



Preliminary Report (Updated 3/8/06)

Citizens' Health Care Working Group

Los Angeles Community Meeting

Saturday, March 4, 2006
Los Angeles Convention Center

More than 500 people from around Los Angeles County gathered on March 4th at the LA Convention Center to weigh in on the future of health care in America. Over the course of the day-long forum, participants worked in small groups to discuss their experiences with health care and share their ideas and suggestions for improving the nation's health care system.

The Los Angeles Community Meeting was convened by the Citizens' Health Care Working Group. Ten members of the Working Group, as well as local decision makers, including LA Mayor, Antonio Villaraigosa attended the meeting. The suggestions from this meeting and other community meetings will be used to formulate recommendations to improve health care that will be presented to the President and Congress this fall.

The Citizens' Health Care Working Group is a non-partisan, independent body authorized by the 2003 Medicare Modernization Act. The Working Group consists of 15 members—14 citizen members and the Secretary of the Department of Health and Human Services. The Working Group is charged with listening to the views of the American people and developing recommendations to provide "Health Care that Works for All Americans."



Who Attended the Los Angeles Health Care Community Meeting?

The Citizens' Health Care Working Group sought to represent the diversity of Los Angeles County. Participants' demographics are compared below to the make up of the county, according to 2004 Census data estimates.

<u>Gender</u>	<u>March 4</u>	<u>Actual</u>
Female	60.5%	49.6%
Male	39.5%	50.4%
<u>Age</u>		
15 to 24	6%	18%
25-44	28%	41%
45-64	43%	29%
65 and better	23%	12%
<u>Race & Ethnicity</u>		
Hispanic/Latino	20%	47%
Non-Hispanic/Latino	80%	53%
African-American	19%	9%
Asian	14%	13%
Caucasian	51%	55%
Native American & Alaska Native	2%	0.5%
Native Hawaiian & Pacific Islander	<1%	0.3%
Multi Racial	8%	2.5%
Other Racial Background	5%	20%
<u>Employment Status</u>		
Employed	51%	83%
Self-Employed	11%	9%
Homemaker	3%	No data
Not Employed/Currently Looking	6%	8%
Retired/student	29%	No data

<u>Geography</u>	<u>March 4</u>	<u>Actual</u>
Downtown	8%	No data
West LA, Santa Monica, Hollywood	20%	No data
Southeast Los Angeles	9%	No data
West San Fernando Valley	8%	No data
East San Fernando Valley	7%	No data
Pasadena/Glendale	6%	No data
Antelope Valley	7%	No data
Another part of LA County	12%	No data
Outside Los Angeles County	22%	No data

<u>Highest Year of School Completed</u>	<u>March 4</u>	<u>Actual</u>
Elementary (Grades 1-8)	2%	14%
Some High School	2%	12%
High School Graduate/GED	8%	21%
Some College	23%	19%
Associate Degree	8%	6%
Bachelor Degree	23%	19%
Graduate/Professional Degree	34%	9%

<u>Source of Healthcare Coverage</u>	<u>March 4</u>	<u>Actual</u>
Employer Based Insurance	53%	No data
Self-purchased Insurance	8%	No data
Veteran's	1%	No data
Medicare	17%	No data
Medicaid	7%	No data
Other	5%	No data
None	8%	No data
Not Sure	1%	No data

How Did the Meeting Work?

Participants at the Los Angeles Community Meeting were divided into small groups of 10. Each group had its own table facilitator to ensure that every participant had the opportunity to voice their opinion. Throughout the day, the meeting's lead moderator presented discussion questions to the groups; the discussions fell into four health care issue areas:

1. Benefits and services
2. Getting health care
3. Financing health care
4. Tradeoffs and options

The ideas from each discussion were collected using the networked computers found at every table. The "theme team" reviewed the comments from all of the tables simultaneously and reported the common ideas back to the group within minutes. Then using keypads polling devices, the participants reviewed and prioritized these ideas in order to develop a clear plan for action. The results from the polls were reported instantly to the group via large screens. Polling was used both to gather demographic data and to prioritize options.

Participants had the opportunity to learn more about the health care issues under discussion by reviewing the Discussion Guide, which served as a comprehensive guide to the issues.

Health Care Values

At the start of the day, participants were asked to reflect on the values or principles they view as fundamental to our health care system.

Participants voted and selected the following values as the most fundamental to the health care system:

- Universality - "everybody has access to health care regardless of their ability to pay"
- Fairness and equality: "Health Care is a right, not a privilege"
- Good Quality
- Affordability

Benefits and Services

Citizens were asked to discuss three questions which focused on health care benefits and services.

The first discussion *asked participants to consider the pros and cons of two different models of providing health care coverage: 1) providing coverage for particular groups of people, as is currently the case; examples might be employees, children or seniors; or 2) providing a defined level of benefits for everyone.* The following themes emerged from this discussion:

Providing Coverage for Particular Groups of People
Pros:

- Cost effective
- Predictable cost
- Catering to average needs
- Focus more on prevention
- Energizes people to take responsibility
- Does not discriminate according to income
- Allows customization

Cons:

- Excludes the unemployed and others not part of a group
- High cost
- Complexity
- Lack of uniformity among groups
- Risk of placement in wrong group
- Mobility and flexibility are a problem

Providing a Defined Level of Benefits for Everyone
Pros:

- Faster access at higher quality
- Reduced overall and administrative costs
- Eliminate patients' taking advantage of the system
- Greater cost savings
- Decreased hospitalization and emergency room use
- Universality and inclusivity-access for everyone
- Covering prevention and immunization
- Improved level of national health care

Cons:

- What is defined level? Who will be cut off if costs are too high? Who will pay?
- Capacity to meet increased demand
- Potential for waste, prone to fraud and abuse
- Diminished level of quality of health care vs. private coverage
- If doctors are rewarded only for the people they see, the new system could be as faulty as the current one
- Accountability of service providers
- Defining eligibility of clients, special and cultural
- What about anomalies. Do we cover extreme medical cases?

When put to a vote 10% of participants selected the first option (providing coverage for particular groups) and 90% selected the second option (providing a defined level of benefits for everyone).

Benefits and Services (continued)

Participants were next asked to think about *what would be included in a basic benefits package*. Tables reviewed the services that many consider a “typical” health plan and selected the following services as those that should be added to this basic package:

- Vision, hearing and dental services
- Nutrition education
- Home health, long term and hospice care
- Complementary/alternative medicine
- Prevention, including wellness programs
- Transportation
- Non-restrictive maternity care
- Affordable prescriptions
- Culturally sensitive interpreter services for language and ethnic diversity

Participants selected these services as those that might be removed from the basic benefit package presented:

- Chiropractic care
- Substance abuse services
- Physician home visits
- Physical and occupational therapy

The last question related to benefits and services. Participants were asked : *who should be the primary decision maker about what is in a basic benefits package?*

- 3% of participants selected the government
- 15% of participants selected medical professionals
- 0% of participants selected insurance companies
- 0% of participants selected employers
- 21% of participants selected consumers
- 61% of participants selected a combination of decision makers

Getting Health Care

Participants had the opportunity to weigh in on two questions related to health care delivery:

When asked *what kind of difficulties have you and people you know had in getting health care?* Citizens responded by naming the following difficulties as the most important to address:

- Insurance and medical restrictions
- Cost and affordability
- Access: overload or lack of facilities/provider

Next, the groups brainstormed ideas about *what’s important in getting health care?* When asked to select the single highest priority in getting health care, these themes emerged as those of greatest importance to participants:

- Affordability
- Accessibility
- Fairness

Financing

The discussion on financing health care centered around five specific questions:

First, participants were asked to consider *should everyone be required to enroll in basic health care coverage? Why or why not?*

- 16% of participants selected yes
- 6% of participants selected no
- 78% selected an additional alternative added by the participants: “everyone automatically has coverage.”

Next, the table groups discussed paying for health care coverage, specifically they focused on, *should some people be responsible for paying more for health care coverage than others? Why or why not?*

- 20% voted no—everyone should pay the same
- 4% voted yes—people should pay more based on family size
- 11% voted yes-people should pay more based on health behaviors
- 51% voted yes-people should pay more based on income
- 15% voted yes-people should pay more based on another reason

We next turned to questions about responsibility – that of the government and individuals: *should public policy continue to use tax rules to encourage employer-based health insurance? Why or why not?*

Why:

- Encourages employers
- Higher employer productivity
- Otherwise some might lack coverage
- Good for short term, but we need a better system
- Helps construct shared responsibility
- Encourages access to health care

Why Not:

- Time for government run universal health care
- Unfair: excludes self employed, unemployed and part-time workers
- Unfair: favors large corporations
- Cost for employers is burdensome
- Employer incentives are ineffective and unsustainable
- Employer incentive should be replaced by another type of tax (income or other)

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

- 37% of participants selected yes
- 63% of participants selected no

Financing (continued)

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

- Responsibly use health services
- Wise use of preventative care
- Maintain healthy lifestyle

Which of these strategies to slow the growth of health care costs is most important?

- Eliminate duplication, administrative cost, middle men
- Simplify administrative costs through universal, single payer system
- Increase spending on prevention, early intervention & education
- Use purchasing power to lower costs
- Invest in technology to improve administration and treatment
- Penalties on unhealthy behaviors and rewards for healthy habits
- Increased use of generic drugs
- Reduce or eliminate pharmaceutical ads, doctor incentives

Participants identified the following cost reduction strategies as the ones they most support:

1. Simplify administrative costs through universal, single payer system (47%)
2. Increase spending on prevention, early intervention & education (16%)
3. Eliminate duplication, administrative cost, middle men (11%)

Next Steps & Staying Involved

The results from today's forum, along with citizen input gathered from other sources, will be used by the Working Group to develop recommendations on ways to improve our health care system.

During the summer of 2006, citizens will be invited to comment on the Working Group's draft recommendations. In September of 2006, the Working Group will submit its final recommendations to the President and Congress.

In the meantime there is much you can do to stay involved! Please encourage your friends, family and neighbors to participate in a meeting in their community, host their own meeting, or share their ideas on-line at the web forum. Visit the Working Group on the web at www.citizenshealthcare.gov regularly for updates on activities and for additional opportunities to make your voices heard.

Tradeoffs and Options

Participants weighed in on four questions about tradeoffs they are willing to make to ensure access to affordable, high quality health care coverage and services.

Considering the rising cost of health care, what should be the most important priority for public spending in order to reach the goal of "health care that works for all Americans?"

Participants selected these as the highest priority options from a list drafted by the Working Group:

1. Guaranteeing that all Americans have health insurance (30%)
2. Investing in public health programs to prevent disease, promote healthy lifestyles and protect the public (21.2%)
3. Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas (14.2%)

Next, participants developed and voted on their own list of *specific tradeoffs they would be willing to support*. (data based on participants casting 3 votes)

- No tradeoffs: "The American people already pay more than enough to fully fund a single payer universal plan" (60%)
- "Trade war for health care": cut from defense and homeland security budgets (60%)
- No tradeoffs: reduce bureaucracy and waste (44%)

When asked, *how much more would you be willing to pay a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?* The response was:

- 38% selected \$0
- 14% selected \$1-\$99
- 8% selected \$100-\$299
- 10% selected \$300-\$999
- 11% selected \$1000 or more
- 19% selected Don't Know

Finally, *if you believe it is important to ensure access to affordable, high quality health care and services to all Americans, how would you suggest this is done?*

Participants selected these proposals as highest priority from a list drafted by the Working Group:

- Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance (32%)
- Open up enrollment in federal programs like Medicare or the federal employees' health benefit program (14.1%)
- Expand state government programs for low-income people, such as Medicaid and SCHIP, to provide coverage for more people without health insurance (11.3%)