



Memphis

February 11, 2006



Citizens' Health Care Working Group

HEALTH CARE

THAT WORKS FOR ALL

AMERICANS

OVERVIEW

Participants at the Memphis community meeting of the Citizens' Health Care Working Group engaged in a variety of discussions with the theme of 'access' emerging front and center. Participants were clear in their desire for universal access to health care and more than a few suggested that health care was a basic right.

When asked for the most important reason to have health insurance, more than two-thirds answered 'to protect against high medical costs' and 90 percent argued for some form of a basic benefits package. While participants expressed a variety of different options to include in such a package, they expressed support for a quasi-governmental body – populated by a combination of consumers, medical professionals, federal government representatives, and state/local government representatives (and to a lesser extent, employers and insurance company representatives) – to determine the specific benefits covered.

Concerns about difficulties in getting care under the current health care system underpinned broad support for a new national health insurance program with expanded neighborhood health clinics. And while many participants were reluctant to accept any "tradeoffs", roughly half were willing to pay some amount more each year and others called for increased consumer involvement in the system, suggesting that they indeed were willing to make some sacrifices in exchange for "efforts that would result in every American having access to affordable, high quality health care coverage and services."



**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
Sacramento, California
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota

SESSION FINDINGS

Values

When asked about the underlying values characterizing a health care system that worked for all Americans, the theme of access predominated. The most important value to the group was universal access, followed by the concept of health care as a basic right and building the system around a wellness model that would be accessible to all. Quality and equity, shared responsibility, and affordability were other key values.

Overwhelmingly (96 percent) attendees agreed that affordable health care coverage should be a matter of public policy. One participant noted that in the current system there was a lot of value and a lot of waste. She called for a wise allocation of resources, focused on what was best for the patient.

Benefits

Participants overwhelmingly preferred a system of health insurance based on providing a standard set of benefits to all, as opposed to categorical coverage. However, there was dissatisfaction with the question. There was the suggestion that neither model was correct: the system should be needs-based. At the same time, another attendee commented we could not give the entire society a blank check for health care, but the allocation of health resources needs to be equitable. While the question was formally asked later in the meeting, early on attendees strongly supported the concept of defining a basic level of service at the grassroots through regional or state boards. One person proposed a nationalized health plan with a standard set of benefits for all, with the possibility of going outside the plan for additional services.

Basic dental care, long term care, community and home-based-services and disease management were the most important benefits the group found missing from the basic package they were presented. When pressed to make a choice, the only suggestions for benefits to be eliminated were chiropractic care and substance abuse services for those using illegal drugs. Another person noted that nothing should be eliminated but limits might be placed on some services. A majority of attendees believed that a combination of parties should be responsible for determining the content of a basic package of services, although 28 percent believed that consumers alone should make this determination.

Many in the group had difficulties with questions in this section. They believed questions were framed within the context of the structure of the current system and were not conducive to more creative solutions. A nurse-midwife in attendance suggested that the focus should be on the services to be provided, not the type of medical professional who should deliver them. Rather than considering what services might be taken away from a benefits package, the emphasis should be on what to emphasize, in particular, preventive care and access to primary care. Services such as hospital services need to be considered within the context of a revised system.

Getting Health Care

"We want health care delivered equitably at the community level by people we trust."

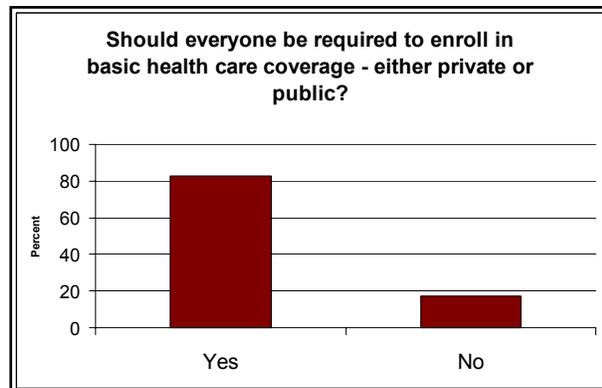
A long list of problems was identified in getting health care. Some of these were particular to Memphis, including its tri-state location and particular difficulties in the TennCare program. Other more general themes that emerged were the complexity of the insurance system, particularly problems arising from multiple payers, access issues related to the location of health resources, transportation and the availability of providers. Participants also emphasized the need for patient education about health services and their rights, the current inequitable distribution of information and what is perceived as the profit-driven motivation in much of the health care system.

Financing

Eighty-three percent of attendees believed that everyone should be required to enroll in basic health care coverage, although the view was expressed that everyone should be covered but enrollment should be optional. Two thirds believed that some people should pay more than others with the majority of this group believing that higher income people should pay more.

Again, participants noted that questions implied continuation of the current delivery system, and, as one person noted, in a universal, single-payer system these questions would be irrelevant.

Participants opposed continuing tax rules that encourage employers to provide insurance. The sentiment was that the current system was not working, and as one person suggested, "It's time to try something different."



One participant noted that large employers should either pay wages high enough for employees to purchase insurance or subsidize insurance benefits for low-income employees. Another argued for continuing tax rules encouraging coverage by employers but to do so within the context of a single-payer system. Other suggestions included allowing all low-income people to have access to Medicare thereby scrapping Medicaid and providing tax subsidies to encourage healthy behavior. The theme of a universal system reemerged here. One attendee noted "Our worth as human beings has nothing to do with whether we are rich or poor. We need a universal system that treats everyone equally."

When asked about the responsibilities of individuals and families, attendees listed these items: Managing their own care, paying one's fair share (in a universal system, this would mean paying taxes), practicing preventive care to lower costs, educating themselves through attendance at health education classes, adhering to treatment regimens, taking advantage of a reporting system that monitors cost effectiveness. One person noted, however, that people should be covered, even if they make the wrong choices.

Tradeoffs

The group was divided on whether they would be willing to pay more to assure access to affordable basic coverage and health services for all, with roughly one third unwilling to pay more and one third willing to pay over \$1,000 annually.

In terms of trade offs, attendees proposed foregoing some treatments at the end of life ("*When care is futile, it should not be given*"), limiting an individual's choice in return for greater access to care for the uninsured, or paying higher corporate or gas taxes in exchange for greater access to health care.

Many in the audience found that the public/private split in discussing health care was a false dichotomy. There was strong support among many participants for a quasi-governmental entity that would be insulated from what one attendee called "the yins and yangs of politics" and sensitive to consumers.

Two messages predominated at the close of the meeting: an interest in reexamining community resources and their applications to local health problems (one example was using excess school building capacity for neighborhood clinics) and a strong desire to organize and send a loud message to Congress. A person who identified himself as a former industry lobbyist challenged each attendee to become a lobbyist, to get organized and to drive the solution to Congress by writing not just to one's individual Congressman or Senators but to every single one.

METHODOLOGY

Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using key pads 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 online at www.citizenshealthcare.gov/reports

PARTICIPATION

The Memphis Community meeting took place Saturday, February 11, 2006, from 9:00 am through 1:00 pm at BRIDGES, a youth services facility.

Randy Johnson, Working Group Chair, represented the Working Group at the meeting.

Snow did not stop a hearty and diverse crowd from attending the Citizens' Health Care Working Group's Memphis meeting. The roughly one hundred participants were predominately female (64 percent) with the majority between the ages of 45 and 64.

Senior citizens were well represented. Sixty-eight percent of the attendees were white; 26 percent African-American. Approximately seventy percent had either an undergraduate or graduate degree. Nearly 20 percent of attendees were Medicaid recipients. Two participants identified themselves as HIV patients and described the costs of their medications and their challenges related to retaining coverage. There were attendees from a wide variety of health and social service organizations, several unions, the Mayor's office, VISTA and a number of educational institutions. Many in the audience were providers of health services.

The media were represented by Zach Ryles of the University of Memphis and Josh Hunter of WPTY/WLMT. Prior to the meeting an op-ed piece by Burt Waller of Christ Community Health Services appeared in the Memphis Commercial Appeal. It can be found online at:

http://www.commercialappeal.com/mca/opinion/article/0,1426,MCA_536_4451377,00.html

DATA

Are you male or female?

63.6%	1	Male
36.4%	2	Female

How old are you?

8.3%	1	Under 25
22.2%	2	25 to 44
54.2%	3	45 to 64
15.3%	4	Over 65

Are you Hispanic or Latino?

0.0%	1	Yes
90.5%	2	No
9.5%	3	No Response

Which of these groups best represents your race?

67.6%	1	White
25.7%	2	Black or African American
0.0%	3	Asian
0.0%	4	Native Hawaiian or Pacific Islander
1.4%	5	American Indian or Alaska Native
0.0%	6	Other
5.4%	7	Decline to answer

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

1.3%	1	Elementary (grades 1 to 8)
0.0%	2	Some high school
13.2%	3	High school graduate or GED
14.5%	4	Some college
1.3%	5	Associate Degree
22.4%	6	Bachelor's Degree
46.1%	7	Graduate or professional degree
1.3%	8	Decline to answer

What is your primary source of health care coverage?

62.5%	1	Employer-based insurance
8.8%	2	Self-purchased insurance
1.3%	3	Veterans'
18.8%	4	Medicare
2.5%	5	Medicaid
2.5%	6	Other
3.8%	7	None
0.0%	8	Not sure

What is your employment status?

- 15.6% 1 Self-employed
- 46.8% 2 Employed - working full time
- 9.1% 3 Employed - working part-time
- 9.1% 4 Not employed / currently looking for work
- 2.6% 5 Homemaker
- 16.9% 6 Other

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

- 59.2% 1 It is in a state of crisis
- 31.6% 2 It has major problems
- 2.6% 3 It has minor problems
- 0.0% 4 It does not have any problems
- 6.6% 5 No opinion

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

- 27.5% 1 To pay for everyday medical expenses
- 71.3% 2 To protect against high medical costs
- 1.3% 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?

- 26.0% 1 Universal access
- 9.1% 2 Quality and equity
- 13.0% 3 A wellness model with access to all
- 5.2% 4 Emphasize preventive and primary care
- 7.8% 5 Shared responsibility that is equitable to all
- 7.8% 6 Affordable
- 20.8% 7 Health care as a basic human right
- 6.5% 8 Ownership and personal responsibility
- 1.3% 9 Fairness
- 2.6% 10 Choice

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.]

- 95.9% 1 Yes
- 4.1% 2 No

Which of the following statements most accurately represents your views?

- 9.6% 1 Providing coverage based on who you are (for example, people who have coverage through their employers or people who qualify for public programs because of age or because they are poor) as is the case currently
- 90.4% 2 Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services
- 0.0% 3 Unsure

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

Of the most frequent answers the group gave, what would you add to a basic benefits package?

- | | | |
|-------|----|--|
| 25.8% | 1 | Long-term care |
| 0.0% | 2 | Nursing care |
| 0.0% | 3 | Assisted living |
| 9.1% | 4 | Case management / managed care |
| 13.6% | 5 | Limited vision care |
| 19.7% | 6 | Personal health and disease health management and training |
| 4.5% | 7 | Alternative care for chronic diseases |
| 3.0% | 8 | Care for special needs adults and children |
| 21.2% | 9 | Community and home-based care |
| 3.0% | 10 | Geriatric care management |

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

- | | | |
|-------|---|---|
| 16.4% | 1 | Transportation services |
| 4.9% | 2 | Access to exercise equipment |
| 18.0% | 3 | Rehabilitation care and pre-hospital care |
| 19.7% | 4 | Hospice care |
| 4.9% | 5 | Hearing care |
| 36.1% | 6 | Basic dental care |

Of the most frequent answers the group gave, what would you take out of a basic benefits package?

- | | | |
|----|---|--|
| -- | 1 | Chiropractic |
| -- | 2 | Substance abuse |
| -- | 3 | Physical, occupational and speech therapy |
| -- | 4 | Prescription drugs (deny access to name-brand) |
| -- | 5 | Anything not proven to be effective |
| -- | 6 | None |

Who ought to decide what is in a basic benefits package?

- 4.9% 1 Government
- 6.2% 2 Medical professionals
- 0.0% 3 Insurance companies
- 0.0% 4 Employers
- 28.4% 5 Consumers
- 60.5% 6 A combination of above

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 Complicated insurance plans and limited services to the consumer (multiplicity of payers)
- 2 Co-pays and deductibles
- 3 Location (tri-state region)
- 4 Health care facilities not part of community planning
- 5 Transportation
- 6 Service providers decreasing capacity
- 7 Ability to have clinics that are culturally sensitive and comprehensive and community based
- 8 Provider networks are money driven
- 9 Continuity of care
- 10 Portability

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 System is too complicated; needs to be more transparent and understandable
- 2 Inequitable access to information (internet not available to all, engage public schools, etc)
- 3 Preventive care subject to deductibles
- 4 Lack of education for the public (understanding conditions)
- 5 Accountability
- 6 Pre-existing conditions
- 7 Bad outcomes of care

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

- 82.9% 1 Yes
- 17.1% 2 No

Should some people be responsible for paying more than others?

- 66.2% 1 Yes
- 33.8% 2 No

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

- 15.1% 1 Everyone should pay the same
- 2.7% 2 Family size
- 11.0% 3 Health behaviors
- 57.5% 4 Income
- 13.7% 5 Other

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

- 29.3% 1 Yes
- 70.7% 2 No

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

- 1 Management and ability to customize what I need
- 2 Pay taxes towards our system
- 3 Pay our fair share
- 4 Practice preventive care to lower costs (adherence)
- 5 Attend prevention and wellness seminars
- 6 Monitor and report cost effectiveness
- 7 People should vote
- 8 Practice healthy lifestyles

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?

- 30.9% 1 \$0
- 1.5% 2 \$1 - \$100
- 4.4% 3 \$100 - \$299
- 13.2% 4 \$300 - \$999
- 30.9% 5 \$1000 or more
- 19.1% 6 Don't know

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

- 1 End of life care technologies may need to be foregone
- 2 Fewer choices for more access to care
- 3 Higher corporate taxes to help fund the system
- 4 Less insurance companies vs. more government
- 5 Higher gas taxes for funding of system
- 6 Utilize public space and resources (e.g. closing schools) to provide additional locations for care

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).

- 1st Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 2nd Expand neighborhood health clinics
- 3rd Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 4th Require that all Americans enroll in basic health care coverage, either private or public
- 5th Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
- 6th Require businesses to offer health insurance to their employees
- 7th Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
- 8th Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage
- 9th Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
- 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.

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@ahrg.hhs.gov.