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The Week in Healthcare >> *Written by Matthew DoBias*

Citizens want more from care

Americans see differently on Bush healthcare policies

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Washington insiders are closely watching how administration officials and key congressional leaders will respond to town hall meetings that indicate Americans reject some of Bush's core health policies.

The opinions came by way of a report based on the concerns and ideas culled from more than 10,000 people, some who attended congressionally mandated town hall forums across the country and others who responded online.

Americans at the gatherings said that they want access to a core set of healthcare services that are more in line with socialized care found across Canada and Europe. But they also said the onus of additional health services that go above and beyond that base level should be on the individual rather than the government.

That split between the core and added values is at the crux of the eight-page report by the forum organizer, Citizens' Health Care Working Group, a nonpartisan committee that traveled cross-country to gauge the healthcare opinions of average citizens. And it could also prove a sticking point as the working group prepares a final report for the president and members of Congress.

Brent James, a member of the working group and executive director of Intermountain Healthcare's Institute for Health Care Delivery Research in Salt Lake City, said the general public overwhelmingly called for across-the-board access to some level of care, which differs from the current "all or nothing" system. But the group did not define what would be included in that core level, and instead makes a recommendation for a public and private panel to do so.

Meanwhile, James strongly defends the set of recommendations and disagrees the document is anti-Bush. "It's not inherently anti-administration and it's not inherently liberal," he said.

In other recommendations -- a final set will be galvanized after a public comment period ending Aug. 31 -- the working group calls for a more integrated network of community health centers, stepped-up efforts to improve quality of care and efficiency and a public and private restructuring of how end-of-life care is delivered and paid for.

But in Washington, where few policy papers make it through the mill without becoming politicized, healthcare analysts are already looking for ways to shoehorn partisan changes into the recommendations.

In the interim report, the recommendations read to some as a rebuke to current administration health policies that are more consumer-centric than socialized, and more market-driven than government-directed.

Not surprisingly, supporters of free-market policies were not happy with the results. Michael Cannon, director of health policy studies at the Cato Institute, a Washington-based libertarian research group, said he is wary of the results because of inherent polling biases, and cautions that the recommendations -- taken as is -- wouldn't lower healthcare costs, but instead actually increase them.

By courting more government involvement rather than less, and by introducing new federal obligations that some said would mean new taxes, Cannon said he sees a definite split with current administration thinking. "It just shows really how little the administration cares about getting healthcare right," he said.

But Paul Ginsburg, president of the Center for Studying Health System Change, said that the recommendations may be more in sync with the administration than first thought, but said there are wide chasms on some of the major topics.

"The priority of achieving universal coverage is very strong," Ginsburg said. While he said that the administration's goal is also to cover the uninsured, the road they plan to take to get there is different.

Ginsburg also said that the interim recommendations, though well-intentioned, are at times too vague, potentially opening them up for political wrangling from both parties.

The public has until Aug. 31 to comment on the recommendations, which will be reviewed by the president and Congress.