	Having health care providers who are respectful and communicate well
1 <sup>st</sup>	3.7609	Being able to get the information I need to make informed decisions about care for my family and me
8 <sup>th</sup>	3.0526	Convenience and waiting times for appointments and services
10 <sup>th</sup>	2.8375	Not having to deal with paperwork and bills
6 <sup>th</sup>	3.2727	Keeping the cost of my insurance premiums down
4 <sup>th</sup>	3.3977	Keeping the out-of-pocket costs for visits, drugs, or other supplies down
5 <sup>th</sup>	3.3438	Ensuring the privacy and confidentiality of my medical history and treatment information

**Where do you get most of your information for making choices about health care and/or health insurance?**

2.3%	1	The media (such as radio, TV & newspapers)
25.3%	2	Your doctor or other health professionals

- 5.7% 3 Your friends and family
- 14.9% 4 The internet
- 43.7% 5 Your workplace / working in the medical field
- 6.9% 6 Personal experience
- 0.0% 7 Some other source
- 1.1% 8 Don't know

**Should everyone who can afford to do so be required to obtain basic health insurance?**

- 59.8% 1 Yes
- 40.2% 2 No

**Should everyone who can afford to do so be required to obtain basic health insurance?**

- 58.5% 1 Yes
- 41.5% 2 No

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

- 72.2% 1 Yes
- 27.8% 2 No

**Most Americans get their health insurance through their employers. Should public policy continue to encourage employer-based health insurance?**

- 36.3% 1 Yes
- 63.7% 2 No

**Do you think government resources should subsidize health insurance for people who can't otherwise afford it?**

- 94.7% 1 Yes
- 5.3% 2 No

**What can be done to slow the growth of health care costs in America? And which of these steps is the most important to take?**

- 14.0% 1 Reward people for being healthy
- 4.3% 2 Emphasize home health care, especially at end of life
- 17.2% 3 Eliminate disparities in health care
- 1.1% 4 Focus on scientific basis for prenatal health
- 12.9% 5 Change marketing and other business practices for pharmaceutical companies to reduce cost
- 8.6% 6 Incorporate evidence-based incentives
- 0.0% 7 Eliminate the advertising/entertainment company lobbying cost
- 35.5% 8 Limit profit motive
- 4.3% 9 Have organized way of financing health education
- 2.2% 10 Manage chronic care disease

**What can be done to slow the growth of health care costs in America? And which of these steps is the most important to take?**

- 8.0% 1 Reduce duplication due to defensive medicine
- 12.5% 2 Better support and continuing support for public health
- 22.7% 3 Different form of reimbursement e.g. single payer
- 6.8% 4 Penalize companies which make unhealthy products, e.g. no tax deductions
- 9.1% 5 Reduce over-utilization of the system
- 3.4% 6 Decrease frustrating bureaucracy

- 4.5%      7    Raise literacy rate throughout the country
- 11.4%    8    Reduce fraud in health care settings
- 12.5%    9    Incentives for providers to keep people healthy
- 9.1%     10   Invest in emerging new technology to avoid duplication and waste

**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?**

- 6.7%      1    \$0
- 12.4%    2    \$1 - \$100
- 19.1%    3    \$100 - \$299
- 23.6%    4    \$300 - \$999
- 24.7%    5    \$1000 or more
- 13.5%    6    Don't know

**Considering the current federal budget deficit, the rising cost of health care, and the aging of the baby boomer" generation which of the following should be the MOST important priority for public spending on health and health care in America?"**

- 3.1%      1    Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 18.4%    2    Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 40.8%    3    Guaranteeing that all Americans have health insurance
- 1.0%     4    Funding the development of computerized health information to improve the quality and efficiency of health care
- 0.0%     5    Funding medical education to ensure that we have enough high-quality medical professionals and health care workers
- 2.0%     6    Funding programs that help eliminate problems in access to or quality of care for minorities
- 1.0%     7    Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 33.7%    8    Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."

**If you believe it is important to ensure access to affordable, high quality health coverage and services for all Americans, what proposals would you suggest for doing this? On a scale from 1 (strongly oppose) to 5 (strongly support), please rate the following proposals**

- 7<sup>th</sup>      3.1646    Offer uninsured Americans income tax deductions, credits, or other financial assistance to help the purchase of private health insurance on their own.
- 4<sup>th</sup>      3.9753    Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance.
- 3<sup>rd</sup>      4.0864    Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 5<sup>th</sup>      3.5135    Expand current tax breaks available to employers and their employees to encourage employers to offer insurance to more workers and families
- 9<sup>th</sup>      3.1053    Require businesses to offer health insurance to their employees
- 2<sup>nd</sup>      4.1757    Expand neighborhood health clinics
- 1<sup>st</sup>      4.2963    Create a national health plan, financed by taxpayers, in which all Americans would get their insurance
- 6<sup>th</sup>      3.1852    Require that all Americans obtain coverage, either through their employers, government programs or insurance they purchase on their own
- 8<sup>th</sup>      3.1294    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).