


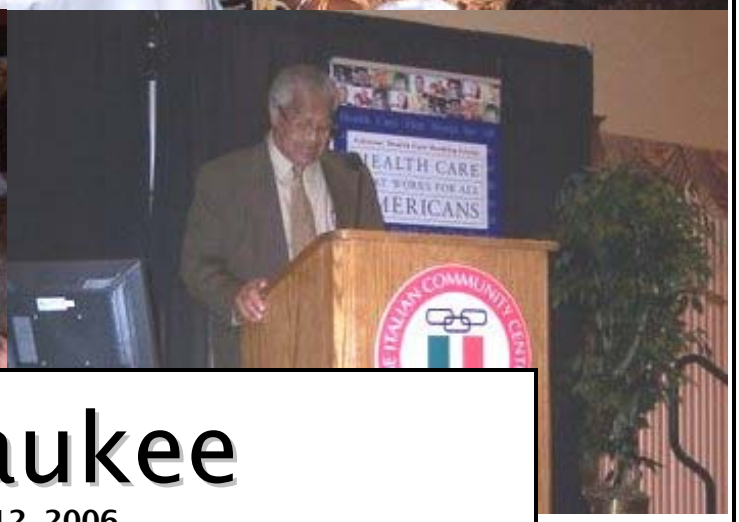

Milwaukee

August 12, 2006

Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

The Citizens' Health Care Working Group's Milwaukee Meeting was held August 12, at the Italian Conference Center. Columbia St. Mary's served as the local meeting host.

Although fewer participants attended this meeting, the diversity of opinions expressed was similar to what was heard at other meetings covering the Working Group's interim recommendations. This was one of just a handful of meetings dedicated to gathering feedback on the Working Group's interim recommendations.

Themes that emerged across discussions included sharing burdens and distributing them fairly, the importance of prevention and healthy lifestyles, and support for evidence-based medicine. While many participants advocated for universal health care, some participants raised concerns over costs and efficiency. Attendees saw health care as a global issue: some argued that health care had to be addressed for American companies to remain competitive in a global economy. Others argued that the United States should learn from the best practices of other nations in reengineering its health care system.

Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Sacramento, California
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Atlanta, Georgia
Oklahoma City, Oklahoma
Milwaukee, Wisconsin

SESSION FINDINGS

Recommendation: Protect everyone from very high health care costs

Guarantee financial protection against very high health care costs.

No one in America should be impoverished by health care costs.
Establish a national program (private or public) that ensures

- **Coverage for all Americans,**
- **Protection against very high out-of-pocket medical costs for everyone, and**
- **Financial protection for low income individuals and families.**

This is an important building block for a private system.

Let's expand the pursuit of happiness to include a right to be healthy.

Meeting participants identified issues that would be important in establishing protection against very high health costs. They included the need for a simple system, one in which participation is required, where costs are indexed to income with people paying what they can afford and one in which everyone receives equal coverage with no isolation of groups, such as people with low incomes.

One table argued for no out-of-pocket charges, so as not to discourage preventive care. Another noted the need for free clinics to help people get the care they needed without having to use hospital emergency rooms. Others argued for fixing the system as a whole, rather than focusing on one aspect of the problem. Still others believed that the best approach to addressing the issue of very high health care costs was a single-payer comprehensive system. When asked which of these issues was most important to address, votes were split across the nine issues, but the three receiving the most support were: support for a single-payer comprehensive system (20 percent), the need to fix the system as a whole (15 percent) and the need for everyone to receive equal coverage with no isolation of low-income groups (15 percent).

Overwhelmingly participants (92 percent) supported the Working Group's proposal that everyone be required to participate in a program protecting against high costs. Five percent disagreed with this proposal. A slightly smaller percentage (85 percent) supported the concept that "everyone pay his fair share." Again, five percent disagreed, and ten percent were unsure.

When asked how a program protecting against high costs should be structured, four proposals emerged from the group: a combined public/private program; a program where government covered catastrophic costs and coverage for low-income people; a single-payer government run system; and a non-politicized citizen-managed system. Opinion was divided on whether government could successfully manage this type of program, with some believing that government was the better choice, and others arguing that a government run program would be politicized. Concerns were raised about the "good old boy network" in both the private and public sectors and there was strong support for citizen oversight no matter what the design. Of the four proposals, the combined public/private program received the most support (36 percent).

Recommendation: Support integrated community health networks

The federal government will lead a national initiative to develop and expand integrated public/private community networks of health care providers aimed at providing vulnerable populations, including low income and uninsured people, and people living in rural and underserved areas, with a source of high quality coordinated health care by:

- **Identifying within the federal government the unit with specific responsibility for coordinating all federal efforts that support the health care safety net;**
- **Establishing a public-private group at the national level that is responsible for advising the federal government on the nation's health care safety net's performance and funding streams, conducting research on safety net issues, and identifying and disseminating best practices on an ongoing basis;**
- **Expanding and modifying the Federally Qualified Health Center concept to accommodate other community-based health centers and practices serving vulnerable populations; and**
- **Providing federal support for the development of integrated community health networks to strengthen the health care infrastructure at the local level, with a focus on populations and localities where improved access to quality care is most needed.**

Healthy people exist in healthy communities.

The discussion of community health networks made it clear that this proposal had to be considered as a small part of a larger system overhaul and could not substitute for a full response. People expressed the need for making health centers at the local level more widely available—"doors for everyone to enter the health care system." Giving local health centers the necessary financial support, and emphasizing standards and accountability were stressed, as well as an emphasis on preventive care.

One person observed that fostering community networks at the local level should be an effort shared by federal, state and local government and that it was essential that mental health services be part of the mix. Others noted the need for enabling services such as transportation and social work support, the use of disease management techniques, the importance of convenient hours of operation, and the need for good follow-up care. A public health advocate reminded attendees of the importance of traditional public health approaches that serve the general community, including an emphasis on clean water and nurses in the public schools.

Recommendation: Promote efforts to improve quality of care and efficiency

The federal government will expand and accelerate its use of the resources of its public programs for advancing the development and implementation of strategies to improve quality and efficiency while controlling costs across the entire health care system.

- **Using federally-funded health programs such as Medicare, Medicaid, Community Health Centers, TRICARE, and the Veterans' Health Administration (VA), the federal government will promote:**
    - **Integrated health care systems built around evidence-based best practices;**
    - **Health information technologies and electronic medical record systems with special emphasis on their implementation in teaching hospitals and clinics where medical residents are trained and who work with underserved and uninsured populations;**
    - **Reduction of fraud and waste in administration and clinical practice;**
    - **Consumer-usable information about health care services that includes information on prices, cost-sharing, quality and efficiency, and benefits; and**
    - **Health education, patient-provider communication, and patient-centered care, disease prevention, and health promotion.**

To reduce costs, stop duplication of capacity.

Concentrate on prevention and disease management.

Getting rid of insurance companies would be a good first step (to control costs).

The discussion of quality and efficiency ranged over many topics. They could be divided into two broad classes. The first set was made up of topics which focused on the content of medical and related services, including a focus on evidence-based medicine, emphasizing prevention at the individual and community levels, disease management, the belief that comprehensive quality of care would lower costs over time, and assuring that business decision did not overly influence choices about care. Other topics focused specifically on costs, including a master billing system that would allow cost comparisons, avoiding duplication of services, eliminating insurance companies as middlemen, and taking profit out of health care. Electronic health records were supported as a way of improving quality and controlling costs.

When asked where efforts to improve quality and control costs should be focused, the two items that received the most support—at 19 percent each—were the use of evidence-based medicine and taking profit out of health care. The next most popular strategies—each at 14 percent—were eliminating insurance companies and the belief that the delivery of comprehensive quality care would lower costs.

Recommendation: Restructure end-of-life care

Fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.

Individuals nearing the end of life and their families need support from the health care system to understand their health care options, make their choices about care delivery known, and have those choices honored.

- **Public and private payers should integrate evidence based science, expert consensus, and culturally sensitive end of life care models so that health services and community-based care can better deal with the clinical realities and actual needs of chronically and seriously ill patients of any age and their families.**
- **Public and private programs should support training for health professionals to emphasize proactive, individualized care planning and clear communication between providers, patients and their families.**
- **At the community level, funding should be made available for support services to assist individuals and families in accessing the kind of care they want for last days.**

The older you are in Japan the more respect you get.

Here the more disabled you are, the more you get pushed into the closet out of sight.

One comment on end-of-life-care summed up much of the discussion: "There really needs to be improved education on palliative care and this message has to get to the community and to our (younger) generation." The need for early planning was also noted in the comment that doctors should encourage their patients to establish advance directives earlier in life and remind them of the need at routine intervals.

Participants also spoke about the need for more accountability in the system, highlighting excessive testing procedures that do not lead to changes in outcome. The need for enforcement of current nursing home requirements was noted. People also identified the need for better pay and training for nursing assistants, home health aides and nursing home staff. People also focused on the need to protect family resources from the "excessive burden of caring for the elderly."

Recommendation: It should be public policy that all Americans have affordable health care

All Americans will have access to a set of core health care services. Financial assistance will be available to those who need it.

Across every venue we explored, we heard a common message: *Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security*.

The same message came across clearly in Milwaukee.

There's going to have to be a restructuring.

If I were king, I'd have everyone buy their own insurance, but those who couldn't afford it would get a subsidy.

The current system is not sustainable and does not allow us to be competitive in a global market.

People at the Milwaukee meeting identified six possible messages to give Congress when it came to making it public policy that all Americans have affordable health care:

1. Cherry pick the best that other countries have to offer in how health care services are provided
2. Make this the top priority of Congress
3. Establish a single payer system with the government serving as an administrator of the system, but not an employer
4. Take the politics out of the process of reform and make it a bi-partisan issue
5. Spend health care dollars more efficiently and foster market competition
6. Remove profit from health care and minimize competition.

When it came to expressing preferences, participants were evenly split (at 22 percent each) among four of these options, numbers 1, 2, 3 and 5, with the other two proposals receiving less support.

When asked how to best ensure that everyone plays a role in paying their fair share, managing utilization and controlling costs a number of options emerged. One person noted the roll of a payroll tax in assuring individual participation. Others focused on personal behavior and taxes on unhealthy "sin foods." One person noted that if all stakeholders voluntarily agreed to "true transparency" in reimbursement, individuals could use the information to guide their actions. Another noted more generally the need for patient education so that the public knows what the health system offers and how to go about getting what one needs.

Recommendation: Define a 'core' benefit package for all Americans

Define a 'core' benefit package for all Americans.

Establish an independent non-partisan private-public group to identify and update recommendations for what would be covered under high-cost protection and core benefits.

- **Members will be appointed through a process defined in law that includes citizens representing a broad spectrum of the population including, but not limited to, patients, providers, and payers, and staffed by experts.**
- **Identification of high cost and core benefits will be made through an independent, fair, transparent, and scientific process.**

The set of core health services will go across the continuum of care throughout the lifespan.

- **Health care encompasses wellness, preventive services, primary care, acute care, prescription drugs, patient education, treatment and management of health problems provided across a full range of inpatient and outpatient settings.**
    - **Health is defined to include physical, mental, and dental health.**
    - **Core benefits will be specified by taking into account evidence-based science and expert consensus regarding the medical effectiveness of treatments.**

Time did not allow for discussion of this recommendation. However, themes which emerged in earlier discussions are relevant. Participants at the meeting made clear that health care in the United States should emphasize prevention and early intervention. Also, when discussing protection against high health care costs, they were emphatic in their view that determining what is covered should be done through a process overseen by "real" citizens and not governed by special interests.

Determining Priorities

No one should think that just because we're meeting means something will happen

It's important to remember that we can as individuals push our Congress into action.

Comments on determining priorities illustrated the diversity of views at the Milwaukee meeting. People who identified themselves as small businessmen identified cost as "the number one issue" and emphasized the need to give relief to employers by "taking health care off their backs." They argued that we can't ask for more dollars until we find a way to spend current dollars more efficiently. Others argued against high deductible health plans and the "mirage of consumer driven health care." There was vocal support for realigning current available dollars to spend more on prevention and public health. Several participants spoke of the need for universal access.

Some comments were directed to Congress including a request to "bring home" best practices from other countries. One person voiced the belief that the issue of campaign financing reform needs to be tackled before any progress can be made, arguing that corporate interests will dominate any health care debate.

Two-thirds of the participants in Milwaukee believed that the Working Group's package of recommendations would improve the nation's health care system either a significant amount or a great deal. Eighty five percent of participants believed that it was very important or extremely important to enact this package of recommendations.

METHODOLOGY

The meeting format utilized was a combination of table-level discussions and plenary discussions. Attendees at this meeting participated in table-level discussions, assisted by the table facilitator and reported their findings to the entire audience. The attendees also participated in moderated discussions involving the larger group and expressed their opinions electronically through keypads during survey questions. During the full group discussions, key points raised by individuals and tables were compiled and displayed on the screens. Participants then used their key pads to answer questions and the results were displayed as received. Key findings from these instant polls formed the basis for additional full group discussion. Complete polling data from this meeting is available at www.citizenshealthcare.gov/register by selecting "Milwaukee."

An article on the meeting appeared in the Milwaukee Journal Sentinel on August 12. It can be found at http://www.jsonline.com/story/index.aspx?id=482786

PARTICIPATION

On a dazzling summer Saturday morning roughly 50 individuals gathered at the Italian Community Center in Milwaukee on August 12, 2006, to discuss the Interim Recommendations of the Citizens' Health Care Working Group. The host for the meeting was Columbia St Mary's Hospital. Dr. Aaron Shirley represented the Working Group.

In contrast to most Working Group meetings, attendees in Milwaukee were predominantly male (64 percent). A majority were middle aged (62 percent aged 45 to 64). Eleven percent were African-American and 6 percent were Hispanic. Close to 60 percent of attendees had a bachelor's degree or higher. Another 35 percent had an associate's degree or some college. Nine-tenths of the attendees were either employed full time or self-employed. Over three quarters were insured by their employers.

DATA

What is your gender?

63.9%	Male
36.1%	Female

What is your age?

5.4%	Under 25
24.3%	25 to 44
62.2%	45 to 64
8.1%	65 and better

Are you Hispanic or Latino?

5.6%	Yes
94.4%	No

What is your racial background?

83.3%	White
11.1%	Black or African American
0.0%	Asian
0.0%	American Indian or Alaska Native
0.0%	Native Hawaiian or Pacific Islander
2.8%	Other racial background
0.0%	Decline to answer

What is your educational background?

0.0%	Elementary (grades 1 to 8)
2.7%	Some high school
5.4%	High school graduate or GED
24.3%	Some college
10.8%	Associate Degree
32.4%	Bachelor's Degree
24.3%	Graduate or professional degree
0.0%	Decline to answer

What is your current employment status?

16.2%	Self-employed
73.0%	Employed - working full time
5.4%	Employed - working part-time
0.0%	Not employed / currently looking for work
0.0%	Homemaker
5.4%	Other / Retired

What is your primary source of health care coverage?

75.7%	Employer-based insurance
5.4%	Self-purchased insurance
8.1%	Medicare
0.0%	Medicaid
5.4%	Veterans'
0.0%	Other
2.7%	None
2.7%	Not sure

Which of these issues is most important to address?

12.5%	Insuring both public and private involvement to share fair burden
10.0%	System be mandated
2.5%	System be simple
15.0%	Everybody gets it equally, do not isolate groups (low income, etc)
7.5%	Free clinics in needed areas, instead of ER visits
10.0%	Income indexing-people pay what they can afford
7.5%	No out-of-pocket charges – discourages preventive care
20.0%	Should be a single-payer comprehensive system
15.0%	Fix the system as a whole

This recommendation assumes that everyone will be required to participate. Do you agree with this requirement?

91.7%	Yes
5.6%	No
2.8%	I don't know

This recommendation assumes that everybody will pay their fair share. Do you agree with this?

84.6%	Yes
5.1%	No
10.3%	I don't know

Which of these options is the best way to accomplish high cost coverage?

35.9%	Combined public and private system (split to be determined)
5.1%	Government covers catastrophic and low-income
28.2%	Government system (single payer)
30.8%	Real system to oversee system (Citizen's, regular people)

Where do we most need to focus efforts to improve quality and efficiency?

5.6%	Address before it become major problem (community, schools)
5.6%	Master billing, allow transparent comparisons of costs
2.8%	Electronic health care records
19.4%	Focus on evidence-based medicine
5.6%	Avoid duplication of services
13.9%	Comprehensive, quality care leads to lower costs
13.9%	Getting rid of insurance companies good first step
5.6%	Avoid business decisions dominating the system, find balance
8.3%	Concentrate on prevention and disease management models
3.8%	Strongly Disagree

Which of the following advice is most important to give to Congress?

22.2%	Cherry pick from other countries that have nat'l health care
22.2%	Make this the number one priority in congress
22.2%	Single-payer with gov't serving as administrator, not employer,
8.3%	Take the politics out of the whole process, make it bi-partisan
22.2%	Spend health care $ more efficiently, need market competition
2.8%	Remove competitive, profit nature of system
0.0%	None of the above

In your opinion, on a scale of 1-5 would this package of recommendations improve our health care system?

8.6%	No – it wouldn't help and might hurt
14.3%	A little bit
11.4%	A fair amount
45.7%	A significant amount
20.0%	A great deal

Given the competing challenges the Nation faces, how important is it for Congress to act on this package of recommendations?

5.4%	Not important
2.7%	Minimally important
8.1%	Somewhat important
16.2%	Very important
67.6%	Extremely important