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UTAHNS DISCUSS NATIONAL HEALTH REFORM

Report to President-
Elect Obama



Prepared by the
Utah Health Policy Project

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Executive Summary

On December 23, 2008, about sixty-five Utahns gathered to discuss national health reform and give President-Elect Obama and Health and Human Services Secretary-designate Daschle the gift of their ideas and input to help guide the new Administration in its reform efforts. The Utah Health Policy Project and the Association for Utah Community Health co-sponsored the discussion. Utahns from all walks of life were invited to participate in one of five locations across the state—Ogden, Salt Lake, Murray, Provo, and St. George. All sites were connected by video, allowing for both a local and statewide discussion.

The goal of the evening was to engage the attendees on an individual, community and statewide level. They shared their personal health care experiences, identified problems, and promoted potential solutions. The evening began with a brief overview of President-Elect Obama's health reform plan. Each site then held an hour-long discussion focusing on the seven questions found in the Participant Guide (Appendix 1). Each site then reported back through the satellite video feed, giving a summary of the discussion and any consensus reached.

Cost, access, and quality were the main problems identified, with cost being the most common concern. Attendees were also concerned about the number of uninsured, the misalignment of incentives towards profit instead of health, and the lack of primary care. Most reported that they rely on family and friends to find a good doctor, though recognizing that ability to pay and geography also influence their decisions. At most sites the discussion migrated back to cost. Most had personal or family experiences with struggling to pay medical bills. Participants had several suggestions to reduce or manage costs:

- reducing end-of-life costs
- sliding fee scales
- community rating and reinsurance,
- moving to a single-payer system.

All affirmed the need for bold, comprehensive reform.

Overall, the attendees were divided on whether or not a single payer or a public/private solution would be best. Advocates for single payer thought it was the necessary fundamental change needed to solve the many problems within the health care system. Other attendees supported a combination of public/private solutions. Everyone must get into the system to eliminate the hidden tax on the insured to cover the costs of the uninsured and compensate for public programs' low reimbursement rates. Others wanted increased portability so that insurance wasn't tied to a job.

Most attendees had a good sense about what their employer paid for their health insurance. A family on COBRA became acutely aware of how much their employer

used to pay. However, attendees were divided over the role of the employer. Some advocated for no role, while others thought employers should continue helping with cost but not in choosing the plan. Some wanted to build on what has been working, the current employer based system, while others thought true reform can only be achieved by shifting the locus of responsibility from the employer to the individual.

Finally, there was general agreement that prevention screenings are paramount and need to become ingrained in our culture. Ideally, screenings would be administered wherever the target populations can be found, for example in schools and senior centers. Government should play a leading role in defining preventative care, following guidelines from evidence-based medicine. Attendees also thought that incentives for healthy behavior should be rewarded.

As a national model in terms of quality and value of its health care, Utah has a lot to offer the national reforms. And our state has unique values (for example, the cultural focus on wellness and individual responsibility) and insights that should be reflected on the national front. The overall consensus of the discussion is that bold reform is needed. President-Elect Obama should make comprehensive health system reform the top domestic priority in his administration and one that he tackles first alongside the push for economic recovery.

About the Discussion Sponsors...



[Utah Health Policy Project](#), the state's leading research and policy firm around health care issues, seeks to promote quality, affordable, comprehensive coverage for all Utahns.



The [Association for Utah Community Health](#) is the primary care association for Utah. It supports and represents its member organizations and works to increase access to health care for medically underserved populations in Utah.

Thank you to all of our volunteers for helping to compile this report: Audrey Anderson, Whitney Swain, and Andrew Cannon. Thank you to all of our host sites: University of Utah Health Sciences Education Building, Association for Utah Community Health, Midtown Community Health Center, Mountainlands Community Health Center, and especially, the Southwest Utah Community Health Center

Appendix 1: Seven Discussion Questions

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?
2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?
3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?
4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance exchange or a public plan like Medicare?
5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?
6. Have you gotten the prevention you should have? If not, how can public policy help?
7. How can public policy promote healthier lifestyles?

Appendix 2: Summary of Individual Discussions at the Five Sites

Provo, UT Mountainlands Community Health Center

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

The health care system is so large and complex; there are multiple issues and problems, making it hard to pick just one. In general, the three main areas for reform are cost, quality and access. If we had to pick one, then cost would be our choice for the biggest perceived problem in our health care system.

Cost is a runaway train. We have the very best of health care at our fingertips, but it comes at a high cost. The local community health center pays \$1,000 a month per employee for health insurance. Technology could reduce costs, but ultimately, the insurance companies, pharmaceutical, hospitals, providers, equipment companies must all accept taking less money. Health care is a huge economic engine, but the pie must shrink, not continually grow.

The cost of the individual components of our health care is not the problem; rather, the increased utilization is the cause of our runaway expense train. For example, one of the attendees, his mother fell. She didn't break any bones, but the family decided to take her to the hospital. The hospital then ran an MRI, CAT scan and several other tests. Their conclusion was that the fall was caused from arthritis, something that was known from the beginning. Another example given was of a person visiting several specialists. The doctors all repeated the same test, instead of sharing a single test result. The attendee had to pay for the same test a couple of times over. Electronic medical records would help reduce these costs.

Another part of the runaway costs is the disconnect that exists in our health care system between individuals and their health care costs. When individuals have more skin in the game, they are more motivated to ensure quality care at a lower cost. Increased price transparency would also allow individuals to act more like consumers with their health care.

Another problem that was identified was the lack of access for people with mental health issues or disabilities.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Most people chose a doctor based on referrals from family, friends and co-workers. However, ultimately one chooses a doctor based on the ability to pay. For example, you choose one within an insurance provider network or you don't have a physician because you don't have the money to go to the doctor.

In addition, we have a shortage of primary care providers in our state and country. We need to create more incentives for doctors to become primary care physicians and to encourage more mid-level providers and reduce turf battles.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address the problem?

This question goes back to the issue of cost. We need to reduce the expensive increased utilization. In addition, we need to have a national discussion about end of life care. Most health care dollars are spent on end of life treatment. We need to ask ourselves if the thousands of dollars for Grandma to live an extra day or week are really value-added. Where do we draw the line? A lot of the time the money is spent because family members aren't yet willing to say good-bye to their loved one. It is a delicate question, but a debate we need to have as a nation.

We also need to consider unintended consequences to changes from the reforms and how they can impact cost. For example, a network of hospitals in Utah spent \$1 million printing materials to comply with new HIPPA laws. Finally, tort reform needs to be addressed in the reforms as part of the effort to contain costs. Liability is a vicious cycle.

4 & 5. In addition to employer based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public program like Medicaid? Do you know how much you or your employer is paying for health insurance? What should be an employer's role be in a reformed health care system?

Our system is so complex it often feels like you need someone to help you choose a proper insurance plan. Our group was nervous about totally getting rid of the employer based health care system. The reforms should build on what is working—and that has worked for decades. But, there are problems with that system. First, there is a hidden tax on employers and employees' premiums from the uninsured and low reimbursement rates from Medicare and Medicaid. That hidden tax increases the cost of people who do have insurance and makes it more unaffordable to some. Second, health insurance needs to be portable. With portability, people will be able to keep their insurance as they change or lose jobs without being caught with "pre-existing" conditions. It would be easier to get everyone into the system. There was a fear, that

with the reforms, there will be a façade of health care costs going down, but in reality everyone will just be getting less coverage.

In addition, we need to focus on increased quality within our public programs. One attendee stated that we could reduce Medicare's costs by 1/3 by implementing evidence-based medicine.

6 & 7. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help? Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

The conversation again turned toward cost. Even preventative care is expensive. One attendee, a healthy middle aged man went in for a routine physical. The total cost of the exam, with all the tests, was \$400. That was simply for preventative medicine—to be told he has a clean bill of health.

In addition, the system needs to stop incentivizing procedures. This increased utilization raises cost. Finally, public policy can promote healthier life styles by rewarding and punishing an individual for their health behavior. For example, a smoker should pay more for their health insurance.

**Ogden, UT
Midtown Community Health Center**

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

There were several major problems, all interrelated, with the health system that the group identified.

1. The cost of care and the cost of insurance. Both of the cost centers in health care have become unaffordable for people.
2. The uninsured. Too many of us do not have health insurance and, thus, and unable to pay for the care that they need.
3. Incentives in health care are aligned for making a profit, not necessarily improving or maintain the health of patients.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

The number one source of information about providers and hospitals comes through word of mouth from family and friends. Geographic location is another leading factor

in determining where and who to see. Many places of the state there are just a few doctors and a single hospital so there is really no choice in deciding where to go.

The group believed the government has role in developing policies that increase transparency in the system and defining what quality means by creating good outcome and prescription measures.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address the problem?

Everyone had a personal story of a family member or themselves having trouble paying for medical services.

The group recommended the policy leaders develop a health care reimbursement system based on an individual's ability to pay.

One of the problems with our current system is that those with greatest ability to pay (i.e., those with the highest paying jobs) pay the least for their care because that have great health benefit plans. Those who earn the least are either uninsured or underinsured.

4. In addition to employer based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public program like Medicaid?

The consensus of the group is that it would be helpful if we moved away from employer sponsored insurance. Given the fact that people changes so often, it makes sense to have health plans that follow the person.

Any idea that will make coverage more affordable, whether that be a public program like Medicaid or insurance exchange, the group believes should be supported.

5. Do you know how much you or your employer is paying for health insurance? What should be an employer's role be in a reformed health care system?

Most people had a good idea about how much their employer was paying for their health care. One couple was on cobra and was keenly aware of how much their employer used to pay for care.

The group generally believed that an employer's role should be limited to helping employees pay for individual plan, but not choosing the health plan for employees.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Most people were getting some preventive and wellness care, however, no one knew if they were getting all the care that is recommended. The group believed that government had two roles in helping people getting the preventive care they need. First, government should help define preventive care and educate the public about the care that people need. Second, government should help pay for preventive and wellness care for those who cannot afford it on their own.

7. How can public policy promote healthier lifestyles?

Government should take a holistic approach to promoting lifestyles. Government should make sure that P.E. and nutrition are taught in schools. Among other things, government should encourage smart urban planning that creates walking communities and encourages physical fitness.

Salt Lake City, UT Health Sciences Education Building, University of Utah

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system? (presented in priority order)

1. Costs

Insurance commissioner speaking as private citizen: "It's the costs, stupid."

Excess cost is comprised of runaway inflation + waste and inefficiency (could amount to \$2K/year per Utahn!).

=who pays (there is not enough \$ for everyone to get Cadillac care).

Physicians Assistant: To address this must do tort reform, prescription cost management: need legislation to address these. Big question: where is locus of cost control, at state or Federal level?

2. Uninsured/not everyone is covered.

Policy analyst PhD: If all were required to get coverage, could distribute the cost more evenly and efficiently. Must share responsibility to pay for at least basic care.

Low-income advocate: Must build on job-based coverage and require all employers to participate; but economy is changing so must have alternatives for contractors and independently employed.

3. Emphasis should be on primary care, not crisis or specialty care.

Community Health Center staff: Countries with better health outcomes have 70/30 emphasis on primary vs. specialty care.

Single Payer Advocate: To make any progress on this issue, we need to become frightened of the specter of single payer...but why? Before we get lost in private market based solutions, we should come to terms with how baseless this fear is. We should at least consider the merits of HR676. But, given that Americans will probably insist on private market based solutions, we must work to incentivize the behavior we want. The one bright spot is giving small businesses the ability to buy into public employee plan (as once proposed in Utah).

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Commissioner: People should have free choice of provider and hospital. In terms of doctors, it's all about trust, so must have free choice. And all doctors should be free agents and insurance companies should not stand in the way of this free market (insurance commissioner), but I'm not asking for 'any willing provider,' as this will increase costs.

Disagree: people choose specialists by who is good.

Disagree: no, people go to who is in their network!

Doctors need to be surveyed before we do reform! Need to do Zagat Survey of providers across the Board, as in NC.

PA: This has pros and cons. Right now docs are rewarded for giving out antibiotics like candy when patient has a common cold. The system must penalize these doctors and educate patients to avoid such providers. Now we are penalized for spending time with patients: should be just the opposite!

Policy analyst: I personally prefer doctors who will spend more time with me! But yes, the reformed system should reward this. Need to see online reports of doctors' behavior in this regard.

Barriers to good provider relationship

Commissioner: vested interests

PA: most consumers are unprepared to evaluate comparative information on quality. In a recent survey of hospital satisfaction, patients seemed to care about whether room was clean and the quality of hospital food (what does not matter).

Need peer review system, as with judges.

Need to engage the media to teach the public how to be effective health care consumers.

\$31 billion is spent on drug advertising when 90% of the time it's the wrong drug. Incentives need to change.

We need a health regulator that is guided by evidence-based medicine and commissioned by state government: each state is unique and must honor this.

Single payer advocate: no, this (regulating about what should be covered) should be done at the Federal level because states like Utah couldn't handle the responsibility! Similarly, it's problematic to have state-by-state variation in eligibility for programs.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Commissioner: Yes, because of uninsurance and growing problem of under-insurance. Both problems call for a basic plan with predictable payment. Things like deductibles and co-pays are technical details.

Public Health Nurse: HSAs don't work: my brother who worked in auto industry had one. Then he got treatable skin cancer and couldn't get the care he needed! Thankfully, he was finally treated in the VA system, which is a good model in terms of efficiency and disease management.

Commissioner: we should have state-based single payer as is most efficient payment system. If we did single payer at the national level, Utah's costs would increase!

PA: but we're all in this together as Americans.

Single payer advocate: Utah's low costs are skewed because of demographics.

PA: The best thing about single payer is its ability to share cost and risk.

If we moved to single payer, would have to find different jobs for insurers.

Commissioner: they can be re-trained.

Analyst PhD: the middle ground is community rating, which we need. It's not single payer but it does get everybody into the system

On Obama's National Health Insurance Exchange: this will evolve into system like Germany's Krankenkasse, which would be fine for U.S.

Just about all present wanted Federalism health reform (where states have to work within certain parameters but make up their own solutions).

Community rating should happen at state level. But there should be another layer or mezzanine of reinsurance from the Federal government. Actuarially such a system would predict costs very well.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance exchange or a public plan like Medicare?

Low-income advocate: after disappointing experience with Utah's health reform task force, everyone should have guaranteed access to needed care with emphasis on prevention (annual exam and primary care visits). But we also need a public education campaign to teach people how to use health care effectively. We shouldn't need to dumb down the benefit package much. Folks will have trouble navigating all of the exclusions! The reforms must recognize that we are all human: and we all have—or will have—issues and conditions.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Low-income advocate: My employer pays 70%, whether it's individual, couple, or family coverage, and this has not changed in 3 years. My employer even pays the full deductible.

E.D. of policy research firm: Hmmm, we pay 85%.

Analyst from same firm: I don't want to have to go out and find affordable coverage on my own. Don't have time to read all the fine print! No wonder that sole proprietors are bewildered!

Latino community member/head of Epilepsy Association: I am covered through my wife. There needs to be consistency if I move to another state through a Federal mandate.

E.D.: we employers want to manage this benefit and manage it well to be able to attract and retain quality employees.

Single payer advocate: but full transparency through a portal could get same result.

Commissioner: employer should be out of the picture.

Nurse: OK, but they must share in the cost.

Policy analyst: that's my money! I should be paid more.

PA: With employer-based system we've been able to hide the trust cost of care. Now that costs are so great, this arrangement is affecting our global competitiveness.

Hospital administrator: lots of research showing that preferential tax treatment adds too much to excess cost.

Commissioner: It's got to be all or nothing: either we do total overhaul or we are just nibbling around the edges.

6. Have you gotten the prevention you should have? If not, how can public policy help?

Commissioner (in early 60s): I've had all of mine, but it's really too late. This should be happening right from birth. We need a complete re-training and re-orientation of the body politic around preventive care.

PA: All insurances I've had have covered these screenings, but too often policies these days omit them. The Federal government should mandate coverage for all preventive screenings.

Single payer advocate: must make sure colonoscopy is on this list—too often falls off. All covered screenings should be age-appropriate following evidence-based medicine.

Junior League staff (in early 60s): in elementary school we used to get all of these screenings: why no more?

All: general agreement is that screenings should happen where are most likely to find the target population like schools and senior centers and churches.

Single payer advocate: no, people should not be screened in church!

7. How can public policy promote healthier lifestyles?

Public policy must actively promote lifestyle changes, which account for so much of excess cost.

Commissioner: Yes, this is the big money saver in the long run. Must improve public education around wellness.

PA: Insurance companies should incentivize healthy lifestyles. You should pay lower premium if you make measurable changes in lifestyle.

Murray, UT
Association for Utah Community Health

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Insurance companies, pharmaceuticals, lobbyists, for-profit corporations (4), money and greed issue, fraud - doctors want to sell costly procedures (pay for service)
No leniency/forgiveness for those without insurance
Health insurance problem- inequitable, need
Access- can't go where ever you want regardless of insurance
Quality- no control as consumer- insurance companies have all the control and say
Provider perspective (Family Nurse Practitioner and clinic director): Lack of advocates with brain trust. These questions have been asked for years, answers exist, have enough data. We need a revolution, not revolution, of health care. This is NOT the process we should be taking. Need will of advocates. Need Universal health care.
1 in 3 do not have access to any or adequate health care. Need a single payer plan, anything other than that is a waste of time.
Top end employers should be punished. Doctors should be on salary. Politicians who take lobby money should be punished (via staph infection)
Should have elected Clinton, Obama has not once talked about universal health care. Health Care lobbyists destroyed Clinton. This meeting is a sham.
Nurse and single mother: cannot get insurance because of brain tumor. Insurance companies trade information about consumers to prevent coverage. Need a policy that includes health insurance (coverage and access) and quality. Two tiered system.
How does Obama propose for-profit insurance companies to provide insurance to high risk individuals or those with prior health issues? They will not without HUGE deductibles and premiums.
Universal Health care is bad and expensive.

Fundamental- health care should be a moral issue, not a money issue. Mindset change. Health care , if seen as a moral issue, will be given the proper attention and investment. Health care should be a basic right to life

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Institute a national health care payer system. That way you have a choice for provider and institution.
Consensus.
Consumer has IHC. Decrease in choices, IHC has monopoly in the HMO industry. No choice in doctor- good doctors are hard to get an appointment with. You have only what is available in area.
National Institute of Health has stats on how people choose their doctors -insurance decision maker -based on affordability
We can provide Obama with ammunition e.g. soundbites, desire, consensus
Choose based on what is covered by plan. Would prefer to choose based on style, quality
Need a consumer reports on doctors to find quality ones- bad doctors won't have any patients!
Sees a nurse practitioner 3 out of 5 times. No primary doctor, or same doctor. Doctors have the wrong information because of being overwhelmed by inaccurate patient information
Secret shoppers of health care- create ratings for quality of health care providers
Lack of covered specialists under insurance plans- lack of access
Allow for more medical doctors into medical school.
Cutting entrance because of lack of funding from local governments.
Need primary care providers e.g. Nurse practitioners, mid-level providers
Hard for a lay person to figure out what quality is. Lack of consumer knowledge

3. Have you or your family members ever experienced difficulty paying medical bills? What do think policy makers can do to address this problem?

Mental health parity.
Flexibility in regards to pay based on ability to pay
Need continued care regardless of employment- portability is needed
Better access to Medicaid and Medicare. Access needs to be flexible and lenient not based on capped income and other rigid requirements
Employer-based health care ties an individual to a job. Employees-at-will makes health care benefits insecure. Need a single-payer, break away from employers
Medicaid is a disincentive, need universal health care
Veterans' benefits are very much in trouble. On the job injury, no insurance, and then sent to veterans clinic. Veterans need to be included.
Need an egalitarian single-payer system. Continue what Johnson implemented.
Many are confused by all the paper work, what is or is not a bill, who is to pay it, etc. Streamlining paperwork should be a priority.
Need to coordinate and consolidate information between various agencies, providers, think tanks, etc.
Growing underclass that is far removed from the health care system. Need to take action and stop talking.
Need to develop primary care infrastructure.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or public plan like Medicare?

No employer-based insurance
Yes
YES- Giving people the option of public plan will divert energy into that vein. Need to consider the status quo and the powerful players- a public plan will be the trojan horse.
NO- the public plan will be undesirable and designed to keep people from going into the public program and remain in the private realm of insurance coverage. Need the fundamental change to Universal Health care coverage/ single payer system.

Cheapest and easiest.
If we keep private insurance companies, need to make them mutual. Need to take profit motive out- must force all insurance companies cap their profits and return excess to policy makers.
Real problem is the money motive. Universal health system which takes away profit motive.
Mandated health doesn't work unless there is universal health guarantees.
2 million Americans declare bankruptcy- Americans should not have to be forced to declare bankruptcy due to health problems.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Q1: yes employer is 800, employee pays 400. plus out of pocket, co pays, etc
Q1: 7000 family deductible, employee pays 400.
Q1: 5000 out of pocket deductible before insurance kicks in
Q1: first class insurance but out-of-pocket requirements would destroy ability to work
Nearly half of the room believes there should be zero role in employers role
Provide information on preventative health care during working hours.
Provide safe and health workplace for employees.
Contributions similar to social security.

6. Below are examples of the types of preventative services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Should not separate public health and access to health care. Cannot have public health mandates and goals without getting everyone in and having access to routine care. Individual couldn't afford tests for lepers and therefore couldn't get diagnosed - this is a public health concern
Public policy should work for the public not just insurance companies. Need to work for the interest of the public. Public health needs to focus on education and informing the public about health concerns and issues.

7. How can public policy promote healthier lifestyles?

Safe driver insurance, but we don't have healthy patient health coverage. Need incentives for healthy wellness behaviors.
Cigarette tax. Look at ways to disincentivize unhealthy behaviors.
Need to increase medical pay for mid-level providers in particular. Hospitals are cutting costs in order to increase profits. Need to cut out for-profit structure.
Preventative care shouldn't be the main concern. Lots of costly health issues are not connected to behavior choices and are out of the individuals' control. Do not blame the patient
Preventative care is important
Mandate optimal health results. E.g. do not reimburse for hospital errors.
Environmental issues should be seen as important factors in public health.
Need non-profit health system would make for a healthier community.
Control and regulate health ads in the media. In turn, provide public service announcements stressing healthy lifestyles.

St. George, UT Southwest Utah Community Health Center

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Access to health care, not just for the uninsured. There is a huge problem for those with Medicare because reimbursement is inadequate and many doctors won't accept Medicare.

All the layers of complexities in the insurance system (e.g. fee schedules) are an enormous problem.

Currently, the incentives within the health system are not conducive to controlling costs. Providers are rewarded for the amount of services they provide and patients they see and are not rewarded for being cost conscious.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Word of mouth

It would be very useful if the government was to publish information on providers but it would have to be disseminated in a method that is as good if not better than word of mouth.

3. Have you or your family members ever experienced difficulty paying medical bills? What do think policy makers can do to address this problem?

Bills need to be simplified in order to be understood by a wide demographic audience because they are currently far too confusing and complicated to understand by most.

Universal claim forms need to be implemented.

It would be good if all individuals participated in the insurance market so to spread risk and reduce minimums. Premiums should be progressive based on age and income.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or public plan like Medicare?

Yes, but the choices must be made more simple and clear unlike with Medicare currently which has inadequate information for enrollees to make good choices.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Everyone knew how much they paid for health insurance, while only a few knew how much their employers paid.

Approximately 50 % believes employers should have a role, whereas 50% believed employers should not have a role.

Those who believed employers should not have a role suggested that there existed a conflict of interest. Employers have an incentive to purchase lower premiums than what their employers might otherwise choose for themselves.

Employers should be given the option to do health and wellness promotion.

Employees do have the option to work for employers and receive their benefit package.

6. Below are examples of the types of preventative services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

1. Screening Mammography
2. Flu Shots
3. Cholesterol Screening

All audience members have taken advantage of preventative services. For those who have not, increased access, personal responsibility, incentivize people to go into medicine, particularly primary care, funding for education in importance for well being, personal responsibility regarding things like refusing immunizations (responsible for those they may infect) are all things to be considered when deciding public policy.

7. How can public policy promote healthier lifestyles?

Shift funding into prevention from areas such as end-of-life care, funding research, programs, creating walkable communities, building infrastructure, childhood prevention in education systems that focus on healthy diets and physical education.

Appendix 3: Survey Responses

	(a) Cost of health insurance	(b) Cost of health care services	(c) Difficulty finding health insurance due to a pre-existing condition	(d) Lack of emphasis on prevention	(e) Quality of health care
1. What do you perceive is the biggest problem in the health system?	22	28	9	12	3
	(a) Community meetings like these	(b) Traditional town hall meetings	(c) Surveys that solicit ideas on reform	(d) A White House Health Care Summit	(e) Congressional hearings on C-SPAN
2. What do you think is the best way for policy makers to develop a plan to address the health system problems?	26	16	14	10	3
	(a) More background information on problems in the health system	(b) More information on solutions for health reform	(c) More stories on how the system affects real people	(d) More opportunities to discuss the issues	
3. After this discussion, what additional input and information would best help you to continue to participate in this great debate?	8	20	5	11	

**some respondents chose more than one answer

Appendix 4: Individual Responses to the 7 Questions

Enclosed are the individual responses from the attendees to the seven questions in the participant guide. The forms are in their original format.

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

- Big business — fraud
- Uninsured

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

- Already available → due to insurance coverage
- "Angie's List" → already available for comments
- Too many "inputs" @ individual offices → thus confusion

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

- Universal Health Care
- Medicaid / Medicare
- Employed vs. Unemp —
- Veterans Benefits
- Paperwork

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

- * yes — but no employer-based coverage
- People can opt into a public plan if it's available

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

- Programs to educate/prevent
- Safe/healthy workplace
- Contributions to 'cause'

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

- Access to testing needs to be available & affordable
- Some people may be a threat to public health

7. How can public policy promote healthier lifestyles?

Healthy incentives: food, gyms, weight control

Hospitals: cuts effect quality

Many illnesses are non-preventive

→ BUT preventative is important

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

X Screening Mammography:

- All of the major professional societies that make recommendations about breast cancer screening recommend that women by age 50 and older get a routine annual screening mammography for breast cancer. Many of these societies recommend that women should undergo such screening at age 40.¹⁴
- Yet, only 71.8 percent of women age 50-64 and 63.8 percent of women 65 or older received a screening mammogram in 2005.¹⁵

X Flu Shots:

- The Centers for Disease Control and Prevention recommends that all adults over the age of 50 receive an annual vaccine against influenza.¹⁶
- Yet, in 2006, only 45.9 percent of adults over the age of 50 received a flu shot.¹⁷

X Cholesterol Screening:

- The U.S. Preventive Services Task Force recommends that doctors routinely screen men ages 35 years and older and women ages 45 years and older for high cholesterol.¹⁸
- Yet, according to data from 2007, only 74.9 percent of adults in the U.S. had their cholesterol checked within the past five years.¹⁹

* Environmental Issues:
Clean air, water, foods, cell phones should be linked

TV ads:
public address ads like "pro-health" issues

- Remove "profit-motives"
- Companies want profits

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

- * Cost
 - Transparency
 - Care - when needed/Not
 - Uninsured
 - Insurance Co. want to maximize profits from our lives
 - Access
 - Primary care infrastructure
- D's connect & personal responsibility
Preventative medicine
End of life care
Mortality
Everyone covered. (not covered ↑ costs for covered)
Must maximize employees covered

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

- Friends
- Insurance Co Directives
- Approvers free agents
- Health regulators

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

- Standardize costs
- Right
- Charity
- Simplify economic structure
- Universal forms
- Everyone covered
- Single payer

Make Δ's in system to incentive what we want
Engage public & media on teaching us how to become better HC consumers.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

- Under insured is as big as uninsured
- community risk vs. universal

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Age appropriate screening - Fed Mandates
Relieving services where populations are found.

7. How can public policy promote healthier lifestyles?

Funding for prevention
Walkable communities
PE + Diet

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

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MEMO

IT IS CRITICALLY IMPORTANT TO REMEMBER AT THIS POINT IN TIME THE INEXCUSABLE AND UNFORGIVABLE FACT THAT 1 IN 3 AMERICANS DO NOT HAVE ACCESS TO ANY OR ADEQUATE HEALTH CARE. TO PURSUE ANYTHING LESS THAN THE CREATION OF A SINGLE PAYER, UNIVERSALLY ACCESSIBLE HEALTH CARE PLAN IS TO WASTE PRECIOUS TIME AND RESOURCES, AS IN TO APPLYING BAND-AIDS TO ARTERIAL BLEEDING. WE MUST STOP THE PERPETUATION OF AN OBVIOUSLY CORRUPT AND COMPLETELY BROKEN SYSTEM, THAT CANNOT BE REPAIRED, ~~BUT~~ BUT MUST BE REPLACED.

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Affordability

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

I have advantages being a researcher and an employee of a healthcare enterprise.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

A: No.

B: Subsidize cost-effective measures to avoid expense of acute episodes of preventable/manageable conditions.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes. These should be risk-pooled and community-rated, not individually medically underwritten. For those between positions, this might be a better deal than COBRA.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

A: Yes.

B: Broker for multiple plan options, resource for lower-wage employees to maximize access (e.g., SCHIP)

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

A: The jury is still out on some types of screening (colon cancer, prostate cancer).

B: Recommendations should make clear the costs, benefits, risks, and biases of screening. A clearinghouse for cost-effectiveness data for medical therapies has been suggested.

7. How can public policy promote healthier lifestyles?

What is the market research regarding the relative effectiveness of sticks (e.g., smoking) and carrots?

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Health care costs - its all about that inefficiency waste \$2000/per person/yr.
input.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

where you live
free agents doctor - have to change insurance companies
incentive trips met we want have to accept all
New public plan option - Obama - chip away at poor health behavior
if there is a new player on the block
survey doctors - greater transparency
gaya + survey
barriers - vested interests
people unprepared to evaluate clinical services

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

under insured ??
none insured

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

7
42676

aggen INTERVIEW

Sweden: 1- costs too much
lack of transparency - no way to know actual costs
technology - impossible to understand
uninsured / profit max by cos

2- info?
- friends - insurance co. need to define quality, health care is measures outcomes

believe names -

3) standardize billing - same price for all
health care is a RHC/HI / pay m - slides, scale / gov. committees / charity care

don't like employees sponsored insurance
prov costs - disconnect
60% of GDP + cost keep going up -
technology costs & trans parency, preventive meds. End of life care at ntl level.
impact of gov. regulations. / Reforms look like - increased portability - no hit for
preexisting conditions

Arch - big costs lack process, for profit - universal health care & fed govt.

St George - access to health care - for medicare - doctors don't accept
layers of complexity in insurance system

incentive not to use systems -
- sub policy fraud

cost
+ shared costs
+ incentivize
level playing field

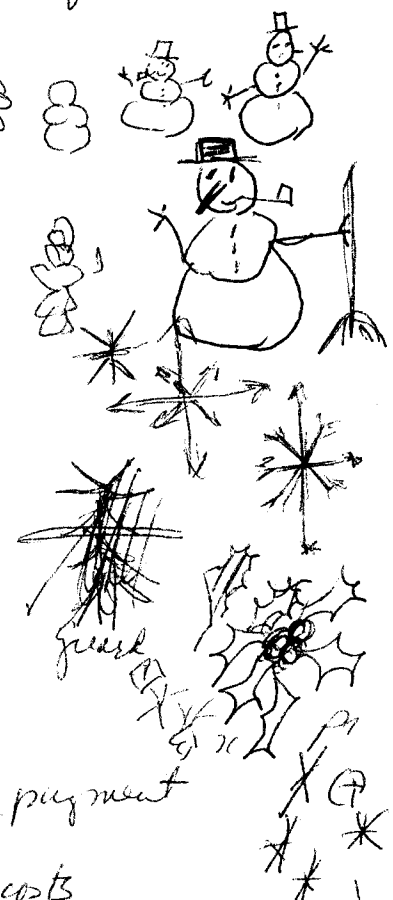
2- all providers full agents, fence can choose
quality providers
health regulator evidence based med is the
fence

3 single pay payers - strong support
Providers taking care are more wanted
engage public to be good consumers

paying yes tackle problem on both sides predictable payment
VA is a good model system

single payer is most effective system - share risk of costs

states getting help @ Fed guardrails
orientation question - incentives are app. public ed. feds must
mandate
wellness incentives public policy - lifestyle



10% specialists } should be
70% primary care } opposite

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Increasing costs, consequently less and less being covered.
↳ including insurance

lack of transparency

Tort reform
cost of drugs

• system that requires everyone to be in it - should help this. Not everyone is in it.
• savings if everyone was in it

• like working from employer sponsored ins but need more for those that cannot get from their employer, self-employed, etc.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers? ② location

③ Word of mouth, trial and error. Public policy should promote quality health care providers by tracking # of complaints logged against doctors, sending surveys over internet to people who have just been to doctor or at kiosk upon leaving doctor.

① employer list of available docs.

drug co. quit advertising to consumers!

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

NO. Cheaper medications. ~~Reduce~~ Reduce expenses so don't have to be so expensive. Certain conditions should be paid 100%.

• one price for all. No disc to some ins companies.

approach

VA - 3% admin costs so efficient. Cost effective.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Need more info to fully understand.

• insurance exchange - buy into larger pool. What level - fed, state, local? ^{regional}

"single payer"

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Yes.

Me = \$1,300/annually

Employer = \$6,200/annually

~~Employers should be closely involved, maybe a core group making recommendations to reduce costs since so expensive to them. And affects their employees.~~ Think employers should be out of picture.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

I'm not in those age brackets. I do utilize my routine preventative coverage for other services, i.e. annual pelvic exam.

Public policy can incentivize. If they get preventative care done they get a refund of ins back at end of year. ~~or if they don't and to~~ Fed's need to mandate certain things are covered.

7. How can public policy promote healthier lifestyles?

Health curriculum better covered in schools at a younger age.
Higher med expenses to those who choose unhealthy lifestyles.

Cover gym memberships.

Incentivize/educate people to cook at home, instead

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

those without private insurance, company insurance, Medicaid or Medicare have no options.

also catastrophic care
long-term care
costs

the focus should be on preventive medicine. It's cheaper in the long-run

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

I have Humana, which has a provider list. Referral is also an excellent method. Quality health care should NOT motivate medical providers by money or greed

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

No difficulties paying - I'm grateful. Everyone should have catastrophic medical insurance. Pre-existing medical condition theory needs fixing.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

would be a good idea, if it were not expensive. The military's health plan and Medicare seem to be well-run

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

I pay \$93.00+ for part B medicare and co-pays and deductibles. Co-pays should be low and deductibles high.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

mammograms, flu shots and cholesterol screenings are good. But also colonoscopy, diabetes testing and cancer screenings should be available to those above a certain age or at risk.

7. How can public policy promote healthier lifestyles?

De-emphasize junk food. Families should take responsibility for their health welfare. Organic gardening should be emphasized, as in Denmark. Farm subsidies should go away. It's an unfair and unrealistic thing.

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

*insurance too expensive
doesn't cover things like dentists and vision care*

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

ask family, friends, co-workers

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

*sliding scale services
installment payments*

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

I don't know.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

*no mammography
yes flu shots
yes cholesterol screening*

7. How can public policy promote healthier lifestyles?

*advertise support groups for some preventable illnesses
and for life style changes*

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Intentional obfuscation of prices so the consumer ~~does~~ isn't able to price shop

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

experiencing them
humility + respect. I don't go to a place where the Drs. + staff are arrogant (keeping me waiting for hours, not revealing prices, telling me what to do without knowing who I am ...)

I think medical colleges are already doing better but a law that patients ~~deserve~~ ^{be given} a price quote upon request is essential.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

yes.
Make price-shopping possible by demanding hospitals reveal prices to inquiring patients

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

What's that? Is this a trick?
~~???~~

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

No

Finding a insurer who covers mental health = to physical ~~+~~ Handing us the booklet.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Bullcrap! Mammogram isn't ~~that's not~~ prevention! That's scanning for disease. Breastfeeding is prevention.

Public Policy needs to listen to fringe organizations who actually care about people + are not out to make a buck.

7. How can public policy promote healthier lifestyles?

- ★ like non-profit 501c3 orgs (example - La Leche League)
- Research Clearinghouses
- vaccinetoth.org
- informationliberation.org
- ~~the common wellness center~~
- Nat'l Alliance On Mental Illness (NAMI)
- Couple to Couple League
- NAPS Childbirth Professionals
- ~~Active.org~~ Opposing Circumcision

Books:
Obstetric Myths vs. Research Realities
Every Study shows midwives to be safer than Drs. EVERY STUDY

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

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The truth about weight control + Diabetes control
lowcarb.org

Personal
Accountability 50% covered
Diet/Activity/Risk

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Prevention Services - We need more funding to keep people out of the Hospital/Healthcare system.
Too much spending is consumed for end of life measures much of which is litigation driven. Children need the prevention the most.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

- ASK other physicians respected in the region.
- Quality reports.
- Evidence based medicine and pay for performance.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

No - not personally however my mother Always had a pending bill with some sort of healthcare provider 81 years of Always having a bill.

- Address the problem: Remove the red tape of the providers in Authorizations regulations etc... all of the Rev costs.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

This may be beneficial however I believe we need incentives to stay healthy such as in the Auto industry ie SAFE Drivers pay less because they are at less risk.
perhaps A catastrophic plan over \$5000³

participate or not choice

yes our employer made me pay costs

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

- Yes I know → No incident eased out 50% Act
- Employer want healthy work force you must PART MAKE it an incentive for them to participate capit in wellness and prevention programs especially of interest

Some employers in a "pool" promote

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

- Yes - Flu shot Employer provided.
- Yes - Cholesterol Employer provided.
- Yes - my wife mammogram - insurance covered.

have PART prevention covered - partner going up

Access Personal Responsibility

You ARE missing Health Risk Appraisals!

7. How can public policy promote healthier lifestyles?

Accounting / Funding / research.

Health risk Appraisals - Determine stage of behavior CHANGE and require insurance companies and Hospitals to fully engage in Health promotion and wellness for employees, patients, Community - UNIFIED Approach

Public

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

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- Programs
- Non-motORIZED
- School System
- PE
- CHolesterol
- Funding for Healthy Lifestyles
- Whole communities
- Infrastructure

- Education
- Public health cuts

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

A- The cost is too high - A problem for individuals, business & government. Why? we know 1) Technology is driving up costs - because no budget limits 2) Private Insurance System companies are very inefficient and don't serve the public well - (won't insure those with conditions, drop people when possible) 3) The providers have the wrong incentives - "to do & spend" & lack incentives to control costs

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

By who you talk

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem? Yes!

- 1) All should be required to have insurance. - Young people drop them
- 2) The premiums should be progressive by age & income.
- 3) We should be able to choose an insurance that will give us standard best care, rather than maximum care
- 4) Guidelines should be provided & constantly updated, for providers by experts in their specialty on what is standard care versus maximum care.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Definitely yes!! I've had military, private insurance, & Medicare
Employer-based coverage has an inherent conflict of interest; the company owners want to increase profit by keeping benefits down; but the employees want a good level of health insurance. The decision about your health expenditure should be made by individuals - Not employers

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system? Yes I know when employed.

The employers role should gradually be replaced by giving the benefit dollars to the ~~per~~ employee and requiring the employee to choose their level of insurance they want.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Yes!

All individuals should be required to have a 1st care giver. That individual should be responsible to teach, communicate, and remind persons of the importance of preventive services.

7. How can public policy promote healthier lifestyles?

Require periodic preventive checkups, or else have their monthly premium rise and notify us of this.

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

Screening Mammography:

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- Yet, according to data from 2007, only 74.9 percent of adults in the U.S. had their cholesterol checked within the past five years.¹⁹

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

ACCESS POINT, LACK OF INSURANCE
MEDICINE / MEDICARE / MEDICAID / MEDIGAP
PAPER WORK ENTITLEMENT MENTALITY
LACK OF FUNDING FOR PREVENT. CARE
" RECEPTION SYSTEM BIG GOVT
FEE SCHEDULES

2. ^A How do you choose a doctor or hospital? ^B What are your sources of information? ^C How should public policy promote quality health care providers?

^C - EVIDENCE BASED MEDICINE
REDUCE WASTE & FRAUD
USE ALTERNATIVE MEDICINE
&

^A - AVAIL TO PLAN

^B - INTERNET, WORD OF MOUTH

HOLD PROVIDERS ACCOUNTABLE

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem? YES

UNIVERSAL CLAIM

INS CO. DRIVE COSTS UP.

SIMPLIFY

PERSONAL RESPONSIBLE

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

MAYBE SIMPLIFIED

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

150 + 150 = 300 HR

CAFETERIA PLAN

PARTNER

PERSONAL

PROMOTE WELLNESS & PREVENTIVE CARE

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

WELL CHECK

PERSONAL REQUIREMENTS +

PREMIUMS

YES BUT SOME GROUP
IS EDUCATED

RESPONSIBILITY

7. How can public policy promote healthier lifestyles?

EDUCATION

COMMUNITY-BUILDING

UTAH DOING SOME THINGS RIGHT
DRUG COSTS

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

1. Lack of universal health care coverage for our citizens
2. Inadequate payments to hospitals + physicians/providers for publicly covered individuals.
3. Increasing numbers of illegal immigrants who are showing up for "emergency" health care services
4. We have to cut paperwork for doctors & hospitals!

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Realistic quality indicators based on evidence-based medicine should be available to consumers.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

No - Fortunately

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Yes - about \$1,500 per year.
Employers should provide coverage or pay for a public program.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Yes.

7. How can public policy promote healthier lifestyles?

Establish incentives for healthy lifestyles
Clear public info re: smoking, obesity, Type II Diabetes,
need for active lifestyles.

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

- not enough PCP's
- not enough access
- not enough health education
- not enough emphasis on prevention
- cost of care
- technology (appropriate use)
- profit in insurance industry

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

word of mouth

promote providers who follow evidence-based medicine

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Yes

we should have a basic system available to all

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Yes

Employers may be partners.

Employers should promote healthy lifestyles for their employees & their families.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Yes I have

Public Policy - should educate public starting in school system

should promote physical & health education & healthy foods on campus.

7. How can public policy promote healthier lifestyles?

↑ Tax on tobacco alcohol

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

- too many layers of bureaucracy & costs (needs simplified with controlled costs)
 - portability
 - Inadequate payment to providers
 - Access to coverage
 - Too many fee schedules
 - lack of funding for preventative
 - No accountability for personal accountability for their health
 - Access to care
 - Cost of Care
- Make more efficient: network & non-network system
 - change incentive for providers so they're motivated to do procedures: fast
 - practice evidence based medicine
 - Fraud! malpractice
- entitlement manipulated
 - illegal crossing

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

- by who will take your insurance
- evidence based medicine; quality of care

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

- public needs to understand their bills
- Simplify
- universal claim form
- Medical / Relative values
- Go to a simpler system

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

- pooling for group coverage, but Not anything like Medicare
- Have same system as Congressmen have

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Yes -
A partner
 cafeteria Plan -
Base Benefits -

Promote health prevention & wellness
- incentives to employers & to employees

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Yes
Yes
Yes

7. How can public policy promote healthier lifestyles?

Promote health care lifestyle
- promote P.E. in education

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

People that don't have access to insurance that is affordable, but still can't qualify for Medicaid or PCN
portability of insurance *

need to simplify for Drs, Controlled Reimbursement + Cost.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

my decision was made based on the panel of providers my insurance covers.
There should be the equivalent of a better business bureau for Drs.

Simplified Billing -

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem? -

Sliding scale for non insureds so that payments are scaled to % of income -
Relative Value - Let the Drs practice medicine not become paperwork experts.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

I would like to be able to purchase a private plan -
However a plan like "Medicare" would not be my choice - These plans seem to lump everyone together.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

I don't know the exact amount. but we are often told that the cost of insurance is figured into our compensation package - implying that it is substantial.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

yes, luckily I have insurance through my employer and secondary insurance through my spouse.

However I have other family members that have not been so fortunate.

7. How can public policy promote healthier lifestyles?

I don't think you can mandate healthy food choices, and exercise regimes -

Education, and promoting healthy eating in schools.

"Get rid of junk ^{soda} & Fast foods" in the schools

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Costs are too high due to multiple levels and layers of insurance administ; precertifications, claim reviewers, claim auditors, appeals, provider reps. Ridiculous bureaucracy & unnecessary to pay claims. Too many Fee Schedules complicate the industry.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Word of mouth and sometimes internet sources. Some Better Business bureau for monitoring. Layman terms on how to evaluate a physician.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Yes, we have had problems. One fee for service schedule, one reimbursement. People wouldn't have problems if the charges weren't exorbitant.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

What choice do we have. The best choice is universal coverage and get the employer out of the equation.

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Affordable universal health coverage; including insurance and health care.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

By proximity; not much choice in Cedar City, UT.

Train more doctors and other involved in health care. Make their education affordable so they they don't graduate with a big debt.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

No; we are fortunate.

Providing universal health coverage.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Yes we know since we pay our own coverage

No roll. It should be universal coverage independent of the employer.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Yes, we pay for our own or Medicare cover my husband. Our son pays for his own or we pay for him

We need universal coverage to include preventative medicine.

7. How can public policy promote healthier lifestyles?

Fund non-motorized sports and recreation; more education in schools and t.v. ads about danger of obesity & sedentary life styles; pressure on fast food industry to supply healthy alternatives

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Lack of personal responsibility to care for ones self through investing in insurance and ~~maintaining~~ healthy living.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Better Business Bureau type of ~~the~~ information.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Make hospital/Doctors Billing more transparent.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Possibly

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system? *yes*
- *No Requirement*

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help? *yes*
- *Education*

7. How can public policy promote healthier lifestyles? *Consequences For Poor/Unhealthy lifestyles*

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III. QUESTIONS

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Fed govt requiring hospitals to provide indigent care.

People expecting the most advanced treatment but wanting some one else to pay for it

Potential problem: Danger of big government ruining the best health care system in the world - CDC

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

get out of the way, stay out of it
tort reform - loser pays legal costs
streamlined litigation

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

this is not the role of government

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

*government stay out of it
not the role of government*

7. How can public policy promote healthier lifestyles?

not government's role

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

1. Access & cost

2. Universal care form / alternative meds / emergency care.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

1. Who will accept our insurance. 2. Evidence based medicine.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

1. Have had problems having bills properly processed. 2. Have lowered standard of living to do so.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

1. We shouldn't have to!

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

1. No
2. To be developed.
3. Employers should be part of it.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

1. Yes.

7. How can public policy promote healthier lifestyles?

1. Cost!
2. Education

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Access to health care is often very difficult due to cost and to limited access to Medicaid or CHIP programs. The process of obtaining these supports can also be difficult and discouraging and is not always logical.

An example: A staff member in my organization (making low wages and unable to afford our expensive family coverage) applied for CHIP for her two children after her husband was laid off and the children lost his coverage. The state denied them CHIP because they insisted she go after the children's biological father of the Office of Recover for unpaid back child support, in spite of the fact that he is diagnosed as a paranoid schizophrenic and his last known address was a homeless shelter. Even with an envelope of the homeless shelter, she was denied. She had all her documentation together, is bright and organized.

I believe that many, many families in my organization (OWCAP Head Start) who could qualify for CHIP struggle with the difficult and non-supportive processes. How many of the families in Weber County who qualify are not receiving CHIP?

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Personally, through my insurance coverage—I go where they say I can go.

Professionally, we are constantly seeking Medicaid providers for our families, or providers who will help us get care for our families at lower rates. Many of our families do not qualify for any insurance, Medicaid or CHIP.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Yes. Absolutely. And I have insurance and a decent job. I was often without insurance for my children, which was a contributing factor.

I know that our clients in Weber County will often avoid seeking preventive care or avoid seeking early care for problems, because they have no resources. What are the driving factors in the high cost of health care? Legal costs, drug companies? Identify and address specific factors. That directly and that clearly.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

If it were affordable it could be useful. My children are in their 20s now, but I could never insure them while they grew up. Following divorce, I was a hard working single mother, but I could not afford work available insurance and ended up making too much for CHIP, not enough to pay for insurance.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

My employer pays employee and offers family insurance for purchase (but at over \$500 per month, too much for anyone to actually access). But the agency struggles to provide that. Being forced to carry family coverage would be disastrous to us.

On the other hand, larger companies have the benefit of negotiating from a larger purchasing base. It's probably advantageous for that to happen.

Unless the country fundamentally changed the process of ensuring access to health care for all its citizens, I don't think we can mandate much more than we do without seriously damaging the agencies trying to survive. And that fundamental change is what is clearly needed.

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

I have. My children not completely. They have no insurance in their lower paying jobs, I can't insure them and they are not eligible for CHIP. They're too old.

7. How can public policy promote healthier lifestyles?

Educate-- always.

Make preventive and early care affordable and accessible

Support the medical community and care providers in being able to focus on comprehensive, quality care; which takes time and personal attention to their clientele. Quality over fiscal efficiency.

Cost
Private insurance

Healthiest people have best health insurance benefits

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Cost - Cost, lack of transparency

- Billing is undecipherable

- Technology - We need Federal Regulation

- The uninsured - 16-18% of people outside system exacerbates the problem

- Health insurance / Profit

- ~~Spending~~ Finding balance between profit and service.
Employer based insurance.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Friends referrals and feedback from family.

~~Healthcare~~ insurance company tells you where to go.

There is a shortage of information.

Important for Public to have access to patient surveys, & health result data from providers.

Define what quality means - base line of what to expect from a provider.
Good outcome measures and prescription measures.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

1. Standardize Billing - everyone pays the same, actual cost of service.

2. Healthcare is a right

3. ~~Connectivity~~

4. Education of average people to save \$ for everyday health care needs. insurance is for catastrophic plan.

5. Create a system based on ability to pay -

6. Charity care - Government covers that.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

Yes

1. At a reasonable price

2. Move away from employer insurance - individual coverage

3. Medicare - Quality of the plan. Fear that

↳ Worried about quality of health care plans.

↳ Profit - Single payer will lose incentive for participation³

↳ Medicare pays their less than cost.

↳ ~~Congress~~

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

- Yes, employer share
- Son, whose family is paying for COBRA
- for own business
- shock to most people
- Employer should not be responsible for purchasing insurance.
↳ Need to require employer insurance

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

- Gov't can help educate people about what you need, thru health fairs
- Medical home - providers help educate
- Providers should be paid for successfully getting patients

7. How can public policy promote healthier lifestyles?

- Gov't information about health
- Urban planning - walkable neighborhood
- Schools - Educations should include health education \approx PE
- ~~Education~~
- Community activities -
marketing of healthy life styles

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- Yet, according to data from 2007, only 74.9 percent of adults in the U.S. had their cholesterol checked within the past five years.¹⁹

Ogden

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

COST

NO Transparency

exclusion of 18% of people from insurance & services.

exclusion of people = disabilities from insurance & services, & self determination

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

friends, insurance co.

(b) create standards of care so we know what we should expect.

on line patient reviews of services

outcome measurements.

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

educate

provide level cost field.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

NO employer based coverage.

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

Maybe a payroll tax for health care

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

7. How can public policy promote healthier lifestyles?

*improve physical urban infrastructure -
better land & recreation design
improved school curriculum
marketing & education
present structured plans for success.*

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

Screening Mammography:

- All of the major professional societies that make recommendations about breast cancer screening recommend that women by age 50 and older get a routine annual screening mammography for breast cancer. Many of these societies recommend that women should undergo such screening at age 40.¹⁴
- Yet, only 71.8 percent of women age 50-64 and 63.8 percent of women 65 or older received a screening mammogram in 2005.¹⁵

Flu Shots:

- The Centers for Disease Control and Prevention recommends that all adults over the age of 50 receive an annual vaccine against influenza.¹⁶
- Yet, in 2006, only 45.9 percent of adults over the age of 50 received a flu shot.¹⁷

Cholesterol Screening:

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Cost and the highest paid people having insurance premiums paid for. Insurance companies telling us when we can get sick, where we can go, how long we are to stay in a facility. So many are excluded for various reasons. Parity must be a part of under-insured and uninsured.

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Based on my insurance choice and where coverages are, which doctor I can go to. Quality is missing in most form coverage. Congress needs to get off the best coverage and join the nation or make it available at the same cost they are paying!

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

Yes and expecting too much money up front! Needs to be a sliding scale. Everybody can either find a payment schedule or they need to do community service to provide for repayment as much as necessary.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

We need to have the option to purchase at a reasonable cost. Cost is far too expensive!

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

My employer has this designated on my pay ~~statement~~ ~~card~~. Benefits are negotiated for every year. Transparency must be addressed!

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Health fairs and case over students in colleges and universities to assist in the prevention of the fairs. We need to get better at prevention.

7. How can public policy promote healthier lifestyles?

Early education starting in our elementary schools. Education of the sick person, education for the family, structure must be developed, therapy or counseling, and medication and treatment. (5 part selection)

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III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?

Cost of Care

Litigation Cost

Cost of Premiums

No Access to individual Plans
if Pre Existing conditions

2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?

Rating of Care and # of

~~Patients~~ Clients Served Per
Year By that Specific
DR

3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

yes. Standardize the
Amount that can be
charge the same to
All entities

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

ⓐ. Either or Prefer

Private not government
Plans

5. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?

\$900.00 Per month

6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?

Reward for good health habits
with lower rates or
discounts

7. How can public policy promote healthier lifestyles?

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- Subsidized based on income
- All carriers will accept all applications
 - Regardless of medical or physical condition, no care can be given on pre existing conditions until after 12month waiting period
 - You can only change coverage once a year on open enrollment
 - All companies must be in the risk pool.

- Everyone is covered
- Concession by medical providers because everyone is covered they are not writing

- Providers Cannot charge more or less for medical services whether being billed to the gov. or health insurance or paying cash for the services

- Providers, doctors, hospitals have to post what the charges are for every detailed procedure