

Citizens' Health Care Working Group
Portland, OR
Public Meeting
Wednesday, September 21, 2005

Attendees

Members

Randy Johnson, Chair
Catherine McLaughlin, Vice Chair
Frank Baumeister, M.D.
Dorothy Bazos
Montye Conlan
Joseph Hansen
Therese Hughes
Patricia Maryland
Deborah Stehr
Christine Wright

Staff

George Grob, Executive Director
Andy Rock
Caroline Taplin
Jessica Federer

Contract Staff

Kristin Engdahl, Edelman Associates

Introduction

Randy Johnson began the meeting at 3:30 p.m. He indicated that both long and short versions of the reports and the slides would be reviewed and decisions made so that the documents could be turned over to the public relations firm for focus group testing, Thursday, September 22. The also chairperson indicated there was time only to recommend essentially fine-tuning changes that could be made during this evening, but not wholesale changes. Therefore, the purpose of the afternoon Working Group decision-making process was to reach agreement on the document that could be tested, not the final draft that would be printed.

“Long” Report

The Working Group discussed the role, value and tasks of the focus group review in connection with the long report (subsequently referred to simply as “The” Report, and therefore, so referred to here). George Grob summarized the major substantive concern of Richard Frank (who was

absent) regarding the most recent draft of the Report: it left the impression that solutions to current health care system problems would be easy to implement. Richard Frank felt this was inconsistent with the rest of the Report; he would be satisfied if the “solutions” portion of the Report was changed to reflect the likely difficulties. Other Working Group members indicated they also believed that the “solutions” offered in the draft of the long Report were both complex and insufficient to address the problems described.

George Grob reviewed the range of efforts that had been made to address other comments that had been provided. He indicated that Jill Bernstein, staff to the Working Group, was working on further edits to the Report, in a nearby hotel, while the meeting continued. Anne McGuire, another staff member, was also working on edits, in Bethesda, Maryland. George Grob indicated that the one big area that needed further change was the chapter titled “What Are We Doing Now?” (Chapter 7)

Members provided further comments on the Report; some, further underscoring Richard Frank’s concern. Catherine McLaughlin indicated that she did not believe that the portion of the Report discussing health savings accounts (HSA’s) was objective. Members emphasized the need to add or modify the Report to reflect precise quantitative information rather than using imprecise adjectives (e.g.: “many,” “most,” “almost all,” etc.). They pointed out that some of the program initiatives cited as “solutions” would more accurately be cited as yet-to-be-demonstrated policy ideas that had not yet been substantially implemented. It was stated that there was not yet empirical evidence or an adequate research base upon which to confidently assert that—for many of these proposed solutions, such as health information technology (HIT)—they would either save money or be effective clinically. Therefore, it was stated, Americans who were unfamiliar with health care issues, might be misled by the way this information was presented. George Grob indicated he could edit the draft to reflect only implemented programmatic initiatives, since that was what the chapter was intended to portray.

Therese Hughes indicated that if Catherine McLaughlin’s and Richard Frank’s comments were addressed, she would sign off on the draft of the Report. She didn’t agree with the questions added at the end (of Chapter 8) of the Report. She felt that the questions shouldn’t be part of the Report. She also wanted references to community health centers to include a broader identification of local providers. Pat Maryland also indicated that she would not sign off on the long Report unless the Report Committee had agreed that it was satisfactory and had approved it first. She indicated that she relied on the Report Committee to assure the accuracy of the Report, being, she felt, the most important criteria by which to judge the Report.

Joe Hanson indicated he too was unwilling to approve the Report, liked it less the more he read and had major concerns about provisions in the Report. He felt it didn’t address larger issues: he felt it needed to address single payer insurance and that if it was to include employee mandates that it also needed to include employer mandates. He felt the Report didn’t deal with the economic problem facing the country. Until he saw an acceptable draft of the Report, he would not sign off on it. He asked, “Is our public policy going to be health care only for the rich? People were going to end up without health care and this wasn’t addressed in the Report. The Report doesn’t dig into the source of where the costs are coming from.” He felt that the Working Group should go over the Report in detail before approving it and that there were some

misleading things in the Report, such as the “lifestyle” section that accused individuals of being the cause of high health costs and meantime, the Report missed macro issues.

Dotty Bazos said she wouldn't sign off because it wasn't the last draft. She was unclear about whether her comments would be in the final draft. To her, the fatal flaw in the draft Report was that it didn't “nail” the systems piece. She disagreed with the way the Report spoke of everything being interrelated and failing to define what was meant by “trade-offs.” She indicated that the public would assume that it meant having to give something up but that, to the contrary, “trade-offs” could mean a lot of different things. She indicated that the Report should expand on Dr. Wennberg's work (on geographic variation in levels of health care service unrelated to health factors). She indicated that giving the issue of unjustified geographic variation only four sentences in the Report while giving issues of cost eight paragraphs, was unbalanced. She indicated that there are some “language” problems and that the Report didn't mention a public health or a mental health system. She asked some specific questions of the Report Committee. She agreed with Joe Hansen's remark that the Report didn't address the factors driving cost increases. “If we're going to ask about trade offs but don't address what this involves, how can we have an informed debate with the public? But we could put in the initiatives we heard about – not present them as being complete, but merely the ones we heard about during the hearings; that would be an alternative way of handling Chapter 7.” In conclusion, Dotty Bazos recommended that the Reports Committee be closeted for three days with (the public relations firm) to complete the Report. “The Report and the final recommendations will be the two things the Working Group will be remembered for; I want to be proud of these products.

The members engaged in an exchange about trade-offs and cost-drivers and how these had implications for choices about things like health care technology. Frank Baumeister indicated that he was uncomfortable about use of the public relations firm since this Report was not intended to be merely public relations. “It is serious business; it is about life and death. We've got major problems, of health disparities, for example. This Report trifles with these important issues. Our wealth and our health policies/practices and values are in a confused state at present.”

Randy Johnson expressed the view that the Report was not written in a manner so as to adequately capture the reader's attention; also, the earlier drafts omitted local initiatives and, if they aren't to be used, hearings around the country weren't needed and the Report could be written simply using the information from scientific think tanks. He cited examples of initiatives the Working Group had heard about at their different hearings. Although it might be possible to assemble the Report Committee, as suggested by Dotty Bazos, he indicated that it wouldn't be possible to do so during the next day or two and they might not be available or willing, in any case.

Catherine McLaughlin indicated that a compromise might be to present text boxes of each initiative that was presented at the hearings and clearly identify whose initiatives they were. Another earlier suggestion had been that the (“Invitation”) be considered static once published but have the Report be a dynamic document that would change and grow as we learned more; for instance by adding initiatives that we subsequently learn about and by updating basic data it contained as newer information was available.

Joe Hansen indicated that the Working Group had come too far to quit but that it might be necessary to revise the schedule to allow enough time to complete the work ahead. He felt that the Report would be read, for instance, by everybody that doesn't want change in the health care system. "If it's just cost shifting, that isn't what our mission is; our mission is to change the system. If we are going to include items like HSAs; then we also need to include the fact that a major part of the population isn't going to be able to use them."

Randy Johnson asked whether we should have a consolidated Medicare and Medicaid. He stated that each initiative won't help everybody. He indicated that he wanted to make sure that the Report was compelling so that it was effective with Congress. Frank Baumeister reflected that, apropos concerns of the appearance, as opposed to the content of the Report, "Kurt Vonnegut has said, 'Charm is a scheme to get people to do things they wouldn't ordinarily want to do'." There was additional discussion among the members about the purpose and role of the Report and observations about making sure it was a readable document accessible to "man on the street."

Slide Show

The Working Group then reviewed and discussed the draft slide show, provided comments that were to be incorporated into the final set of the slides, and agreed that the slide presentation, which would appear on the web site, was largely okay.

"Short" Report

Pat Maryland indicated that she had greater concerns about the "short" report (subsequently titled the "Invitation" and therefore so referred to below) since it was likely to be the document that most people would read.

Some members expressed the opinion that there ought to be yet another very short, highly graphical document (in addition to the Report and the Invitation) with even less content and more pictures. The concern was expressed that the draft of the Invitation was not going to be effective for many people. There were different opinions expressed regarding the use and relevance of personal stories of Working Group Members included in the Invitation. It was also expressed that the draft of the Invitation didn't succeed in "grabbing" the public as it was intended to do. Some indicated that the Invitation would be satisfactory once graphics were added.

Randy Johnson alluded to a report that was to be produced in two weeks by a group of CEOs on a related health care system issue and that was going to be highly compelling and he expressed the concern that ours was not compelling.

The chairperson adjourned the meeting at 6:00 p.m.