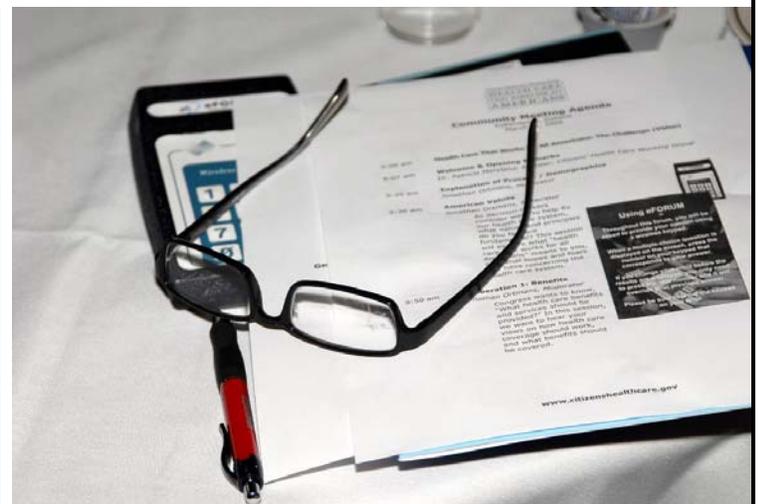
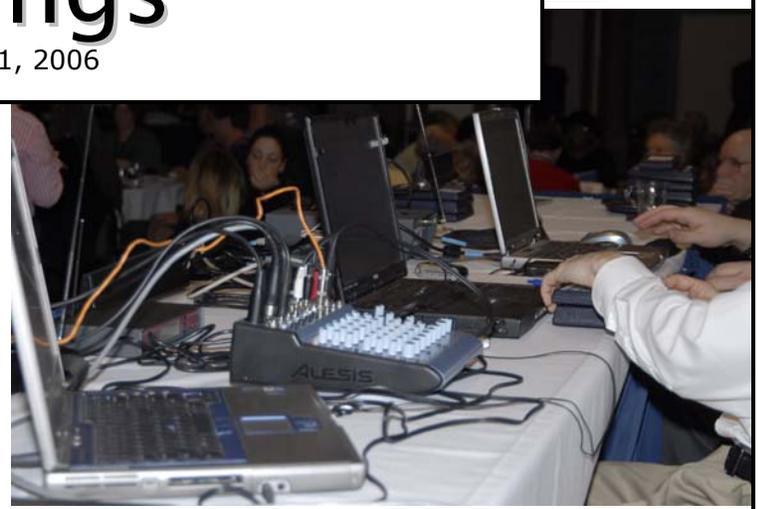




Billings

April 21, 2006



Citizens' Health Care Working Group

HEALTH CARE
 THAT WORKS FOR ALL
 AMERICANS

OVERVIEW

Several factors distinguished the Billings Community Meeting from others in the country. Throughout the meeting, one could sense the independence of Montanans and their willingness to thoughtfully weigh alternatives. John Bohlinger, the Republican Lieutenant Governor under Democratic Governor Brian Schweitzer, welcomed the group. Meggin Stewart, a staffer for Republican Senator Conrad Burns, read a letter which stressed his support for expanding health savings accounts and enacting provisions for association health plans. On the other hand, Democratic Senator Max Baucus suggested that the individual mandate recently enacted in Massachusetts may be a prompt for future action.

Montana's small population and great distances between population centers led to an emphasis on rural health delivery issues. Native Americans in the audience reminded attendees of the Federal government's treaty obligations. Throughout the meeting there was an emphasis on the responsibility of the individual and family, tempered by a sense of community. There were also thoughtful observations and practical suggestions for change. One thing that distinguished this meeting was the way it illustrated how participatory democracy can exist in a state with a small population and officials who emphasize public engagement.

In his closing remarks to the group Senator Baucus observed, "Maybe it's not the Titanic, but we're on a big boat and it doesn't turn on a dime. We're cruising for major change and we're all in this together." He noted that he was skeptical of what might happen when the Working Group's recommendations are released and the lobbyists become involved. He encouraged participants to organize and "call me every day" with their recommendations, stressing they, not the special interests, were in charge. To further encourage their participation, he gave attendees his personal e-mail address and urged them not to be bashful in following up, while suggesting that the group should meet again after the interim and final recommendations are released.



**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



Billings, Montana
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
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

Your definition of basic care needs to fit people's needs.

The existing system (of categorical coverage) is totally broken. Don't worry about fixing it; find a new model.

The most important health care system value identified by participants at the Billings community meeting was that the system should serve all, regardless of one's ability to pay. Two other values that received strong support were health care as a right and universalized standards of basic care. Prevention and quality/effectiveness were also important values.

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

(Top 5 answers below)

- Serve all people regardless of ability to pay.
- Health care as a right.
- Universalized standards of basic care.
- *(tie)* Prevention.
- *(tie)* Quality & effective.

Ninety percent of participants believed that it should be public policy that all Americans have affordable health care coverage. Eighty-seven percent of attendees believed that providing a defined level of benefits for all was preferable to providing coverage for particular groups of people, because, "at least everyone gets something." Medicare and the Veterans Administration were cited as models for expansion. A participant noted that additional benefits on top of basic coverage should be available for those who wanted to acquire them.

One table of Native Americans unanimously expressed support for providing coverage for particular groups of people. Their spokesperson said that Native Americans do not want to weaken in any way the treaty relationship that is the basis for the health care they receive. However, they do want increased funding for health services for Native Americans and better quality services.

Benefits

Trust is a key word here.

Meeting attendees suggested several additions to the basic plan components that were proposed. These included: glasses and hearing aids, assisted-living or home care, comprehensive dental care, care provided by nurse practitioners, birth control prescription drug coverage, alternative therapies and holistic care.

Attendees believed that consumers, medical professionals, the federal government and state and local government, in descending order, should be the key participants deciding the basic benefits package.

Getting Health Care

There might be a million doctors out there, but if my doctor is no longer a preferred provider, I can't see him.

People described a variety of difficulties encountered in getting health care. While many of these were problems the Working Group has encountered at other meetings, some problems were exacerbated in Montana. For example, one woman described having to travel 220 miles to receive health care because her health care plan had no preferred providers in her immediate area. The lack of available specialists was pointed out: one person noted that people can wait for a year for a dermatology or mental health appointment. Ob-Gyn care is also a problem in rural areas. While some technological breakthroughs are emerging through telehealth, reimbursement for these telehealth services continues to be a problem. Participants noted a lack of coverage for preventive care and an increasing reluctance from providers to accept Medicare or Medicaid. There is also a lack of education about benefits and services. Small schools in rural areas cannot support a school nurse.

Native Americans noted that current Federal funding levels limit the quality of care available to them and noted cultural and language barriers. Some older people still speak the Crow language and have limited English. Also, the healing process involves more than medical care.

Very important to meeting participants was having competent practitioners who are caring and who use "language you can understand" to describe what they can and cannot do. Attendees want care that is timely, priced fairly and from their choice of provider. They desire control over where to go and who to see for services. They also want preventive care delivered through a system that is proactive, not reactive.

Financing

If you can't afford it [health care coverage], you don't have it. If people can't afford it, what in the world good is it?

Employer-sponsored insurance worked when it was a perk, an extra, offered by employers. But now coverage is a necessity, not a privilege.

It's OK to educate doctors about new drugs, but not romance them.

Education is paramount: people need to know about health lifestyles and government has a responsibility to teach.

About three-quarters of attendees believed that everyone should be required to enroll in basic health care coverage, although one person noted that enrollment should be automatic. If everyone was enrolled, another person noted, inappropriate emergency room usage would decrease. A differing view was expressed by a woman who said, "I can see the logic of requiring enrollment in health

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)

- Education and prevention.
- Cost control on drugs and advertisement.
- Limit direct-to-consumer advertising (e.g. hospitals, drug companies, etc.) - cannot deduct costs spent on advertising.
- Look at malpractice insurance limits.
- More home-based care for the elderly rather than nursing home care.

coverage, but we're from Montana and don't like to be told what to do." Three-quarters of participants also believed that some people should pay more for coverage, with income and health behaviors influencing the amount paid.

The audience was split fairly evenly with fifty-four percent of attendees voting tax incentives should no longer be used to encourage employer sponsored health insurance, while forty-six percent believed these tax incentives should be retained. People noted the unevenness of employer coverage based on what employers are willing or able to provide. One person observed that employer-sponsored insurance has evolved from an additional perk, when it was first offered, to the necessity it is today which no longer works in Montana, given that change and Montana's many small employers. One person summed up the difficulty participants had with this question by saying, "It's a double-edged sword: you're damned if you do [maintain tax incentives] and damned if you don't."

Participants identified a variety of steps that could be taken to slow the growth of health care costs. The five they thought would be most effective were, in descending order, health education and prevention; cost controls on drugs and advertising; more home-based care for the elderly as opposed to nursing home care; limiting extraordinary measures at the beginning and end of life and a consumer-driven single payer system with caps on administrative costs, funded through taxation. The five strategies that were deemed most feasible were: health education and prevention, cost controls on drugs and advertising, reducing direct-to-consumer advertising of health services and products through limiting the deductibility of advertising costs (Billings is the only place where this particular proposal has surfaced); using professional nurse case management models for managing chronic care and establishing limits on malpractice insurance.

Attendees identified many ways individuals and families could take responsibility in a health care system, including educating oneself to make responsible decisions about health care options and healthy lifestyles. Individuals also have to "vocalize their needs," be prudent consumers of care, follow-through with recommended treatment and "stop suing doctors over ridiculous things." One person noted the need to hold absent parents accountable for the cost of their children's medical care. A Native American said that they needed to promote and utilize "what we had before" in holistic and alternative care. This strong emphasis on the individual's responsibility was tempered by one person's observation that it is hard to hold people who don't make a living wage accountable for researching their health care options.

Two proposals for helping ensure access to affordable high quality health care coverage and services stood out among the options proposed and received virtually identical support: creating a national health insurance program financed by taxpayers through which all Americans would get their insurance and expanding neighborhood health clinics. Opening up enrollment in Federal programs such as Medicare and the Federal Employees' Health Benefits Program was the next most popular option.

Tradeoffs and Options

We need to address domestic needs. There is a widening gap between the rich and everyone else.

We haven't talked about health care delivery.

We need to change how we practice medicine; we're still practicing medicine the way we did fifty years ago.

Seventy-five percent of attendees would be willing to pay more to ensure all Americans have access to affordable, high quality health care coverage and services. Twenty-one percent would be willing to pay \$1,000 or more.

The four most important public spending priorities identified at this meeting were investing in public health programs to prevent disease, promoting healthy lifestyles, protecting public safety net programs for those who need them and funding the development of health information technology.

Which public spending priority do you support to reach the goal of health care that works for all Americans?

(listed in order from highest support to lowest)

- Guaranteeing that all Americans have health care (*word change requested by audience).
- Guaranteeing that all Americans get health care when they need it, through public safety net programs (if they can not afford it).
- Funding the development of computerized health information to improve the quality & efficiency of health care.
- Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas.

METHODOLOGY

Participants at the meeting sat at tables of six 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 Billings Community Meeting was held Friday, April 21, 2006 from 8:00 AM to 12:00 noon at the MetraPark Exhibit Hall, with about 130 in attendance. Catherine McLaughlin represented the Working Group at the meeting. Bill Kennedy, County Commissioner for Yellowstone County, welcomed the group, who during the course of the meeting also heard from

Lieutenant Governor John Bohlinger, a field representative of Senator Conrad Burns and Senator Max Baucus. NBC affiliate KULR 8 covered the meeting, as did the Billings Gazette. An op-ed by Senator Max Baucus had appeared in the Gazette in advance of the meeting.

The audience attending the Billings meeting had many of the characteristics of the audiences of other community meetings: the typical attendee was female (61 percent), between the ages of 45 and 64 (60 percent) and well-educated (33 percent with a bachelor's degree, 38 percent with a graduate or professional degree). Seventy-four percent had employer-sponsored health insurance while nine percent were on Medicare. Seventy-four percent were employed working full time and about ten percent listed "Other" as their employment status.

DATA

Are you male or female?

| | | |
|--------|---|--------|
| 39.40% | 1 | Male |
| 60.60% | 2 | Female |

How old are you?

| | | |
|--------|---|----------|
| 5.90% | 1 | Under 25 |
| 22.80% | 2 | 25 to 44 |
| 60.40% | 3 | 45 to 64 |
| 10.90% | 4 | Over 65 |

Are you Hispanic or Latino?

| | | |
|--------|---|-------------|
| 2.90% | 1 | Yes |
| 94.20% | 2 | No |
| 2.90% | 3 | No Response |

Which of these groups' best represents your race?

| | | |
|--------|---|-------------------------------------|
| 88.00% | 1 | White |
| 3.00% | 2 | Black or African American |
| 0.00% | 3 | Asian |
| 0.00% | 4 | Native Hawaiian or Pacific Islander |
| 5.00% | 5 | American Indian or Alaska Native |
| 2.00% | 6 | Other |
| 2.00% | 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 |
| 5.90% | 3 | High school graduate or GED |
| 15.80% | 4 | Some college |
| 7.90% | 5 | Associate Degree |
| 32.70% | 6 | Bachelor's Degree |
| 37.60% | 7 | Graduate or professional degree |
| 0.00% | 8 | Decline to answer |

What is your primary source of health care coverage?

| | | |
|--------|---|--------------------------|
| 74.30% | 1 | Employer-based insurance |
| 4.80% | 2 | Self-purchased insurance |
| 1.00% | 3 | Veterans' |
| 8.60% | 4 | Medicare |
| 0.00% | 5 | Medicaid |
| 2.90% | 6 | Other |
| 8.60% | 7 | None |
| 0.00% | 8 | Not sure |

What is your employment status?

- | | | |
|--------|---|---|
| 6.90% | 1 | Self-employed |
| 74.30% | 2 | Employed - working full time |
| 5.00% | 3 | Employed - working part-time |
| 2.00% | 4 | Not employed / currently looking for work |
| 2.00% | 5 | Homemaker |
| 9.90% | 6 | Other |

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

- | | | |
|--------|---|-------------------------------|
| 37.30% | 1 | It is in a state of crisis |
| 58.80% | 2 | It has major problems |
| 3.90% | 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?

- | | | |
|--------|---|---------------------------------------|
| 26.40% | 1 | To pay for everyday medical expenses |
| 70.80% | 2 | To protect against high medical costs |
| 2.80% | 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?

- | | | |
|--------|----|--|
| 13.60% | 1 | Universalized standards of basic care |
| 35.80% | 2 | Serve all people regardless of ability to pay |
| 18.50% | 3 | Health care as a right |
| 2.50% | 4 | Personal responsibility for additional coverage |
| 8.60% | 5 | Prevention |
| 1.20% | 6 | Transcends cultural and linguistic barriers |
| 3.70% | 7 | Assurance (rather than insurance) |
| 6.20% | 8 | Seamless coordination between doctors, hospitals and insurance |
| 1.20% | 9 | Medical care as a part of health care |
| 8.60% | 10 | Quality & effective |

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.]

- | | | |
|--------|---|-----|
| 90.20% | 1 | Yes |
| 9.80% | 2 | No |

Which of the following statements most accurately represents your views?

- | | | |
|--------|---|--|
| 13.00% | 1 | Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now |
| 87.00% | 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 Vision
- 2 Hearing
- 3 Nursing home care
- 4 Alternative care
- 5 Comprehensive dental
- 6 Expand prescription drugs to include birth control
- 7 Holistic care
- 8 Nurse practitioner
- 9 Prescription drugs cover pain medication
- 10 Home care

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 | Federal government |
| 4th | State and/or local government |
| 2nd | Medical professionals |
| 6th | Insurance companies |
| 5th | Employers |
| 1st | 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 Providers not participating in rural areas (need to drive 200 miles)
- 2 Lack of access to specialists
- 3 Lack of coverage for telemedicine
- 4 Federal cutbacks to Indian Health Service
- 5 Lack of coverage for preventive care
- 6 Lack of education about benefits and services (esp. low income)
- 7 Dental care not available for low income children
- 8 Workers compensation broken - lack of available care
- 9 Excessive waiting times for appointments
- 10 Lack of access to behavioral and mental health care
- 11 Unavailability of physicians (e.g. timeliness)
- 12 Cultural and language barriers
- 13 Lack of consumer responsibility

- 14 Lack of OBGYN care esp. due to malpractice
- 15 Pre-existing conditions
- 16 Increasing reluctance of physicians to accept Medicare/Medicaid limits
- 17 School health in rural settings (lack of nurses)

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

- 1 Competency & caring provider
- 2 Simple to understand
- 3 Fair pricing
- 4 Fairness in getting the necessary care
- 5 Spiritual, emotional, mental and physical care
- 6 Self-directed (control where you go and who you see)
- 7 Timeliness & early access
- 8 Choice of providers
- 9 Preventive care (proactive vs reactive)
- 10 Access to treatment facilities and medication

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

- 74.20% 1 Yes
- 25.80% 2 No

Should some people be responsible for paying more than others?

- 76.30% 1 Yes
- 23.80% 2 No

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

- 11.90% 1 None - everyone should pay the same
- 7.10% 2 Family size
- 28.60% 3 Health behaviors
- 44.00% 4 Income
- 8.30% 5 Other

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

- 45.80% 1 Yes
- 54.20% 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?

- 5th A - Single-payer medical system with caps on administrative, funded through taxation, consumer-driven education
- 4th B - Limit extraordinary measures at the beginning and end-of-life
- 12th C - Insurers should make sure people are not spending money on useless medical care
- 8th D - Look at malpractice insurance limits
- 7th E - Rate capitation with an inflationary trend closer in line to income growth levels
- 11th F - More transparency of prices (plus more consistency)
- 2nd G - Cost control on drugs and advertisement
- 10th H - Use professional nursing case management models for managing chronic care
- 1st I - Education and prevention
- 9th J - Quality
- 6th K - Limit direct-to-consumer advertising (e.g. hospitals, drug companies, etc.) -- cannot deduct costs spent on advertising
- 3rd L - More home-based care for the elderly rather than nursing home care

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?

- 6th A - Single-payer medical system with caps on administrative, funded through taxation, consumer-driven education
- 10th B - Limit extraordinary measures at the beginning and end-of-life
- 12th C - Insurers should make sure people are not spending money on useless medical care
- 5th D - Look at malpractice insurance limits
- 11th E - Rate capitation with an inflationary trend closer in line to income growth levels
- 9th F - More transparency of prices (plus more consistency)
- 2nd G - Cost control on drugs and advertisement
- 4th H - Use professional nursing case management models for managing chronic care
- 1st I - Education and prevention
- 7th J - Quality
- 3rd K - Limit direct-to-consumer advertising (e.g. hospitals, drug companies, etc.) -- cannot deduct costs spent on advertising
- 8th L - More home-based care for the elderly rather than nursing home 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?

- 15.00% 1 \$0
- 16.30% 2 \$1 - \$100
- 18.80% 3 \$100 - \$299
- 18.80% 4 \$300 - \$999
- 21.30% 5 \$1,000 or more
- 10.00% 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.

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

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.

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).

- 8th 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.
- 3rd Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 7th Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
- 9th 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
- 5th 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.