

**Citizens' Health Care Working Group
Public Meeting
Wednesday, November 16, 2005
Baltimore, MD**

Hearing Summary

Attendees

Members

Randy Johnson, Chair
Frank Baumeister
Dotty Bazos
Montye Conlan
Richard Frank
Brent James
Joe Hansen
Therese Hughes
Pat Maryland
Catherine McLaughlin
Aaron Shirley
Chris Wright

Staff

George Grob, Executive Director
Carolyn Dell
Jessica Federer
Margretta Kennedy
Andy Rock
Connie Smith
Caroline Taplin
Jill Bernstein
Craig Caplan
Anne McGuire

Other Attendees

Mark Marich, PFI
Surjeet Ahluwalia, *AmericaSpeaks*
Jonathan Ortman, PFI
Tish Tanski, *AmericaSpeaks*
Mary Ella Payne, Ascension Health
Susanna Haas, *AmericaSpeaks*
Carolyn Lukensmeyer, *AmericaSpeaks*

MEETING SUMMARY

Randy Johnson began the meeting at 8:00 a.m.

External Relations

See Power Point Slide Presentation on this topic

Jessica Federer

Topics covered: Partners Relations, Government Outreach

Discussion

Therese Hughes – We need to see more of the organizations that represent people and that represent the underserved on the “partners” list; it’s a matter of perception.

George Grob – The idea of identifying some “heavy hitters” is that we need to select some, work with our contractors, and get the Working Group’s agreement that staff would move ahead to go ahead with an initiative. We have been talking with senior staff of Starbucks as part of this activity; the business people who run the company have expressed concern about both legal implications as well as practical issues of their potential participation in a public outreach effort.

Catherine McLaughlin – I’ve been involved in reaching out to the University of Michigan and the possibility of it providing a venue for a community meeting that could also include reaching out to many others among the “big 10” (public universities). The advice I’ve heard is that we should try to do the webcast and concentrated University of Michigan all on the same night so that you can get media/press coverage. We could probably do this in April; we need to give them a date.

Jonathan Ortmans – There’s a lot of room for creativity here if everyone thinks about all the organizations that we each interact with; this will enable us to take this project up to “scale.”

Joe Hansen – We need to figure out how to get the outreach going more actively; right now we’re dead in the water. The press wants to know about something controversial.

Jonathan Ortmans, Carolyn Lukensmeyer -- We need to grab media outlets more effectively. It will help if we get a sufficient number of sites.

There was no dissent when the members were asked how they felt about the idea of a breakfast event for partner organizations?

Connie Smith

Topic Covered: Media

Discussion

It was asked whether the Working Group should build on their experiences and contacts in the local communities, laying out thematically the potential stories, and develop op ed pieces and news articles—with some support from the staff or contractors.

George Grob

Questions for the American People

See Power Point Presentation

Discussion

Brent James – We should distinguish between “givens,” things that we should just assume that everyone would agree on: efficiency and eliminating error. I’d recommend we make recommendations around those but that we don’t engage the public in a conversation about those. The givens are the things for which there is clear factual basis. I don’t want to ask the public how to put together a data dictionary, for example; some topics we need to say something about: IT, patient safety, etc., but I don’t want to ask questions about them. But there are other areas that I do want to ask the public about. Some things are so obvious, that we shouldn’t have to ask about them. The whole purpose of asking questions is to lead us to information that leads us to recommendations. Some things are just internal, based on the facts. Access is another story. Dotty Bazos – Even around medical error, there are a series of value laden issues that we might want to ask the public for their opinion.

Catherine McLaughlin – We can ask scaled or weighted questions that will provide information to assist us in addressing the trade-offs. We can ask how people would rank options; these are questions we probably want to keep.

Joe Hansen, Frank Baumeister – We can’t really take any questions off the table because part of the work is dialogue; everything is open to public opinion; not everyone is aware of what others know to be irrefutable fact.

Brent James – There are two ways of viewing health care reform: inside-out and outside-in; fixing medical error is “inside-out.” Since we can’t ask all the questions we’d like; we distinguish items that are so self-evident that they don’t need questions. But, we still address them in the recommendations.

Catherine McLaughlin – The community meeting topics need to deal with all the topics but the questions could be selective.

George Grob – When we develop recommendations, we will need to make sure they are compatible with the overall direction of input from the public, not necessarily reflecting it down to the nth level of detail.

Catherine McLaughlin, Aaron Shirley, Therese Hughes – Why not use the framework that is mandated in the Act as the way to organize the way we structure the topics and the interim recommendations? Why not organize the whole process around the four elements required in the

law? If we could agree that the original intent should be the focus. Why reinvent the wheel? We have simple directions; why not use it?

Randy Johnson – We'll go through each question and later decide what the framework should be; and ask the staff to come back with a recommendation as to what the framework should be.

The Working Group generally thought that the four elements in the law: services, delivery, financing, and trade-offs, should be used as the basis for organizing questions to the American people and for organizing recommendations—until/unless subsequently changed.

The Working Group collaborated on changes to the document:
Topics of Interest to Working Group Members Washington, DC, October 5, 2005 (see revised document).

George Grob – The discussion guide will include a broad presentation of a variety of topics. The question is: what is the scope of the areas to be addressed. When we're done, we want answers to about 20 broad questions that will support the kinds of recommendations we come out with.

Brent James – We need to come up with the technical things ourselves; we need to use Mike Garland from Oregon. There are various ways to boil down the long list of issues to a few.

Wrap Up On Discussion of Questions

George Grob – Discussions and recommendations will be operating at a higher level of generality than the detailed discussion that has taken place today. I suggest the staff convene with contractors and Mike Garland and that we then go back and forth with you on a set of questions. We'll need to do fairly rapidly. We'll share with you by email and have a telephone call, likely to be a two hour call, to discuss.

Richard Frank – Might it not make sense to organize the Working Group around major areas for producing recommendations?

George Grob – Yes; that will also be addressed.

Developing Recommendations

See Power Point Presentation
Presented by Jill Bernstein

George Grob indicated that recommendations could include both short and long term elements. The staff recommendation was that, to be credible, the Working Group's recommendations needed to be a blend of both detailed and broad. We need a framework that will provide a way and a set of principles to fix the whole system. The members engaged in a general discussion concerning the level of detail that ought to be reflected in the recommendations. Comments that were made included: the recommendations ought to complement and acknowledge the work of others. The unique contribution that the Working Group brings is that they could reflect a profound and deep appreciation of what the American people think about health care.

Catherine McLaughlin – We’ve been given a plan for what we are to do: the four areas spelled out in the law.

Brent James – The IOM report, “Crossing the Quality Chasm,” ought to be heavily relied on and referenced and the recommendations in that paper should be cited. It is used commonly and it has generated more work by others.

Pat Maryland – Hearing from the public is what is unique about what we’re doing here and what distinguishes this activity from all the reports that have been done by experts. If we can link to other studies that have been done, that will give us credibility.

The Working Group concluded that it would work toward a consensus set of interim recommendations with no “poison pills.” The results of the effort would be broad-based, incremental, concrete recommendations, reflecting what was heard from the public, and contain both short and long term steps (e.g., a ‘plan’). The “texture” of the recommendations to the President and the Congress should somehow reflect the fact that it is from the American people. The Working Group should seek and consider information from a wide variety of sources. The Working Group will need to be careful to consider the information received from the point of view of how representative it is. As in Oregon, the Working Group goes to the public for its values (its heart) and then translates those values into a practical way. The members of the Working Group will keep each other honest and will be checking with others who will help keep it honest.

Should Any Topics Be “Off the Table?”

The members agreed they would take no potential topics or health issues “off the table” for consideration for possible recommendations.

What Would be the Venue for Recommendations?

Would the recommendations be for the federal government to take or also non-legislative recommendations or for others as well?

- There would be a menu of recommendations for Congress and the federal government;
- But it should not stop there.

Topics for Staff Briefings at the December and January Working Group Meetings

What topics should be presented to the Working Group? The purpose of the briefings is to develop better understanding of the topical areas.

Outline for the briefing:

- Everything that’s known about public opinion on the topic
- What’s already in play in the area
- Bringing all the information together in an efficient manner to help sort through the subjects.
- Presentation and time for discussion among the members.

Process for Deliberating on Potential Recommendations

Do we work at a subcommittee level before distributing to the wider Working Group or ad hoc approach? For preparing for December and January; agreement was that staff would develop briefing materials and consult with interested individuals and then share for the entire group at the meetings.

The meeting adjourned at 3:00 p.m.