



Seattle

February 25, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

The participants of the Seattle community meeting of the Citizens' Health Care Working Group were unmistakably clear and consistent in expressing their views that health care should be a *birthright* and that every person should have access to health care.

When asked for the most important reason to have health insurance, the responses were roughly split between 'to protect against high medical costs' and 'to pay for everyday medical expenses'. However, the most popular answer was 'no opinion' – with a vocal majority indicating that they disagreed with the wording of the question and would not answer a question that they felt advocated for the continuation of an insurance-based model.

Throughout the meeting, there was overwhelming support for a publicly financed system that provided care to everyone. Participants suggested structuring a system similar to the public school system, where it is paid for and shared by all. There was a collective frustration with questions about trade-offs and prioritizing care and participants chose instead to re-emphasize that every individual should have access to health care. They made it clear that they wanted health care, not health insurance. Participants advocated the importance of health education, the need for long term relationships with primary care providers, and removing both the profit motive and employers from the health care equation.



**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

Values

"There needs to be a frank discussion about common good and that really isn't the American personality- we have this 'lone ranger' individualistic approach."

The participants at this meeting felt it should be public policy that Americans have access to affordable health care coverage. On the question of what they valued most in health care, they expressed with unmistakable clarity that their first priority was "all in, nobody out," and that everyone should have health care as a right. Other values included a strong emphasis on preventive care, affordability, and patient centered care.

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

- Drug companies stop advertising drugs
- All in, nobody out
- Strong emphasis on preventive care
- Affordable
- Universal health care as a right
- Quality with comprehensive coverage
- Equal access to a core set of evidence-based practices
- Social responsibility
- Emphasis on choice
- Culturally competent and consumer friendly
- Simplicity/understandable

Benefits

"We've gotten used to this idea that we need to decide (care) based on benefits. Why can't we change the way we think and just go with what is appropriate at appropriate times?"

This group objected to questions about choices of services for a basic health plan, and voiced frustration with that entire current approach to health care. However, they did emphasize the importance of comprehensive preventive care, long term care, full dental care, mental health, hospice care, and the need to include all health providers, not solely physicians.

On the question of who should decide the components of a basic plan, participants expressed a desire for a publicly accountable body that would determine what should be in a basic benefits health care package, and that it should focus on the conditions, not the treatments. They reiterated their desire for a single payer system where decisions regarding care were between the provider and the patient. An objection was voiced to the term "consumer," saying it implies profit, and the profit motive was something that this group wanted to remove entirely from health care.

Getting Health Care

Universal access to health care was the first priority of participants. They also placed a high value on education, portability, culturally competent care, preventive care and transparency. Some participants made suggestions that were well received by the audience and repeated frequently, including "disconnect health care from employment" and "eliminate corporate profit." They also placed a high value on the primary care physician, reiterating the importance of having a "medical home" and a long term relationship with a provider.

Difficulties participants encountered in getting health care services included lack of access to health care due to provider network restraints, pre-existing conditions, psychiatric conditions, financial costs, or rural locations.

Financing

On the topic of financing, the audience voiced frustration with the questions. The sentiment was that if health care was treated as a birthright, than these questions would not be relevant. However, they did respond to the questions reluctantly, and their answers were less unanimous than on previous topics. The majority of participants (68%) felt that public policy should not continue to encourage employer based insurance. On the question of mandatory enrollment, most of the room was in favor of that approach. Some participants, however, voiced a concern that requiring all those who can afford to pay would lead to a form of means testing.

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

- Pay taxes to fund it
- Live healthy lifestyles
- Pay affordable co-pays and deductibles
- Responsibility to choose good providers
- Pay progressive taxes (combined with corporate taxes)
- Co-pay system based on sliding scale
- Participate in public health education system (and teach)

The participants suggested creating a health care system that was similar to the public school system. It would be financed through taxes, and every person would have access to the health care it would provide. Similar to the public school system, participants could choose not to use the services; however, they would still be paying for it. Another participant used the highway system as an example, noting that highways are paid for through taxes, and everyone has access to them.

Participants repeatedly emphasized the distinction between access to health insurance and access to health care. They wanted it to be clear that their support was for everyone to have access to health care.

The primary cost reduction suggestion was to have a universal health care system. A participant advocated funneling Medicare, Medicaid, and the Veteran's Administration into one pool. Individuals in this system would have one health care card, and the participant stressed the importance of having only one claim form. Additional suggestions for reducing costs in health care included providing incentives for individuals to practice healthy behaviors, increasing emphasis on prevention, incorporating health education into school curriculum, prohibiting direct to consumer advertising, and changing management structures for health care. The suggestion was to have national health care standards that are locally managed.

Tradeoffs

The participants wanted to trade the current system for one without profit motives and employer involvement, where everyone had access to health care. The primary cost reduction strategy suggested by this group was the creation of a publicly financed national health care system that provided care to everyone.

Additional suggestions for how to reduce cost of health care included the need for a national data base of medical information to allow people to better manage their own care. A participant said that he knew our country had a wealth of health information and data that could be used to influence healthy lifestyles and allow him to be a better informed patient, yet there is not a reliable source for that information that is accessible to everyone. Another participant stressed the need to find pragmatic solutions that can be implemented immediately, giving the example that the business community, as a large purchaser of health care, should be actively involved in the quest for solutions. It was also suggested that people know their provider history.

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 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

PARTICIPATION

On Saturday, February 25, 2006, at 9:00am, almost 300 participants gathered in the Snoqualmie Room of the Seattle Center to voice their opinions on health care. Various organizations participated in the preparations for this meeting, including The Washington Health Foundation, and they successfully brought together a group that was diverse in both age and ethnicity. Congressman Jim McDermott welcomed participants to this meeting and thanked them for their involvement. Senator Maria Cantwell and Congressman Jay Inslee sent remarks that were shared with participants. The Working Group was represented at this meeting by Chris Wright and Frank Baumeister.

DATA

Are you male or female?

40.60%	1	Male
59.40%	2	Female

How old are you?

3.90%	1	Under 25
19.90%	2	25 to 44
56.30%	3	45 to 64
19.90%	4	Over 65

Are you Hispanic or Latino?

4.30%	1	Yes
89.00%	2	No
6.70%	3	No Response

Which of these groups best represents your race?

78.90%	1	White
2.40%	2	Black or African American
1.00%	3	Asian
0.50%	4	Native Hawaiian or Pacific Islander
1.40%	5	American Indian or Alaska Native
5.30%	6	Other
10.50%	7	Decline to answer

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

1.00%	1	Elementary (grades 1 to 8)
0.00%	2	Some high school
2.40%	3	High school graduate or GED
11.50%	4	Some college
5.80%	5	Associate Degree
29.80%	6	Bachelor's Degree
49.00%	7	Graduate or professional degree
0.50%	8	Decline to answer

What is your primary source of health care coverage?

58.20%	1	Employer-based insurance
11.70%	2	Self-purchased insurance
1.90%	3	Veterans'
16.40%	4	Medicare
1.40%	5	Medicaid
4.70%	6	Other
5.20%	7	None
0.50%	8	Not sure

What is your employment status?

12.90%	1	Self-employed
45.30%	2	Employed - working full time
6.50%	3	Employed - working part-time

- 5.50% 4 Not employed / currently looking for work
- 1.50% 5 Homemaker
- 28.40% 6 Other

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

- 79.70% 1 It is in a state of crisis
- 19.30% 2 It has major problems
- 0.50% 3 It has minor problems
- 0.50% 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?

- 27.10% 1 To pay for everyday medical expenses
- 36.20% 2 To protect against high medical costs
- 36.70% 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?

- 1 All in, nobody out
- 2 Strong emphasis on preventive care
- 3 Affordable
- 4 Universal health care as a right
- 5 Quality with comprehensive coverage
- 6 Equal access to a core set of evidence-based practices
- 7 Social responsibility
- 8 Emphasis on choice
- 9 Culturally competent and consumer friendly
- 10 Simplicity/understandable

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.]

- 97.10% 1 Yes
- 2.90% 2 No

Which of the following statements most accurately represents your views?

- 6.80% 1 Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
- 93.20% 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?

- 28.10% 1 Evidence-based alternative care
- 10.40% 2 Hospice care
- 17.00% 3 Expanded dental coverage
- 10.40% 4 Family planning services
- 5.90% 5 Home care services (e.g. nutrition)
- 6.70% 6 Eye care
- 3.00% 7 Right-to-die provisions
- 5.90% 8 Self-management of insurance
- 11.90% 9 Education (including chronic conditions)
- 0.70% 10 Hearing care

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

- 28.60% 1 Smoking cessation
- 10.30% 2 Comprehensive preventive care
- 16.70% 3 Long-term care
- 11.10% 4 Preventive mental health services
- 5.60% 5 Medical supplies and equipment (esp. for home care)
- 4.80% 6 Nutritional services
- 3.20% 7 Financing to providers for portable records
- 6.30% 8 Gene therapy
- 12.70% 9 Naturopathic remedies
- 0.80% 10 Organ transplants

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

- 33.90% 1 Nothing
- 16.90% 2 Chiropractic care
- 12.40% 3 Trim certain elements within each area
- 15.80% 4 Eliminate waste
- 20.90% 5 Reduce profit

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 4.263 Federal government
- 4th 4.011 State and/or local government
- 2nd 5.856 Medical professionals
- 6th 1.583 Insurance companies
- 5th 2.302 Employers
- 1st 7.253 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 Insurance bureaucracy slowing down care
- 2 Limited coverage
- 3 INS services make it risky for undocumented aliens
- 4 Transportation/location
- 5 Lack of facilities in rural areas
- 6 Discrimination (race, ethnicity etc)

- 7 Lack of access to specialist outside of network
- 8 Lack of control over care
- 9 Being uninsured or underinsured (cost)
- 10 Self-employed

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 Lack of purchasing power for small businesses (to compete with large firms)
- 2 Copays and deductibles
- 3 Pre-existing conditions
- 4 Lack of national plan

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

- 1 Affordable and universal access to health care
- 2 Non-discriminatory
- 3 Timely
- 4 Choice in access
- 5 Continuity of care
- 6 Portability
- 7 Transparency (assurance of quality providers)
- 8 Get rid of special interest influence
- 9 Better outcomes and accountability for providers
- 10 Respect for patient

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

- 1 Education for all
- 2 Easy access to supplements and vitamins
- 3 Preventive care
- 4 Privacy and confidentiality
- 5 Consistent payment
- 6 Eliminate existing conditions as criteria
- 7 Access to primary care
- 8 Everyone should have a regular provider (primary care physician/medical home)
- 9 Disconnect health care from employment
- 10 Eliminate corporate profit

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

- 76.80% 1 Yes
- 23.20% 2 No

Should some people be responsible for paying more than others?

- 77.00% 1 Yes
- 23.00% 2 No

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

- 32.20% 1 Yes
- 67.80% 2 No

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

- Pay taxes to fund it
- Live healthy lifestyles

- Pay affordable co-pays and deductibles
- Responsibility to choose good providers
- Pay progressive taxes (combined with corporate taxes)
- Co-pay system based on sliding scale
- Participate in public health education system (and teach)

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- Subsidized medical education in exchange for public service in certain communities
 - 1 where they are needed
 - 2 Managed care / case management (lessons from HMOs)
 - 3 Prevention
 - 4 Doctors and nurses in public schools to support more healthy lifestyles, etc.
 - 5 One claim form, one card, one processing system (reduce administrative costs)
 - 6 Regulate provider profits
 - 7 Eliminate advertising by pharmaceuticals
 - 8 Combine resources into one pool
 - 9 Emphasize training for diverse workforce
 - 10 National system will reduce cost (e.g. ambulatory care)

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- 1 Changing model reduces administrative costs
- 2 Right-to-die initiative to reduce end-of-life costs
- 3 Invest public resources in encouraging more healthy lifestyles
 - Change management structure (more local) -- national standards and local
 - 4 management
- 5 Respect cultural values on end-of-life care
- 6 FDA as guardian of people against industry
- 7 Technology assessment
- 8 Increase taxes on smoking and gasoline
- 9 Teach living well with chronic conditions
- 10 Expand use of information technology to reduce cost and improve care

Which of these steps is the most important to take in order to slow the growth of health care costs in America?

- 1 Take non-emergent care out of ER
- 2 No competition under Medicare part D
- 3 More transparent process to limit profits
- 4 Reduce or eliminate insurance company profits

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.

- 2nd 8.373 Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
- 3rd 8.372 Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 1st 9.280 Guaranteeing that all Americans have health insurance
- 8th 6.608 Funding the development of computerized health information to improve the quality & efficiency of health care

4th	8.064	Funding programs that help eliminate problems in access to or quality of care for minorities
7th	6.684	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
6th	6.739	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
5th	7.336	Preserving Medicare & Medicaid

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 Give up Medicare/Medicaid for a basic benefits package for all
- 2 Foreign aid investment for greater spending on health care
- 3 Give up tax breaks for the wealthy in exchange for more childrens' health care
- 4 Fewer dollars for space exploration for more spending on health 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).

9th	1.894	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own.
7th	2.827	Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance.
10th	1.408	Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices.
4th	4.615	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
8th	2.315	Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families
6th	3.383	Require businesses to offer health insurance to their employees
2nd	5.897	Expand neighborhood health clinics
1st	9.291	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
3rd	4.936	Require that all Americans enroll in basic health care coverage, either private or public
5th	3.801	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@ahrg.hhs.gov.