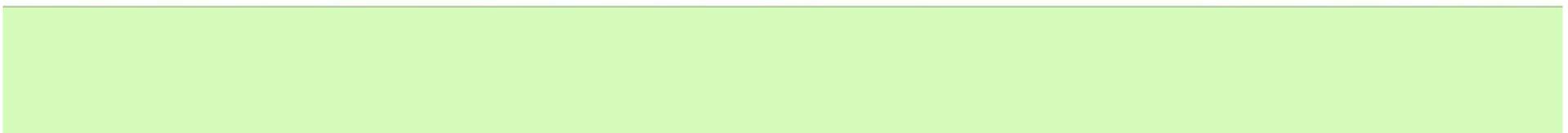


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Information.
Participation.
Action.





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Where We Have Been





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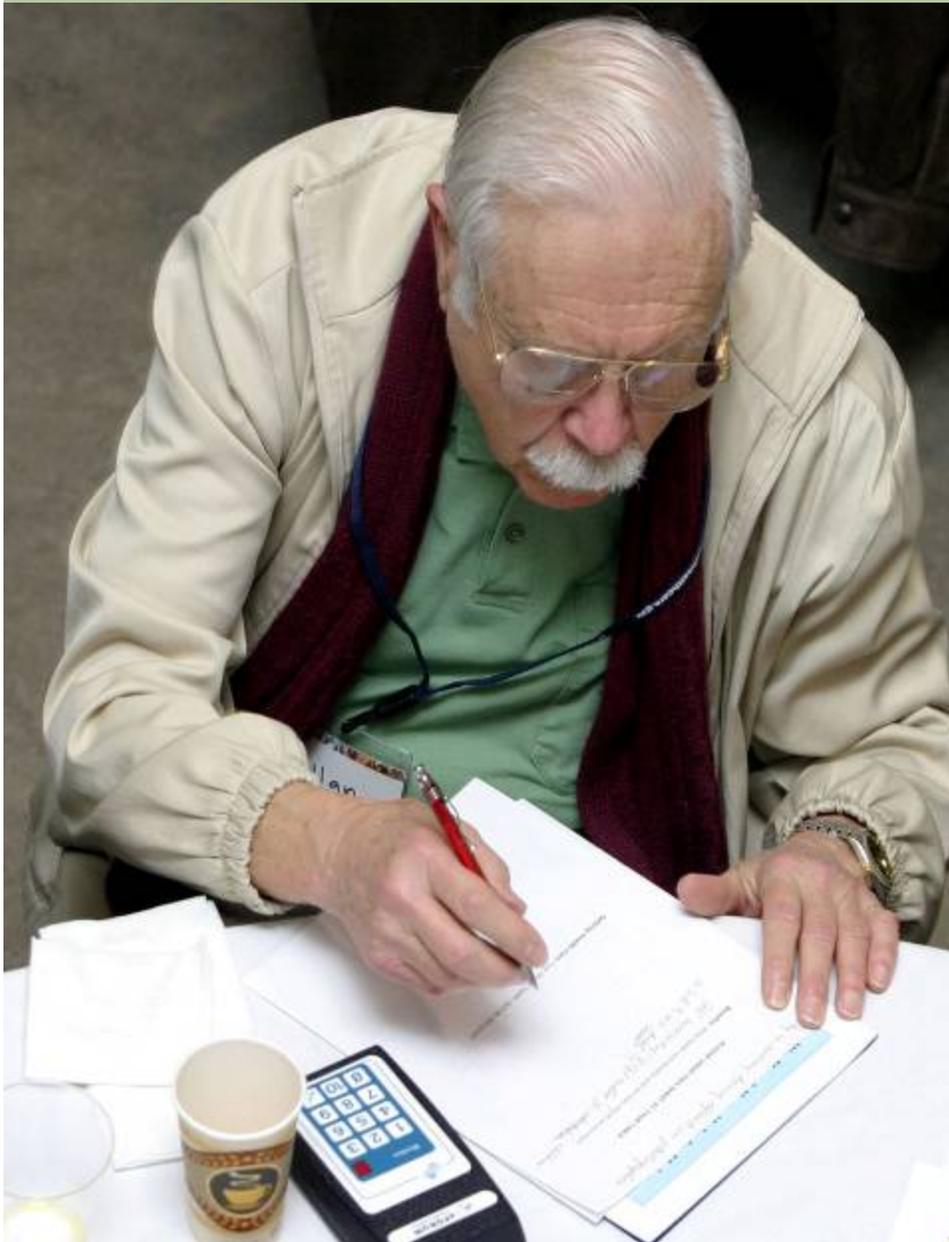


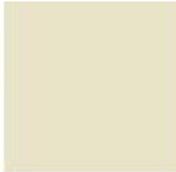
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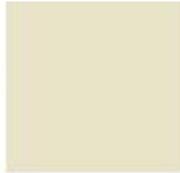
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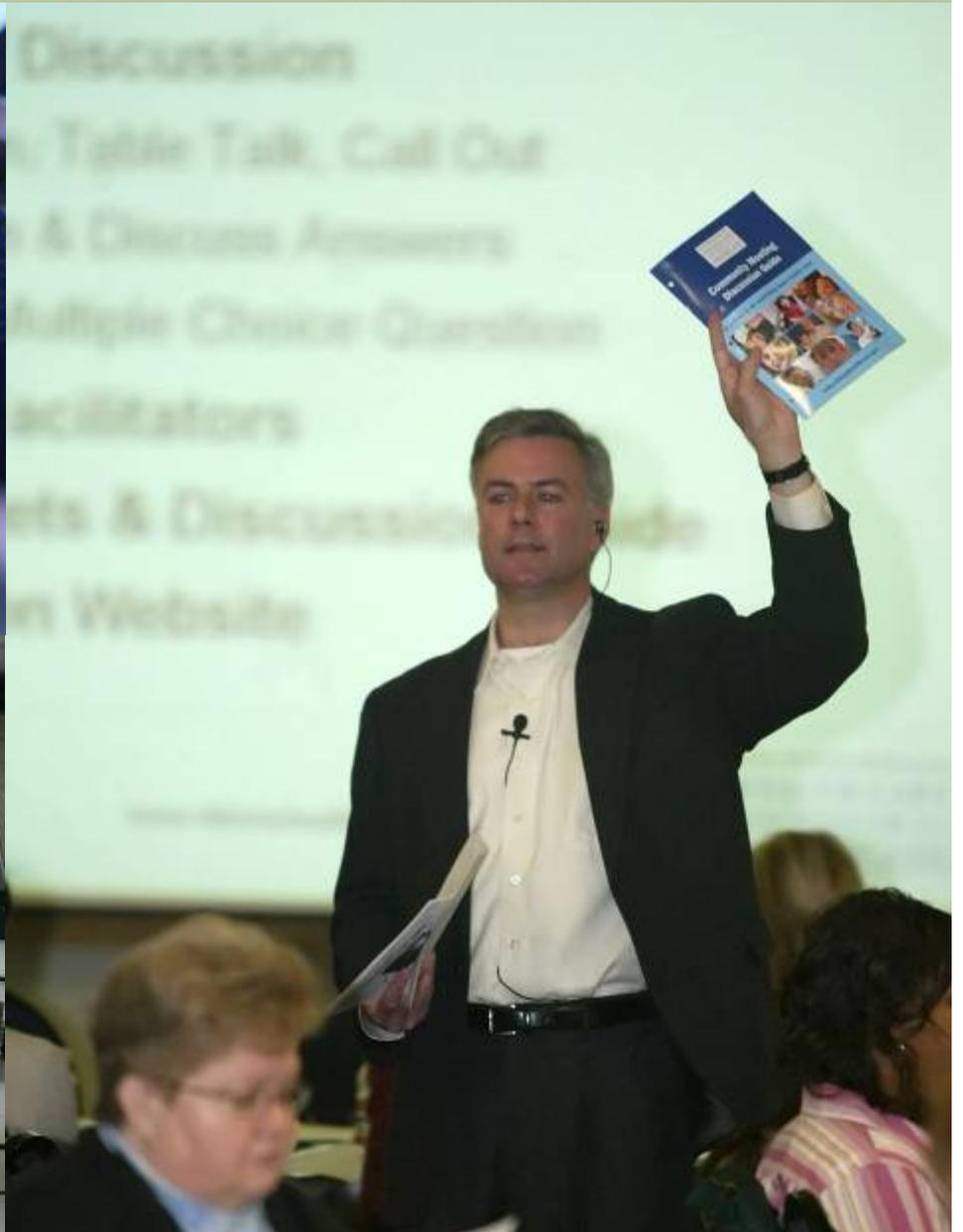


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Sample Media Coverage

- 2/2/2006 Denver "Community meeting will address U.S. health care" – Denver Post
- 2/2/2006 Denver "Community meeting will address U.S. health care" – Rocky Mountain News
- 2/4/2006 Memphis "Tell them Where it Hurts" – Commercial Appeal
- 2/5/2006 Memphis "Health Care Meeting" – Commercial Appeal
- 2/7/2006 Memphis "Vent Voice on Health System" – Commercial Appeal
- 2/7/2006 Memphis "Health Care to be Discussed. Meeting Saturday Part of National Effort" – Commercial Appeal
- 2/8/2006 Charlotte "Voice Your Concerns on Health Care" on News 14
- 2/8/2006 Memphis Interview on WDIA
- 2/9/2006 Memphis "Tales tell of need to reset health care priorities" editorial page – Commercial Appeal
- 2/10/2006 Denver "Campaign for Greatness" – KLDC-AM
- 2/11/2006 Memphis WPTY-TV (ABC) coverage of meeting
- 2/11/2006 Charlotte Interview with Shawn Anderson and Jennifer Holland WBAV
- 2/12/2006 Charlotte Charlotte Observer - Mecklenburg Neighbors section
- 2/13/2006 Charlotte Interview with Rosario Perez in La Noticia
- 2/13/2006 Charlotte Interview with Anne Udall on WFAE-FM (NPR)
- 2/15/2006 Charlotte Que Pasa
- 2/16/2006 Charlotte Op-Ed in Charlotte Post
- 2/16/2006 Charlotte PSA WFAE-FM (NPR)
- 2/18/2006 Charlotte Interview with Anne Udall on WBT
- 2/28/2006 Charlotte "Health Care Gripes Might be Heard" - Charlotte Observer



What the Participants Say

Charlotte participant:



Jackson participant:



Seattle participant:

“We must acknowledge the role that big business plays and we have to find productive ways to engage them.”



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What the Participants Say

American Values:

- Affordability
- Culturally-sensitive
- Transparency
- Shared responsibility
- Simplicity
- Fairness
- Choice
- Consumer-directed
- Comprehensive
- Quality
- Independence
- Individual responsibility
- Ethical
- Holistic
- Understandable
- Equality
- Flexibility
- Accountability



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What the Participants Say

Benefits:

- What would you add to a basic benefits package?
 - Long-term care
 - Disease management training
 - Community & home-based care
 - Vision care
 - Hearing care
 - Wellness education
 - Comprehensive dental
 - Evidence-based alternative care
 - Smoking cessation
 - Preventive mental health



What the Participants Say

Benefits:

- What would you take out of a basic benefits package?
 - Cosmetic surgery
 - Chiropractic
 - Substance abuse
 - Prescription drugs (name-brand)
 - Physical, occupational and speech therapy
 - "Anything not proven to be effective by evidence-based medicine"
 - Non-emergency ER visits



What the Participants Say

Benefits:

- Who ought to decide what is in a basic benefits package?
 - Consumers
 - Medical professionals
 - Federal government
 - State and/or local government
 - Employers
 - Insurance companies



What the Participants Say

Getting Health Care:

- What kinds of difficulties have you had in getting access to health care services?
 - Gaps in coverage for certain services
 - Fear of loss of benefits / change in policy
 - Language barriers
 - Cultural sensitivities
 - Continuity of care
 - Religious beliefs
 - Fragmented care
 - Pre-existing conditions
 - Complexity
 - Location
 - Transportation
 - Timeliness
 - Limit of insurance approval
 - Maximum benefit caps
 - Money



What the Participants Say

Getting Health Care:

- In getting health care, what is most important to you?
 - Quality of care
 - Availability of care / timeliness
 - Affordability
 - Respect & understanding
 - Trust in the physician
 - More time with providers
 - Choice
 - Consistency
 - Culturally-competent care
 - Portability
 - Regular provider (medical home)
 - Privacy
 - Keep doctors when changing insurance
 - Appropriate level of care
 - Confidentiality of medical treatment history
 - Ease of use
 - Non-discriminatory care
 - Better outcomes & accountability for providers
 - Education
 - Access to supplements & vitamins
 - Consistent charges / payment
 - More preventive care



What the Participants Say

Financing:

- What should the responsibilities of individuals and families be in the health care system?
 - Practice healthy lifestyles / behaviors
 - Pay based on ability to pay
 - Purchase insurance (tax credits to individuals, not businesses)
 - Ask to see bills (more transparency of costs)
 - Utilize preventive care more
 - Attend prevention & wellness seminars
 - Manage (given the ability) appropriate care for family
 - Choose good providers
 - Participate in public health education system
 - Appropriate utilization of care
 - Follow regimens
 - Develop their own health investment funds
 - Understand their plan / role



What the Participants Say

Financing:

- What steps can be taken in order to slow the growth of health care costs in America?
 - More research on what is causing us to get sick
 - Implement a cap on medical malpractice lawsuits
 - Legalize purchase of prescription drugs on global market
 - Expand utilization of health information technology
 - Better management of chronic disease care
 - More focus on prenatal care to influence life-long health
 - Evidence-based medicine to reduce duplication & unnecessary costs
 - More cost-effective treatment during end-of-life care / "willing to accept the inevitable"
 - Reduce overutilization of the system
 - Individuals / families learn more about what it means to be healthy
 - Eliminate or reduce pharmaceutical industry advertising
 - Increased access to home-based care



What the Participants Say

Financing:

- What steps can be taken in order to slow the growth of health care costs in America?
 - Create incentives for people who practice healthy lifestyles (e.g. tax deductions)
 - Create incentives for providers with patients who practice healthy lifestyles
 - Eliminate disparities
 - Reduce fraud
 - Penalize companies that make unhealthy products (e.g. tobacco, fast food, etc.)
 - Subsidized medical education in exchange for public service (e.g. rural, inner city)
 - "One claim form, one card, one processing system" (reduces administrative costs)
 - Change management structure -- national standards with local management
 - Regulate provider profits / cap the amount of care each year and tie it to provider payments
 - Insurance reform



What the Participants Say

Trade-offs:

- What trade-offs would you be willing to support the most?
 - Give up choice of prescription drugs to get rid of pharmaceutical advertising
 - Give up some convenience for more quality
 - Pay higher deductible for more choice
 - Seeing physicians less in order to see other health care professionals more
 - Willing to give blood and test cholesterol annually for tax breaks
 - Give up end-of-life technologies for less expensive care
 - Accept less choice for more access to care
 - Utilize public space & resources (e.g. closing schools) to provide additional locations for care



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What the Numbers Say



What the Numbers Say

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

It is in a state of crisis	63.1%
It has major problems	33.1%
It has minor problems	2.8%
It does not have any problems	0.1%
No opinion	0.8%



What the Numbers Say

Should it be public policy that all Americans have affordable health care coverage?

Yes	92.9%
No	7.1%



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What the Numbers Say

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

To pay for everyday medical expenses	29.8%
To protect against high medical costs	58.8%
No opinion	11.4%



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What the Numbers Say

Which of these approaches would be the better way to provide coverage?

Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now 10.2%

Providing a defined level of services for everyone (either by expanding the current system or creating a new system) 89.8%



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What the Numbers Say

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

Yes	73.8%
No	26.2%



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What the Numbers Say

Should some people be responsible for paying more than others?

Yes	69.1%
No	30.9%



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What the Numbers Say

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

Everyone should pay the same	16.5%
Family size	5.2%
Health behaviors	18.9%
Income	42.3%
Other	17.1%



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What the Numbers Say

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

Yes	47.9%
No	52.1%



What the Numbers Say

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

	Yes	No
Kansas City	36.3%	63.7%
Orlando	60.2%	39.8%
Baton Rouge	86.8%	13.2%
Memphis	29.3%	70.7%
Charlotte	61.8%	38.2%
Jackson	72.1%	27.9%
Seattle	32.2%	67.8%
Denver	38.5%	61.5%



What the Numbers Say

Spending Priorities:

Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
4th	T-5th	5th	--	5th	3rd	2nd	6th



What the Numbers Say

Spending Priorities:

Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
3rd	3rd	2nd	--	1st	5th	3rd	4th



What the Numbers Say

Spending Priorities:

Guaranteeing that all Americans have health insurance

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
1st	1st	1st	--	4th	2nd	1st	1st



What the Numbers Say

Spending Priorities:

Funding the development of computerized health information to improve the quality and efficiency of health care

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
T-6th	T-5th	4th	--	8th	8th	8th	8th



What the Numbers Say

Spending Priorities:

Funding programs that help eliminate problems in access to or quality of care for minorities

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
5th	7th	8th	--	7th	4th	4th	5th



What the Numbers Say

Spending Priorities:

Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
T-6th	8th	7th	--	6th	7th	7th	7th



What the Numbers Say

Spending Priorities:

Guaranteeing that all Americans get health care when they need it, through public "safety net" programs (if they can not afford it)

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
2nd	2nd	3rd	--	2nd	1st	6th	2nd



What the Numbers Say

Spending Priorities:

Preserving Medicare and Medicaid

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
*	4th	6th	--	3rd	6th	5th	3rd

*This option was added after the Kansas City meeting. The option that finished 8th in Kansas City was deleted from the list, "Funding medical education to ensure that we have enough high-quality medical professionals and health care workers."



What the Numbers Say

Proposals:

Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
7th	*	*	7th	6th	9th	9th	9th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
4th	*	*	5th	10th	7th	7th	6th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
+	+	+	10th	9th	10th	10th	10th

+This option was added after the Baton Rouge meeting and was not available in Kansas City, Orlando and Baton Rouge.



What the Numbers Say

Proposals:

Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
3rd	*	*	3rd	3rd	3rd	4th	3rd

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
5th	*	*	9th	4th	4th	8th	8th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Require businesses to offer health insurance to their employees.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
9th	*	*	6th	8th	6th	6th	7th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Expand neighborhood health clinics

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
2nd	*	*	2nd	2nd	2nd	2nd	2nd

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
1st	*1st	*1st	1st	5th	1st	1st	1st

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Require that all Americans enroll in basic health care coverage, either private or public.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
6th	*2nd	*2nd	4th	1st	5th	3rd	4th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



What the Numbers Say

Proposals:

Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

Kansas City	Orlando	Baton Rouge	Memphis	Charlotte	Jackson	Seattle	Denver
8th	*	*	8th	7th	8th	5th	5th

*The method used to ask this question was changed in Orlando & Baton Rouge to assign 1, 2 or 3 dollar signs to each and allow participants to pick a proposal (or combination)... making comparisons beyond the top two meaningless.



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Observations



Moderators Observations

What is different from before:

- A willingness to step up to the plate in being a part of the solution – e.g. we should not confuse any public caution about HSAs with a lack of acceptance of individual responsibility (e.g. community health service/watch);
- A *calm* sense that what we are doing does not work
- While there remains a distaste for “profit” in the health care sector, the public seems angry with fewer people. PhRMA profit and insurance profit and direct to consumer advertising remain the main negatives in terms of the private sector being in the health care
- People seem less anxious about choice. During the 90s this became the consumer complaint – “choice of doctor”. If asked, the public wants this, but it seemed an insignificant request relative to making sure every American is covered



More Moderator Observations

- People seem to love “quasi government” entities, non-profit entities and organizations such as the “base closing commission”. They understand tough choices, but they worry about politics as usual and profit in health care
- Health care needs to be simple to be supported
- They accept notions of pooling but don’t like to call it insurance
- The public wants to engage in conversation about what is happening in other countries not because they support publicly funded health care but to see if something else would work



Other Moderator Observations

- While prevention and promotion of healthy lifestyles are understandably dismissed by health system change architects as being of little significance on cost, they appear to offer a viable path to providing the public with a responsibility and role, thereby earning buy-in, personal responsibility and a willingness to be a part of the solution
- End of life is clearly the biggest trade off people are willing to accept. I sensed people thought this, but did not want to say it. It came up in every forum
- While concern about the private insurance market with some vocal citizens seems about profit, I sensed for most it was really about it simply not working



What Surprised the Moderator

- Our for-profit employers are one of the good guys. More tax incentives to employers to offer insurance fell short only because they think it will not work in getting us back to 69% of employers offering coverage to employees
- The public seems concerned first with what would work; second with who they trust and only at the end of the list, are they worried about pointing fingers
- The public seems complacent and disinterested in state level solutions unlike other policy issues where so often fixing it at the state level appears appealing and sensible
- I heard less “I want everything for nothing” than I expected although people were clearly unable to accept anything other than a comprehensive benefits package. Basic is not good enough for 90%



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Moving Forward



The Remaining 28 Community Meetings

Process Considerations:

- Schedule them with targeted groups you have not heard from
- Go to places of employment with ordinary Americans
- Use un-scheduled community meetings for “public comment” type activity
- Whatever you decide, use them to help you feel comfortable with what people want and to help you decide what to recommend as opposed to process purity



The Remaining 28 Community Meetings

Content:

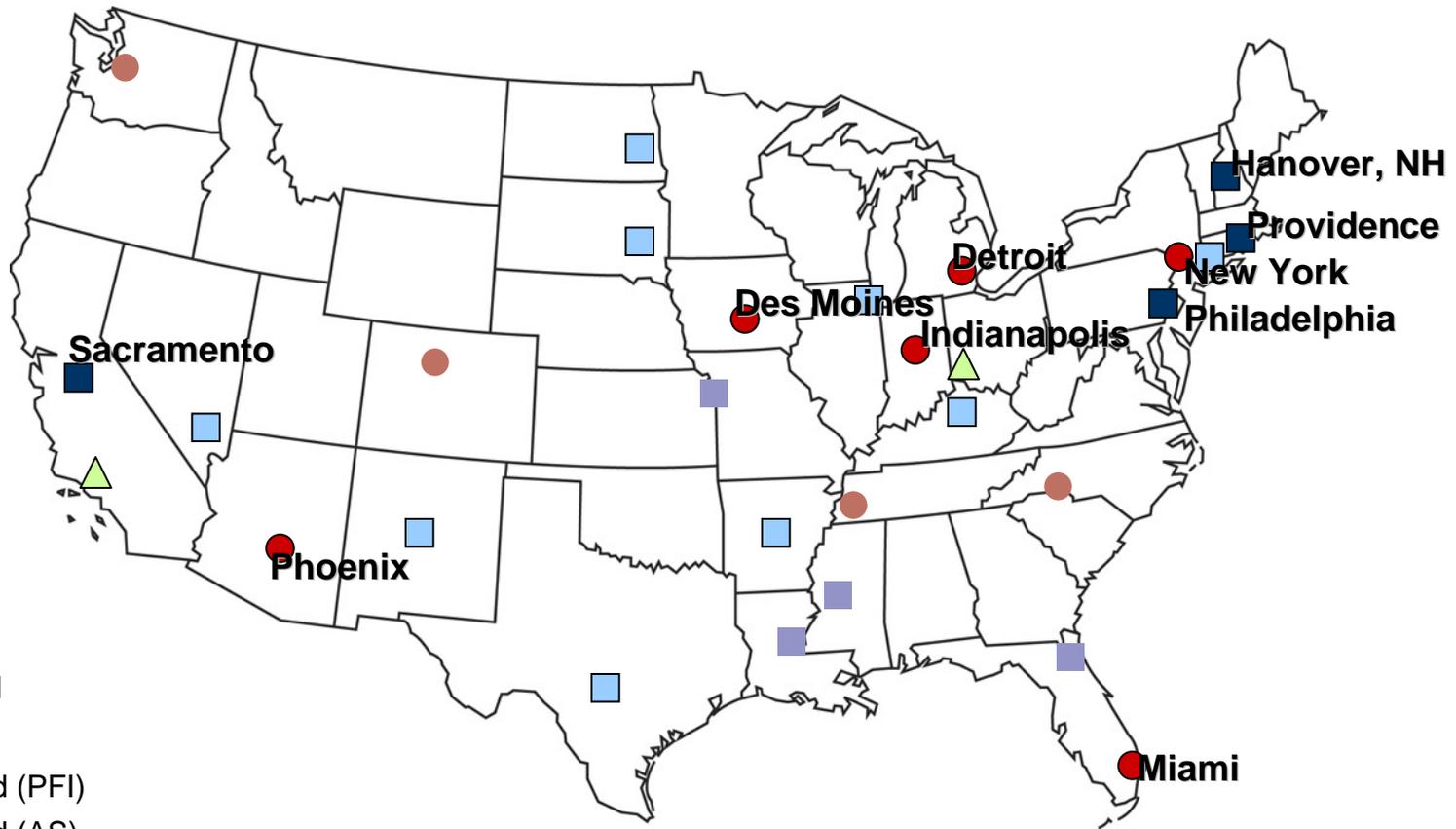
- Do you want to adjust content (either in terms of where I take the conversation as moderator or indeed in adding or eliminating questions) as you begin to develop recommendations?
 - Eliminate questions where we are getting unanimous answers
 - Begin to test emerging concepts/ideas
 - Push harder for more new ideas by eliminating certain questions to make room for more open conversation



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Upcoming Meetings



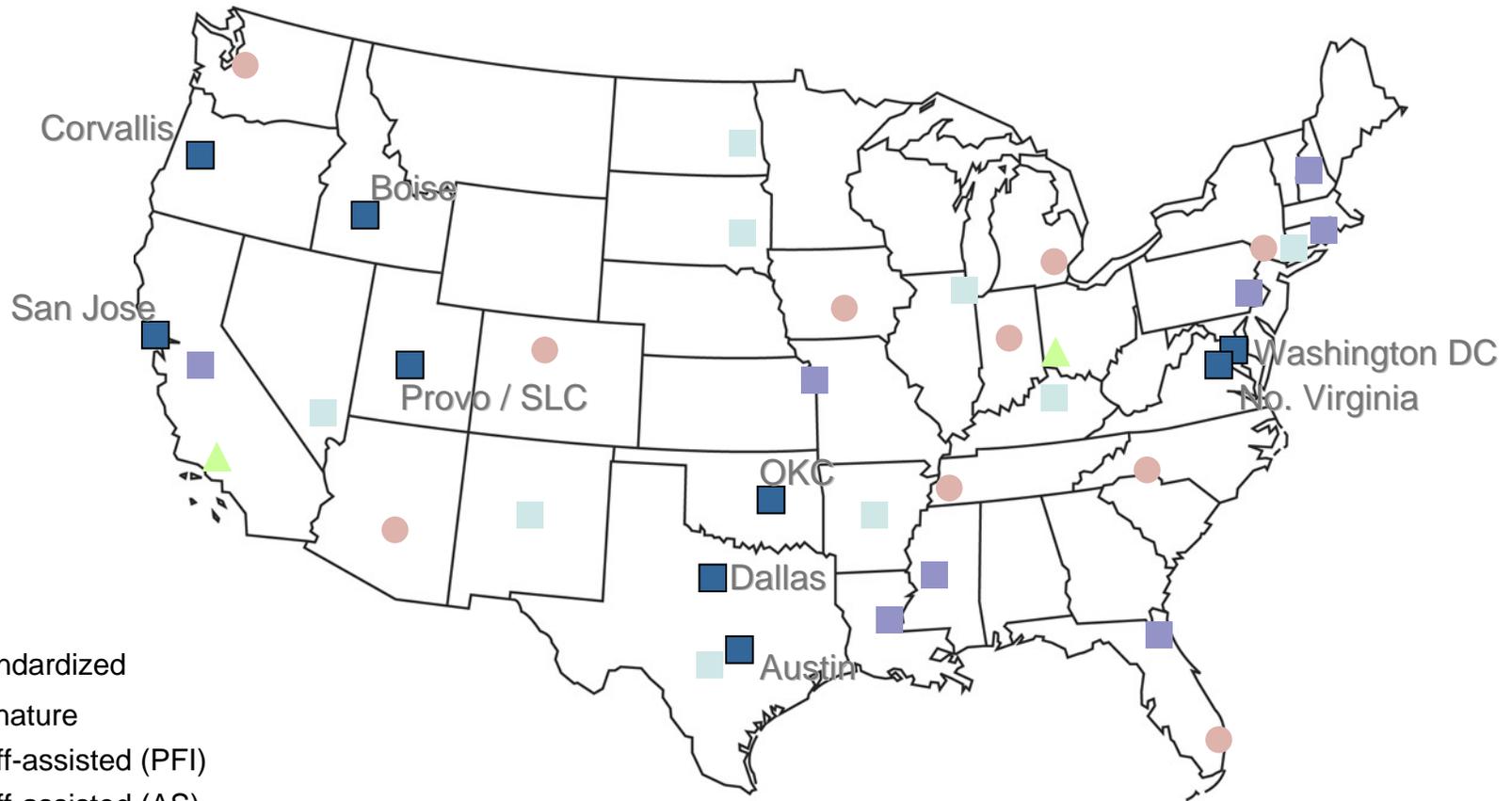
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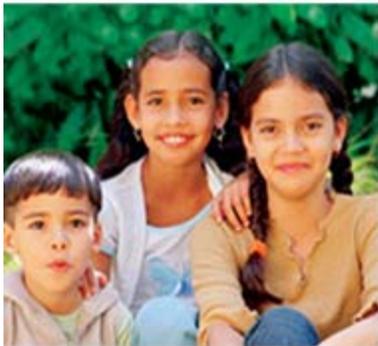
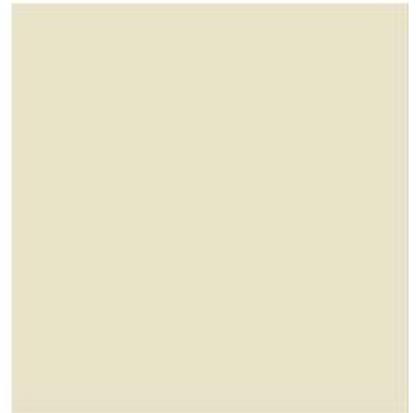
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Where We Could Go



- Standardized
- ▲ Signature
- Staff-assisted (PFI)
- Staff-assisted (AS)



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