



Eugene

April 18, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

Discussion at the Eugene community meeting appeared influenced by Oregon citizens' experiences through the development of the Oregon Health Plan. Participants seemed confident that change of the health care system was possible and that the Oregon Health Plan provided a workable model.

Senator Ron Wyden, who sponsored the legislation authorizing the Citizens' Health Care Working Group with Senator Orrin Hatch, opened the meeting by identifying four areas he thought important. First, he believes the health care system should focus on keeping people well, not the "sick care" encouraged by our current system. Second, the Federal government can play a more active role in cost containment and cited legislation he is sponsoring with Senator Olympia Snowe (ME) that would lift restrictions on negotiating prices for pharmaceuticals under Medicare Part D. He would like to see more attention paid to end of life issues and "doing it right" through increased use of hospice and palliative care. Finally, he noted movement toward universal coverage needs to "Keep it simple." Senator Wyden felt this was the most important lesson to be learned from the public's experience with Medicare Part D. The subsequent discussion at the meeting echoed these themes.

The findings from the Eugene meeting were similar to those at other meetings including a few prominent themes. There was a sense that limits needed to be set on basic insurance coverage and that not all services could be provided. There also was a strong emphasis on the community with a collective responsibility to foster health. Finally, many identified themselves as activists. While they were suspicious of the role industry special interests play in developing health policy and legislation, they seemed proud to identify themselves as "grass roots lobbyists" working for change.



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
→ **Eugene, Oregon**
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
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 person needs to be accountable to the system and the system needs to be accountable to the individual.

Attendees at the Eugene meeting identified the two most important values that characterize “health care that works for all Americans” as universal care and “equal access with universal contribution and participation.” Other important values included prevention and wellness, efficient and effective team delivery of health care, fairness and accountability. Virtually everyone attending the meeting believed that the health care system was in a state of crisis (67 percent) or had major problems (32 percent).

Ninety-one percent of attendees believed 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?

(Top 5 answers below)

- (tie) Universal care
- (tie) Equal access with universal contribution and participation
- Efficient and effective delivery by a team approach
- Affordability
- Fairness

Benefits

*There’s a need for definition because we cannot afford it all.
We have a model in the Oregon Health Plan*

Ninety-six percent of those attending believed that providing a defined level of services for everyone was preferable to categorical coverage. When discussing what services should be covered, attendees cited the Oregon Health Plan as a model for coverage and called attention to the importance of emphasizing prevention and early intervention. While some individuals advocated for adding services to the “typical” plan, such as alternative medicine, nutritionists and naturopaths, vision care and comprehensive dental care, others suggested those well-insured now can manage with less generous benefits.

Getting Health Care

Meeting participants identified numerous barriers to getting health care. Many of these were due to their insurance coverage such as challenges with pre-existing conditions, lapses in coverage, the inflexibility of some insurance plans, high deductibles and co-payments, finding providers who accept Medicare and Medicaid, and the paradox that when one has employer-based insurance and becomes too sick to stay in the work force, one can lose coverage when it is most needed. Other barriers included access to care after hours and on weekends, the availability of primary care providers, obstetricians and other specialists, health care personnel shortages in rural areas, language or cultural health literacy and fragmented or uncoordinated care. Attendees considered many factors important when getting health care including timeliness, quality, access, continuity of care over time, choice of provider, a personal relationship with one’s provider, patient autonomy, flexibility

“so that service you’re given makes sense to you” and having an educational component to the care that is delivered.

Financing

Health care is not portable; it locks us into jobs.

We have increasingly broken the social contract of the 50’s and 60’s.

We are not paying for health services but for a system to use when we need it.

We have this view that people can be responsible but people have not been taught what they need to know to be responsible.

It seems this all boils down to group and community responsibility as well as individual responsibility. Many other cultures believe health is a community responsibility. We are focused too much on individual responsibility.

Sixty-five percent of those attending believed that everyone should be required to enroll in basic health care coverage. Some people had trouble with this concept because such a system would exclude illegal immigrants and “those who don’t follow the rules,” as well as be difficult to enforce. As one person said, “You can’t count on people to be responsible.”

Sixty-eight percent of attendees believed that tax rules to encourage employer-based health insurance should not be continued. The current system of employer-sponsored insurance was characterized as an historical fluke, growing out of wage controls during World War II. People argued that payment for health care should instead be based on “all of us sharing the cost just as we do in education.”

When asked about the role of the individual and families in health care, participants offered a range of suggestions. Many focused on acting responsibly by practicing a healthy lifestyle, “not running to the emergency room for sniffles” and making means-based contributions to one’s care. The point was emphasized that in order to be responsible consumers, people need to have both the clinical and cost information necessary to make informed decisions about their care. It was noted that there is great diversity across society in people’s ability to “take care of themselves” and suggested that health was a community, as well as an individual, responsibility.

Attendees offered many proposals to slow the growth of health care costs. Some were related to care delivery including: focusing on prevention, having one’s first visit be to someone other than a physician, encouraging management of chronic

Which public spending would you prioritize to reach the goal of health care that works for all Americans?

(Top 5 answers below)

- Guaranteeing that all Americans have health insurance.
- Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters.
- Guaranteeing that all Americans get health care when they need it, through public safety net programs (if they can not afford it).
- Funding programs that help eliminate problems in access to or quality of care for minorities.
- Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas.

diseases and stopping unnecessary tests. Other suggestions involved improved information about treatment options and the quality of providers, transparency of health care costs and better public service announcements promoting healthy behavior. Some proposals called for more rigorous regulation of the health care system by: rationalizing capital investment, limiting the spread of technology through certificates of need, eliminating direct to consumer advertising and limiting or eliminating profit in the health care system. Some participants thought that campaign finance reform would help mitigate the influence of lobbyists on Federal health care legislation.

Roughly three fourths of meeting participants would be willing to pay more to support efforts that would result in every American having access to affordable, high quality health care coverage and services. One third of attendees would be willing to pay \$1,000 or more a year.

Tradeoffs and Options

Is that the plan that Congress has? I want the plan that Congress has.

No, Congress has a choice of private plans and that's not what we want.

The right to coverage is a basic human need that has to be met in some form...If we can introduce a plan equivalent to that now available to Congress, no one's care will be reduced.

Some attendees believed that opening up enrollment in Federal programs, such as the Federal Employees' Health Benefit Program was a way to ensure access to affordable, high quality health coverage. However, several other options ranked higher. The option receiving strongest support was creating a national health insurance program financed by taxpayers in which all Americans would get their insurance. This was followed by expanding community clinics, increasing flexibility afforded to states in how they use federal funds for state programs and requiring that all Americans enroll in basic health coverage either public or private.

The three most important public spending priorities identified were guaranteeing that all Americans have health insurance, investing in public health programs and guaranteeing that all Americans get health care when they need it.

The audience strongly endorsed the concept of limiting coverage for end of life care of questionable value in order provide more comfort care and care at home for the dying. Participants did not support what was called "desperate attempts to string people along."

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?

(listed in order from highest support to lowest)

- Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
- Expand neighborhood health clinics
- Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage.
- Require that all Americans enroll in basic health care coverage, either private or public.
- Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.

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 of the full group, and interactions at the table and full group levels. Key points raised to the full group were displayed on a screen. Participants answered questions using key pads and results were displayed as received. Findings from these instant polls formed the basis for full group discussion. Complete polling data from this meeting is available at www.citizenshealthcare.gov.

PARTICIPATION

The Citizens' Health Care Working Group Eugene Community Meeting was held April 18, 2006 from 10:00 am to 2:00 pm at the Hilton Hotel, with about 110 in attendance. Randy Johnson, Working Group Chair, represented the Working Group at the meeting. The media were represented by the local ABC affiliate, KEZI; the NBC affiliate, KVAL and KLCC radio, a National Public Radio station. One state senator and four representatives to the Oregon legislature attended this meeting.

The audience attending the Eugene meeting had many of the characteristics of the audiences of other community meetings: the typical attendee was female (58 percent); between the ages of 45 and 64 (69 percent) and well-educated (over 50 percent with a graduate or professional degree. Sixty-five percent had employer-sponsored insurance and 17 percent were on Medicare. Close to half were employed working full time; about one-fourth listed "Other" as their employment status.

DATA

Are you male or female?

41.90%	1	Male
58.10%	2	Female

How old are you?

2.10%	1	Under 25
13.50%	2	25 to 44
68.80%	3	45 to 64
15.60%	4	Over 65

Are you Hispanic or Latino?

1.10%	1	Yes
93.70%	2	No
5.30%	3	No Response

Which of these groups best represents your race?

89.50%	1	White
2.10%	2	Black or African American
1.10%	3	Asian
0.00%	4	Native Hawaiian or Pacific Islander
1.10%	5	American Indian or Alaska Native
1.10%	6	Other
5.30%	7	Decline to answer

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

0.00%	1	Elementary (grades 1 to 8)
0.00%	2	Some high school
2.20%	3	High school graduate or GED
9.70%	4	Some college
5.40%	5	Associate Degree
30.10%	6	Bachelor's Degree
51.60%	7	Graduate or professional degree
1.10%	8	Decline to answer

What is your primary source of health care coverage?

65.20%	1	Employer-based insurance
12.00%	2	Self-purchased insurance
2.20%	3	Veterans'
17.40%	4	Medicare
0.00%	5	Medicaid
2.20%	6	Other
0.00%	7	None
1.10%	8	Not sure

What is your employment status?

9.40%	1	Self-employed
47.90%	2	Employed - working full time
12.50%	3	Employed - working part-time
5.20%	4	Not employed / currently looking for work
1.00%	5	Homemaker
24.00%	6	Other

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

67.00%	1	It is in a state of crisis
32.00%	2	It has major problems
1.00%	3	It has minor problems
0.00%	4	It does not have any problems
0.00%	5	No opinion

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

18.90%	1	To pay for everyday medical expenses
80.00%	2	To protect against high medical costs
1.10%	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?

37.50%	1	Universal care
37.50%	2	Equal access with universal contribution and participation
5.20%	3	Efficient and effective delivery by a team approach
3.10%	4	Affordability
4.20%	5	Fairness
4.20%	6	Accountability
7.30%	7	Prevention & wellness
0.00%	8	Enhances the common good
0.00%	9	Evidence-based
1.00%	10	Comprehensive

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.]

91.20%	1	Yes
8.80%	2	No

Which of the following statements most accurately represents your views?

4.40%	1	Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
95.60%	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?

- 1 Nutritionists & naturopaths
- 2 Alternative care
- 3 Dental care
- 4 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?

- 1 Access to care after hours and on weekends
- 2 Pre-existing conditions
- 3 Lapses in coverage (esp. those with chronic conditions)
- 4 Eligibility
- 5 Availability / shortage of primary & OB providers
- 6 Geographic availability (rural & urban)
- 7 High deductibles and co-pays
- 8 Transportation
- 9 Inflexibility of certain plans
- 10 Challenge of finding practitioners that understand health, not just disease
- 11 Finding primary care providers who take Medicare / Medicaid
- 12 Language and cultural health literacy
- 13 Lack of specialty providers (esp. pediatric)
- 14 Fragmented and uncoordinated care
- 15 Physical / mobility barriers
- 16 Access to physicals and other non-crisis services under Medicare
- 17 Lose insurance coverage through employment if you are too sick to work / lose job

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

- 1 Timeliness of care
- 2 Quality of care
- 3 Continuity / longitudinal (medical home)
- 4 Choice
- 5 Access to care (esp. in rural & inner cities)
- 6 Patient autonomy / responsibility
- 7 Getting care provider recommends even if it's not covered
- 8 Personal relationship with physician & care providers
- 9 Educational component to health care
- 10 Flexibility so service you're given makes sense to you
- 11 Coverage for catastrophic

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

- | | | |
|--------|---|-----|
| 65.10% | 1 | Yes |
| 34.90% | 2 | No |

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

- | | | |
|--------|---|-----|
| 31.60% | 1 | Yes |
| 68.40% | 2 | No |

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?

- Move to a national, single payer system to reduce redundancy and admin costs
- Put everyone in an HMO to cap / budget costs
- Focus less on treatment and more on prevention (e.g. National Nurse)
- Increase transparency of health care costs
- Make first visit to non-physicians (e.g. nurse)
- Transparent unitary pricing across the country
- Encourage chronic disease management
- Control and ration capital investment process
- Provide incentives to physicians to educate patients and to patients to reward healthy lifestyles
- Limit profits in the system
- See a balance in pay-for-performance criterias and patient satisfaction
- No commercials marketing drugs
- Increase investment in studying effectiveness of treatments
- Limit technology by using certificate of need
- Negotiate prices of pharmaceuticals
- Cap on pharmaceutical company profits
- Stop unnecessary tests
- Getting Pharma out of Congress -- campaign finance reform
- Increase primary care workforce
- Take litigation off the table
- Don't allow physicians who are accepting gov't salaries
- Bring real professionals in to deal with error problems to reduce / eliminate need for lawsuits
- Increase government spending for nursing schools
- Get rid of non-disclosure agreements
- Limit advertising for poor health habits and improve PSAs to get messages out for

- healthy lifestyles.
- Lack of knowledge about treatment options
- Lack of knowledge about quality of providers
- Lack of an adequate safety net
- Inadequate time on behalf of provider to spend with patients / consumers

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?

13.40%	1	\$0
11.90%	2	\$1 - \$100
11.90%	3	\$100 - \$299
17.90%	4	\$300 - \$999
32.80%	5	\$1,000 or more
11.90%	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.

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

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 your support for each of the following proposals on a scale from 1 (low) to 10 (high).

1st	Limiting coverage for certain end-of-life care of questionable value in order to provide more at-home and comfort care for the dying.
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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).

9th	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
6th	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10th	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
5th	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
8th	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families

7th	Require businesses to offer health insurance to their employees
2nd	Expand neighborhood health clinics
1st	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
4th	Require that all Americans enroll in basic health care coverage, either private or public
3rd	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.