

# Health Care That Works for All Americans

*Results from the 2006 Citizens Health  
Care Working Group Listening Sessions*

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[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

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# Citizens' Health Care Working Group

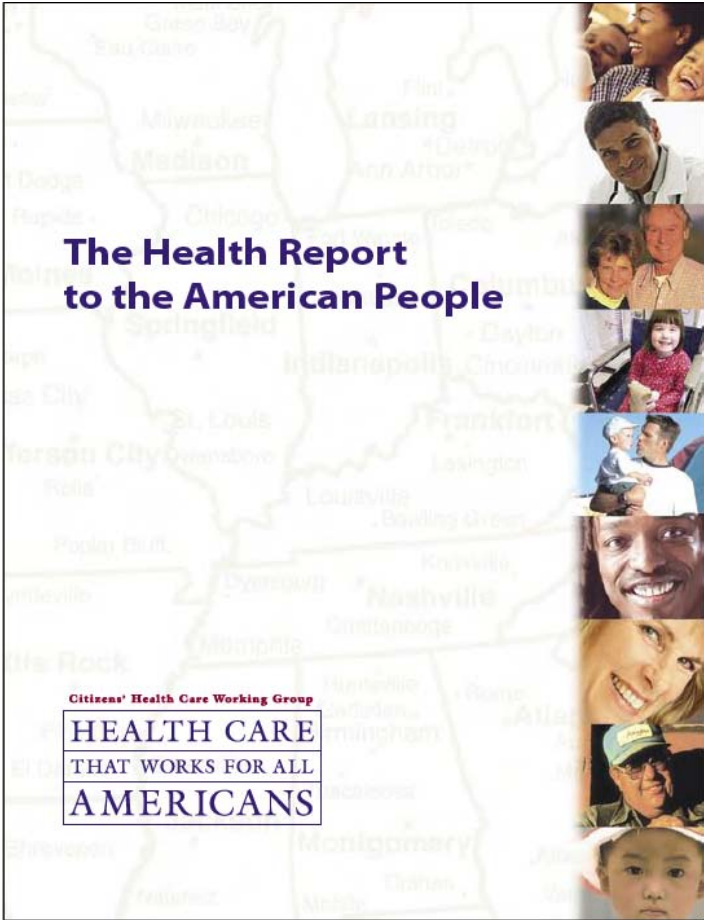
In 2003, Congress passed a law saying:

**“In order to improve the health care system, the American public must engage in an informed national public debate to make choices about the services they want covered, what health care coverage they want, and how they are willing to pay for coverage.”**

# What The CHWG Wanted to Know

- Congress is asking us to work with you to answer four questions:
  - **What health care benefits and services should be provided?**
  - **How does the American public want health care delivered?**
  - **How should health care coverage be financed?**
  - **What tradeoffs are the American public willing to make in either benefits or financing to ensure access to affordable, high quality health care coverage and services?**

# The Report



<http://www.citizenshealthcare.gov/healthreport/healthreport.pdf>

# Health Care That Works for All Americans

# Agenda

<b>1:00 pm</b>	<b>Health Care That Works for All Americans (video)</b>
<b>1:10 pm</b>	<b>Opening Remarks</b> <i>Alan Barefield, Moderator</i>
<b>1:20 pm</b>	<b>Explanation of Process / Demographics</b> <i>Alan Barefield, Moderator</i>
<b>1:30 pm</b>	<b>American Values</b> <i>Alan Barefield, Moderator</i>
<b>1:50 pm</b>	<b>Deliberation 1: Benefits</b>
<b>2:25 pm</b>	<b>Deliberation 2: Getting Health Care</b>
<b>3:00 pm</b>	<b>Deliberation 3: Financing</b>
<b>4:00 pm</b>	<b>Deliberation 4: Trade-offs</b>
<b>4:50 pm</b>	<b>Wrap-Up and Adjournment</b> <i>Alan Barefield, Moderator</i>

# Need to Know

- **Types of Discussion**
  - Question, Table Talk, Call Out
  - Question & Discuss Answers
  - Simple Multiple Choice Question
- **Role of Facilitators**
- **Worksheets & Discussion Guide**
- **Results on Website**

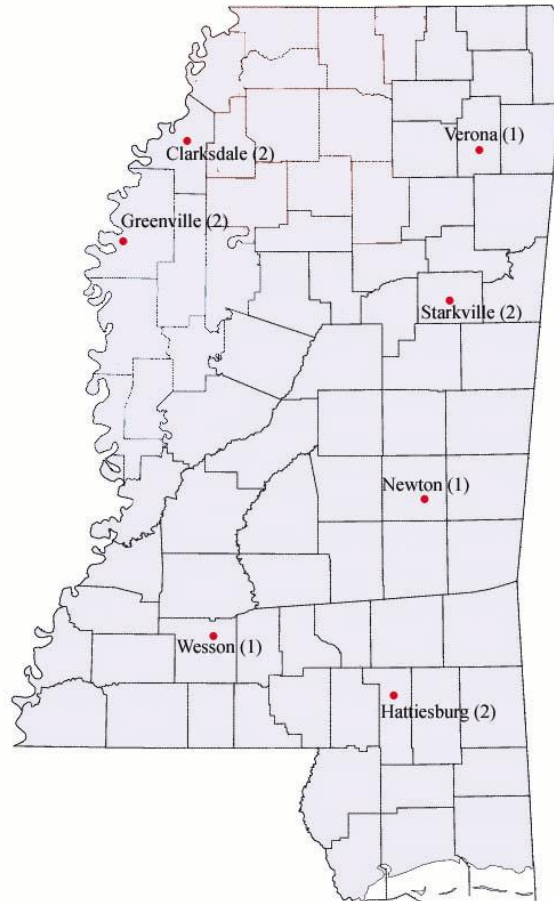
# Ground Rules

- **Actively participate in all discussions and vote**
  - **All ideas are valid**
- **Respect diverse perspectives**
  - **Seek common ground**
- **Enjoy yourself and have fun**





# Mississippi CHWG Listening Session Sites



# Think Outside the Box

After breaking into focus groups for 3 hours this morning, a rather exhaustive list of potential new objectives was presented for the Soil and Water Conservation District. For 2 hours after lunch, the new objectives were presented to the employees and directors of the District. At approximately 3:42 pm, in the eastern time zone, the immediate past chairman of the board of directors, a man who is proud of his 42 years of continuous service as an elected director, awoke from his nap, grabbed ahold of the table, rose from his chair, glared at the thirty odd participants who had so diligently worked toward the development of the list of potential new objectives and stated, "The focus groups have completely misinterpreted the goal of this meeting. Nothing in the new objectives is anything that we are already doing." After returning to his chair he leaned over to me and whispered "I told them that using a professional facilitator would accomplish nothing. We never had this problem when I ran these meetings."

# Demographic Questions

# Demographics

What is your primary source of health care coverage?

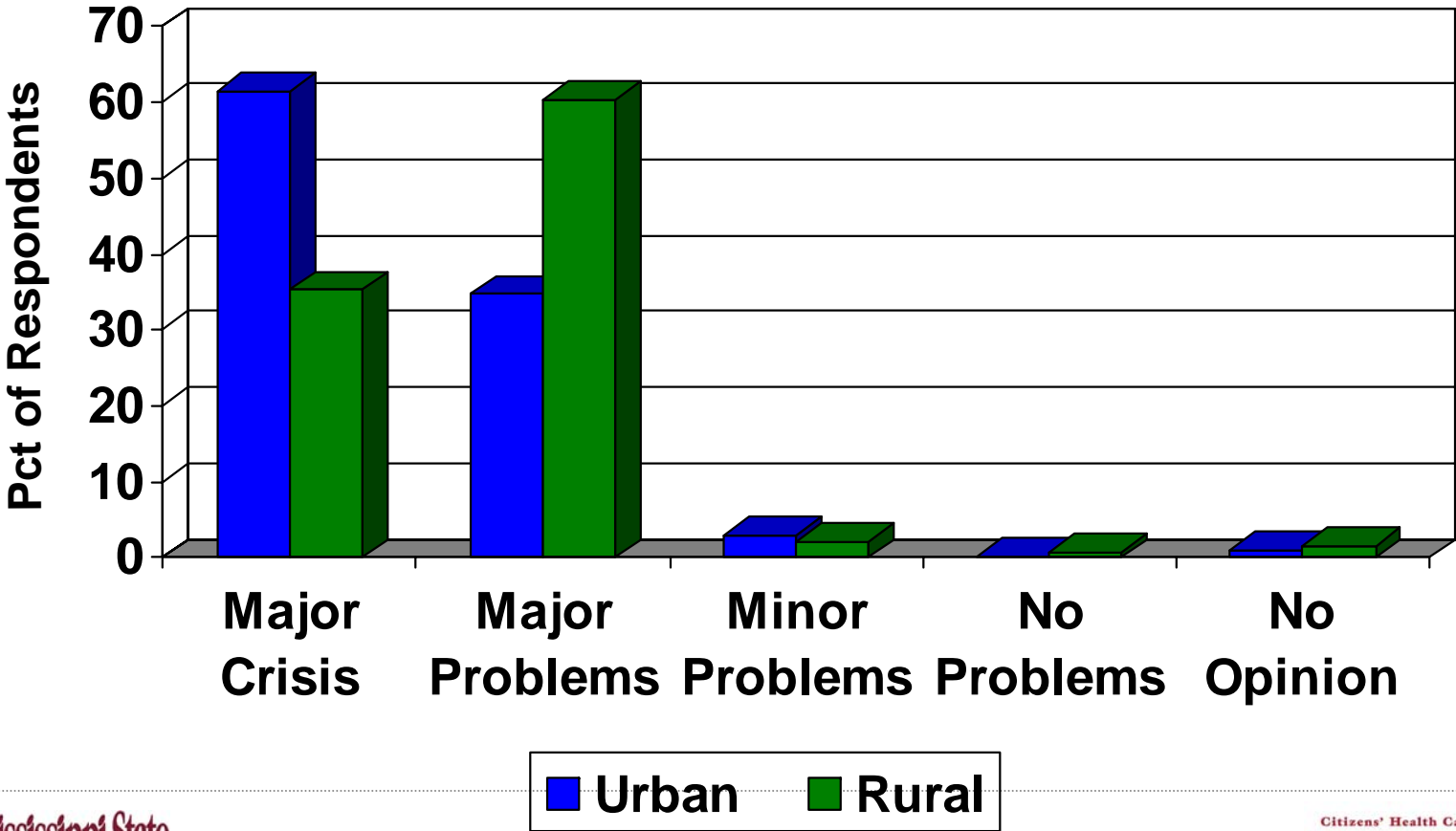
	Urban	Rural
<b>Employer Based Insurance</b>	<b>66.9%</b>	<b>52.6%</b>
<b>Self-purchased Insurance</b>	<b>8.0%</b>	<b>11.7%</b>
<b>Medicare</b>	<b>8.6%</b>	<b>14.9%</b>
<b>Medicaid</b>	<b>4.3%</b>	<b>3.9%</b>
<b>Veterans</b>	<b>1.6%</b>	<b>2.6%</b>
<b>Other</b>	<b>3.8%</b>	<b>5.2%</b>
<b>None</b>	<b>6.4%</b>	<b>8.4%</b>
<b>Not Sure</b>	<b>0.5%</b>	<b>0.6%</b>

# Demographics

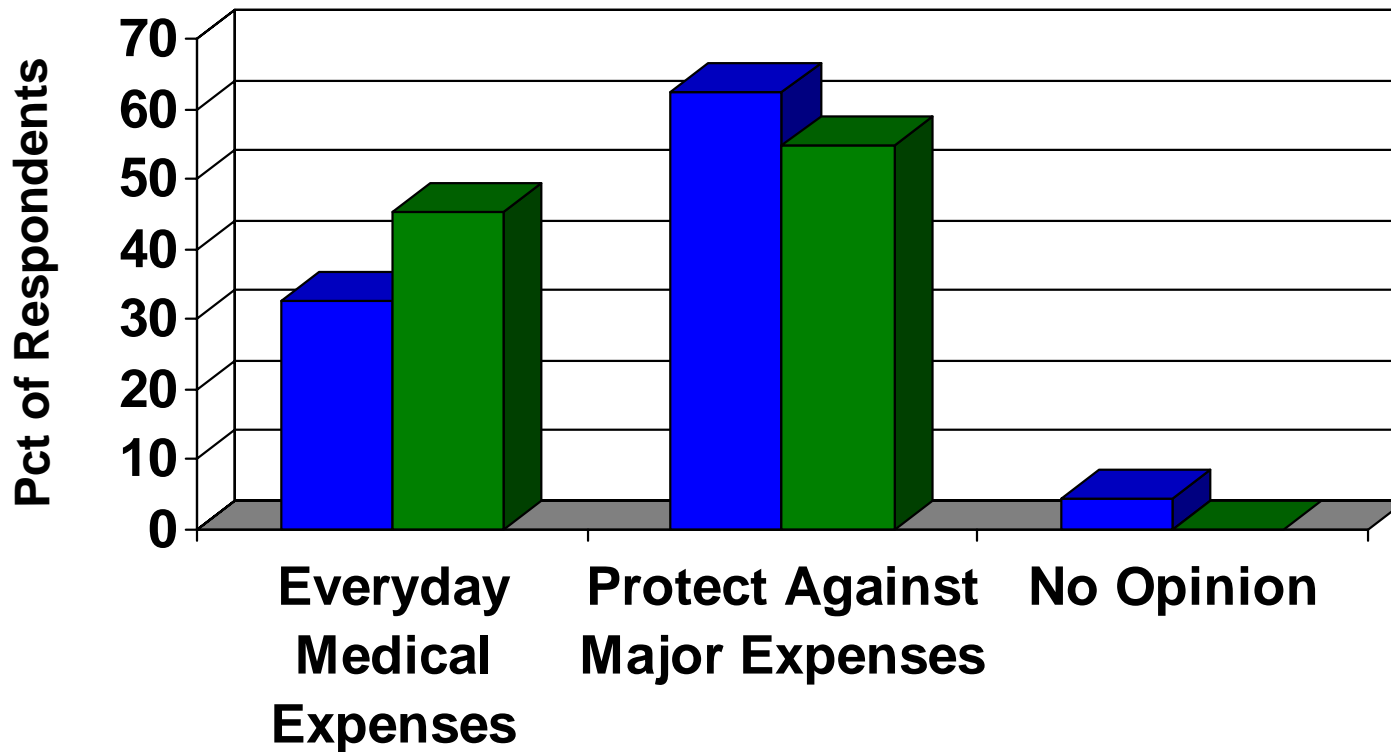
**What is your employment status?**

	<b>Urban</b>	<b>Rural</b>
<b>Self-employed</b>	<b>12.1%</b>	<b>12.3%</b>
<b>Full-time employed</b>	<b>55.3%</b>	<b>52.2%</b>
<b>Part-time employed</b>	<b>8.3%</b>	<b>21.0%</b>
<b>Not employed, looking</b>	<b>4.3%</b>	<b>2.9%</b>
<b>Homemaker</b>	<b>1.7%</b>	<b>0.7%</b>
<b>Other</b>	<b>18.1%</b>	<b>10.9%</b>

# Which Of These Statements Do You Think Best Describes the U.S. Health Care System Today?



# Which One Of The Following Do You Think Is The MOST Important Reason To Have Health Insurance?



■ Urban ■ Rural



# American Values

# American Values

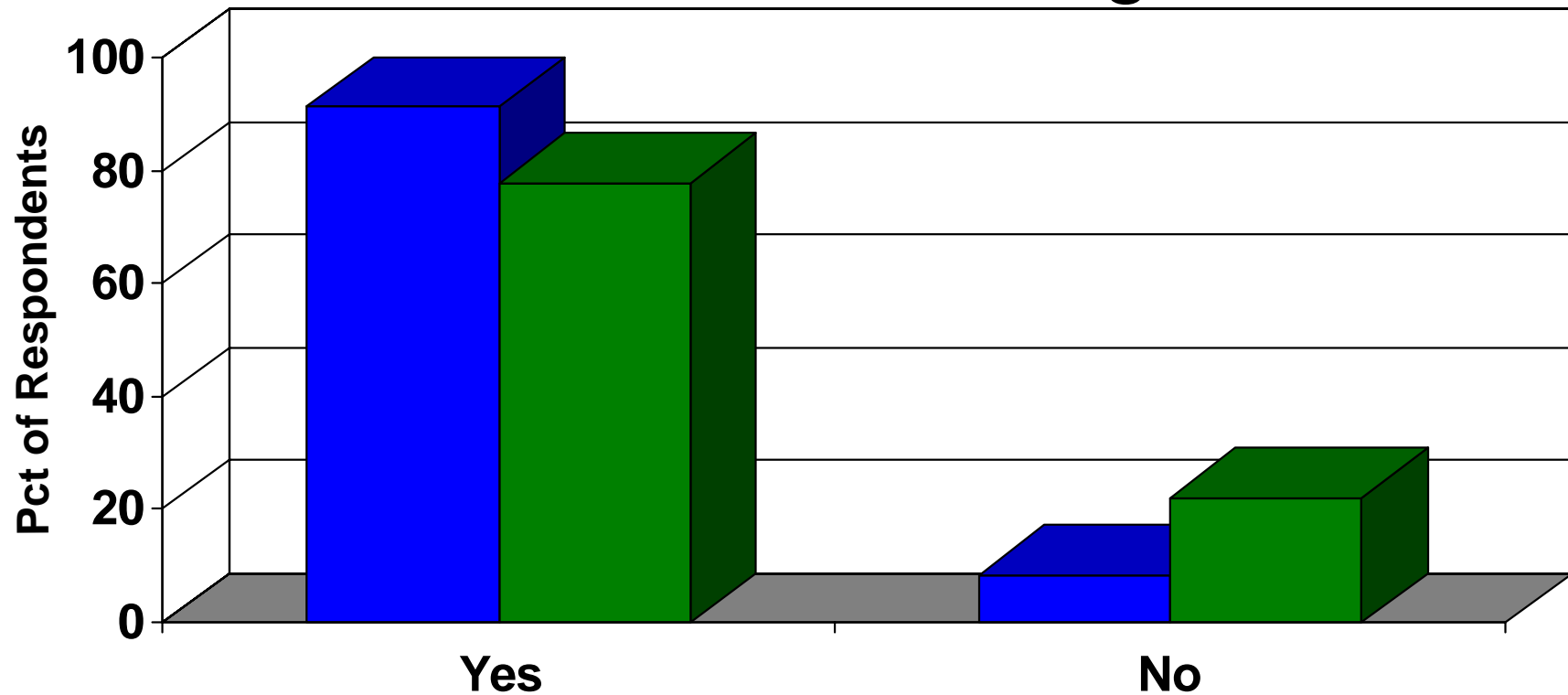
## Discussion Question:

- What does “health care that works for all Americans” mean to you? As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?

**As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental?**

	<b>Urban N=166</b>	<b>Rural N=112</b>
<b>Access</b>	<b>18.7%</b>	<b>25.0%</b>
<b>Affordability/Cost</b>	<b>9.6%</b>	<b>11.6%</b>
<b>Personal Responsibility</b>	<b>12.0%</b>	<b>8.0%</b>
<b>Choice</b>	<b>3.0%</b>	<b>8.9%</b>
<b>Comprehensiveness/Universality</b>	<b>10.2%</b>	<b>4.5%</b>
<b>Healthcare System Issues</b>	<b>34.3%</b>	<b>42.0%</b>
<b>Other (including Rights issues)</b>	<b>12.0%</b>	<b>0.0%</b>

# Should it be public policy that all Americans have affordable health care coverage?



■ Urban ■ Rural

# Deliberation 1: Benefits

# Benefits

- Our need for health services and the need for insurance to cover care vary a lot and change over the course of a lifetime, increasing with age.
- In 2004 almost half of all people in the United States had a chronic condition. Managing these illnesses can be expensive. Health care for people with chronic diseases accounts for 75% of our total health care costs.
- Generally, insurance coverage is based on being in a particular group (for example, employees, people who are elderly or cannot work because of disability, or people with very low incomes). Most people under age 65 receive insurance benefits from their employers. Others purchase insurance, although this may be expensive. Medicare is the national program for people age 65 or older and some younger people with disabilities. Medicaid provides assistance to people who meet criteria based on income, assets, and, in most states high medical expenses.
- Although most people have health insurance that pays part of the cost of getting healthcare, more than 1 in 7 Americans—almost 46 million—do not have any health insurance benefits.

**BENEFITS AND SERVICES**

The first thing Congress asked us to explore is: What health care benefits and services should be provided?

In the United States, health insurance often covers both predictable and unpredictable kinds of health care. Some health problems—like, for example, injuries from car accidents or having a premature baby—do not occur very often but can cost hundreds or thousands of dollars when they do. Just like homeowners' insurance, when a lot of people buy health insurance, the costs for these rare, expensive events are spread out over the large group of people who bought policies. This reduces the cost to the unlucky few who actually need the help in a given year. In this way, health insurance is a transfer of money from those who don't get sick or injured this year to those who do.

But a lot of our health care needs are routine and predictable, like annual physical exams, or medicines to treat chronic diseases. When people know they will need certain services, they may think of insurance as a prepayment, like a service contract. But if people decide to buy health insurance only when they know they are likely to need it, policies can become expensive because everyone who is insured is using a lot of health care. At the same time, when healthy people choose not to buy health insurance they are not protected against large unpredictable expenses.

Currently in the United States, what mostly determines whether you have health insurance is whether you fall into one of several categories of people that are covered. These categories include, for example, employees of organizations that offer health insurance, people aged 65 or over and others eligible for Medicare, and people who qualify for the Medicaid program in the state in which they live.

**Key Facts on Benefits & Services**

- Our need for health services, and the need for insurance to cover care vary a lot and change over the course of a lifetime, increasing with age.
- In 2004 almost half of all people in the United States had a chronic condition. Managing these illnesses can be expensive. Health care for people with chronic diseases accounts for 75% of our total health care costs.
- Generally, insurance coverage is based on being in a particular group (for example, employees, people who are elderly or cannot work because of disability, or people with very low incomes). Most people under age 65 receive insurance benefits from their employers. Others purchase insurance, although this may be expensive. Medicare is the national program for people age 65 or older and some younger people with disabilities. Medicaid provides assistance to people who meet criteria based on income, assets, and, in most states high medical expenses.
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# Benefits

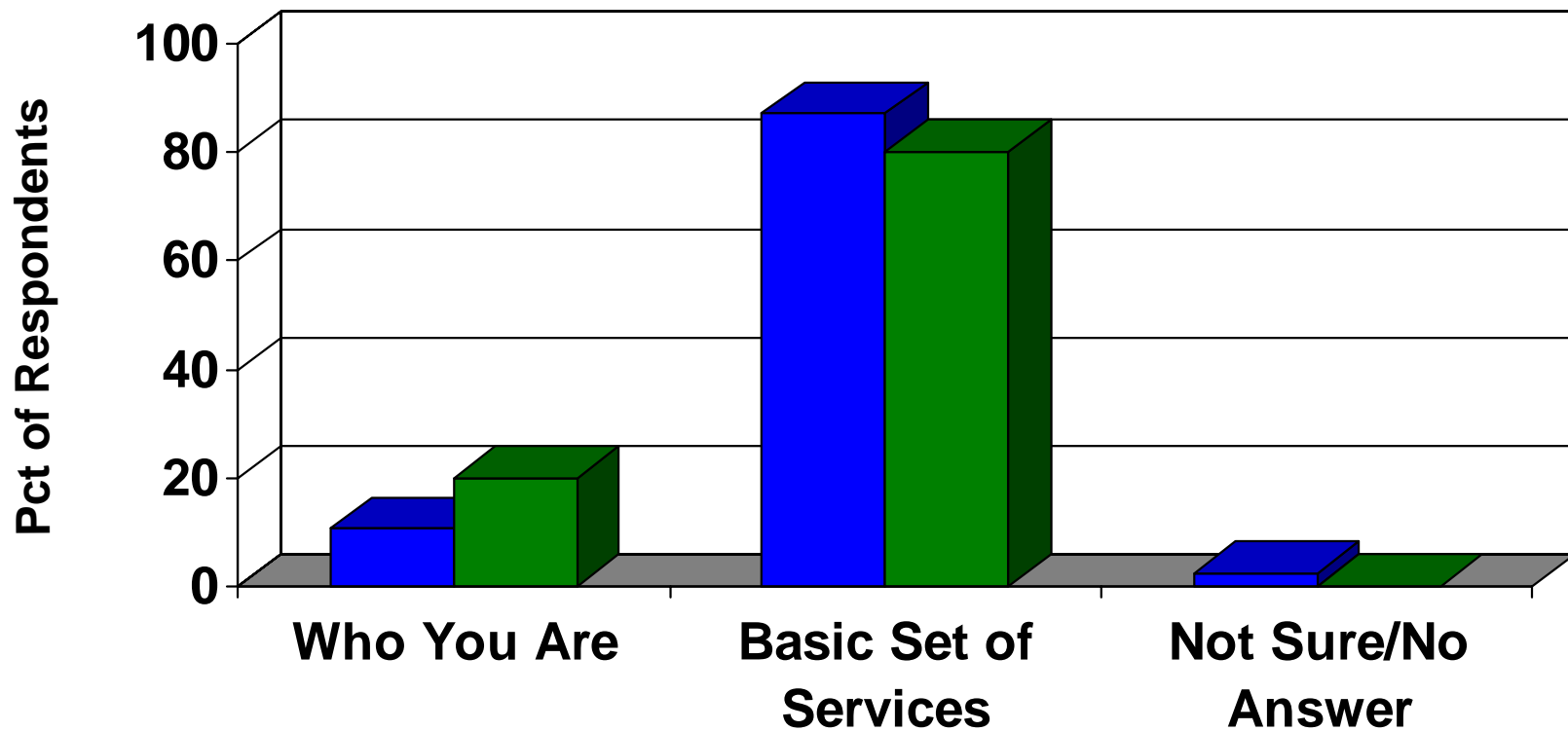
## Discussion Question:

- Why do you think either of these approaches would be the better way to provide coverage?

\_\_\_\_\_ Providing coverage based on who you are (for example, people who have coverage through their employers or people who qualify for public programs because of age or because they are poor) as is the case currently; or

\_\_\_\_\_ Defining a level of services for everyone, regardless of their status, but with coverage assured only for that defined set of services.

# What would be the better approach to providing coverage?



■ Urban ■ Rural



# Benefits

## Sample Basic Care Package:

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians' Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy
- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

# Benefits

## Discussion Question:

- Should there be a “basic” level of services for health insurance that everyone should be able to obtain (either on their own or with assistance from employers or the government)?
- If so, how would a basic package compare to this “typical” plan? Are there benefits that you would add or that you would take out?

# Benefits

## What Would You Add?

	<b>Urban N=192</b>	<b>Rural N=102</b>
<b>Changing the method of care</b>	<b>3.7%</b>	<b>0.0%</b>
<b>Expanded care</b>	<b>28.9%</b>	<b>50.0%</b>
<b>Chronic care</b>	<b>4.2%</b>	<b>2.9%</b>
<b>Extended care</b>	<b>16.3%</b>	<b>18.6%</b>
<b>Alternative care</b>	<b>8.4%</b>	<b>2.9%</b>
<b>Hearing, dental, vision</b>	<b>16.3%</b>	<b>24.5%</b>
<b>Miscellaneous options</b>	<b>5.3%</b>	<b>1.0%</b>

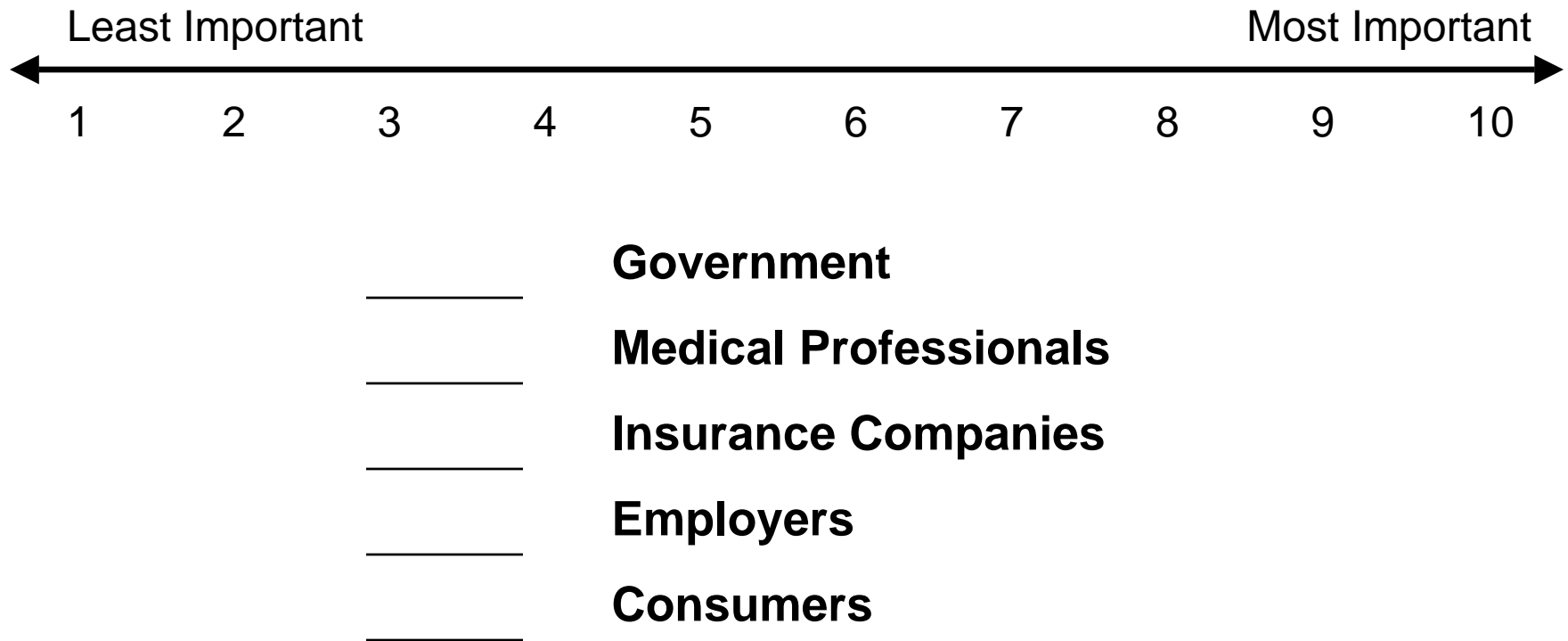
# Benefits

## What Would You Take Out?

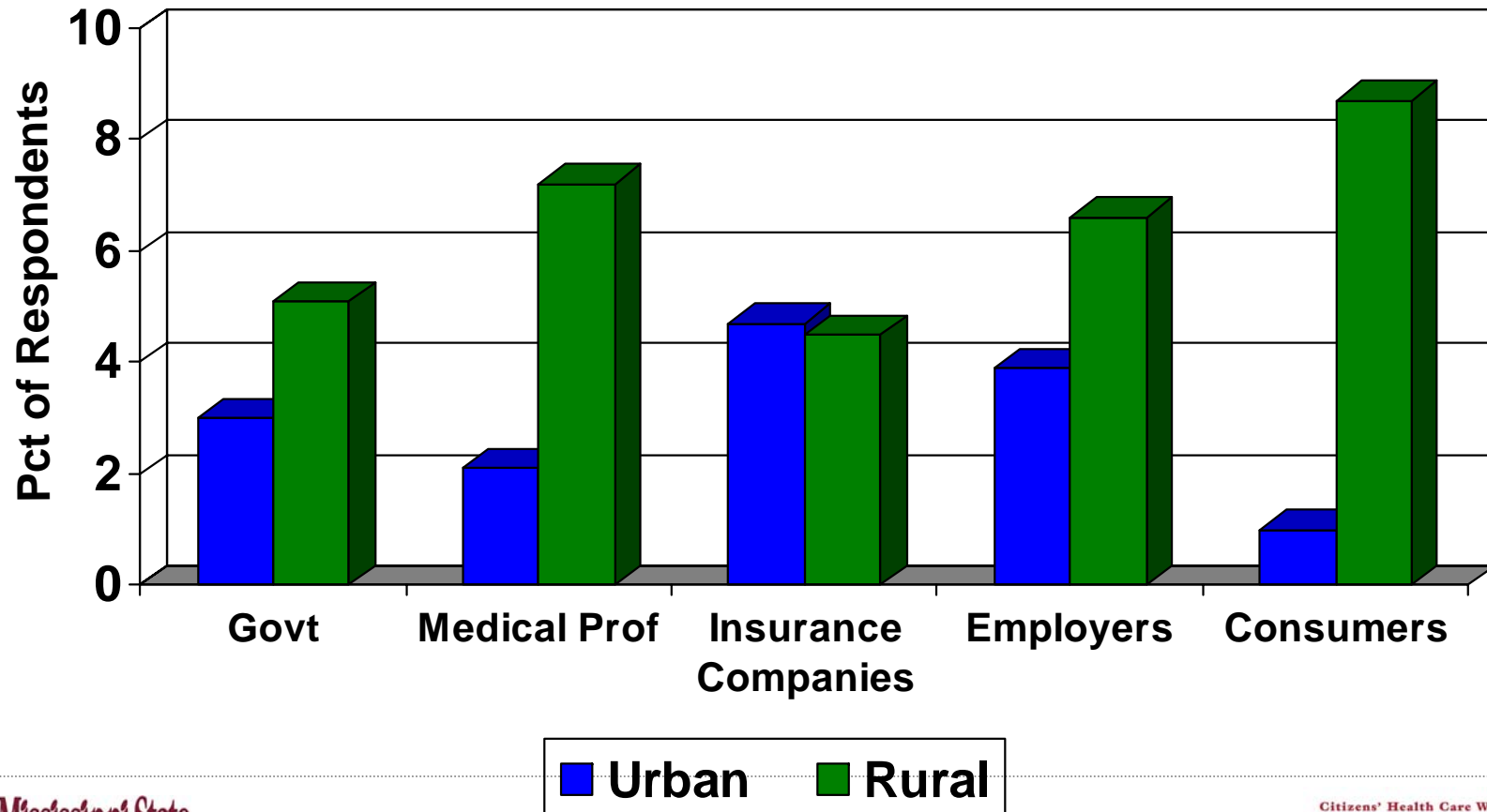
	Urban N=65	Rural
<b>Chiropractic care</b>	<b>23.1%</b>	<b>43.5%</b>
<b>Nothing</b>	<b>16.9%</b>	<b>Not recorded</b>
<b>Mental health/substance abuse</b>	<b>12.3%</b>	<b>26.1%</b>
<b>Physical, occupational, speech therapy</b>	<b>7.7%</b>	<b>0.0%</b>
<b>Drug benefits</b>	<b>9.2%</b>	<b>4.3%</b>
<b>Changing the method</b>	<b>18.5%</b>	<b>0.0%</b>
<b>Ineffective and elective</b>	<b>10.8%</b>	<b>0.0%</b>
<b>Provider visits, physicals, dental</b>		<b>26.1%</b>

# Input Groups

How much input should each of these groups have in determining a basic benefit package?



# How much input should each of these groups have in determining a basic benefit package?



# Deliberation 2: Getting Health Care

# Getting Health Care

- About half of Americans say they are “extremely” or “very” satisfied with the health care they have
- More than 15% of Americans report not having a regular place to go when they need health care.
- There are differences in access to care across racial, ethnic, and economic lines:
  - Hispanics had worse access than non-Hispanic whites in almost 90% of access measures.
  - African-Americans had worse access in 50% of access measures.
  - Asians had worse access in over 40% of the measures used.
  - People below the poverty line had worse access to care in all the measures used.
- Not everyone who should receive certain services does. On average, adults get only 55% of the recommended care for many common conditions.

**GETTING HEALTH CARE**

The next question Congress asked us to probe is:  
How does the American public want health care delivered?

Getting the health care that we want involves two seemingly simple concepts: getting the care—access—and getting good care—quality. Also, we like having the ability to make choices about the care we get.

ethnicity, and income. Reasons for these disparities are varied, reflecting differences in education and insurance coverage as well as communication problems and discrimination.

**Access**

An important part of access is being able to find a health care provider and being able to go to them when needed. Not all parts of the country have the same health care resources, and racial and ethnic minorities and people with lower incomes have more problems getting health care. Access also involves getting to the right kind of providers, like primary care professionals, specialists, dentists, and mental health providers, and to the right kind of care, such as home care and personal care. Out-of-pocket costs can also cause problems for some people.

For people facing a serious health problem or a chronic condition, it can be hard to get care, and the American health care system can be complicated, hard to navigate and inefficient.

**Quality**

The amount of health care services Americans use varies a lot across different parts of the country, often without a corresponding difference in health outcomes. Evidence shows that much of the care some people receive is not always the “right” care.

When it comes to getting the right care, there is consistent evidence of a difference in the quality of care and health outcomes related to race,

**Key Facts on Getting Health Care**

- About half of Americans say they are “extremely” or “very” satisfied with the health care they have received in the last two years.
- More than 15% of Americans report not having a regular place to go when they need health care.
- There are differences in access to care across racial, ethnic, and economic lines:
  - Hispanics had worse access than non-Hispanic whites in almost 90% of access measures.
  - African-Americans had worse access in 50% of access measures.
  - Asians had worse access in over 40% of the measures used.
  - People below the poverty line had worse access to care in all the measures used.
- Not everyone who should receive certain services does. On average, adults get only 55% of the recommended care for many common conditions.

18 Community Hearing Discussion Guide



## In getting health care, what is most important?

	<b>Urban N=160</b>	<b>Rural N=94</b>
<b>Access</b>	<b>21.3%</b>	<b>26.6%</b>
<b>Choice</b>	<b>10.0%</b>	<b>11.7%</b>
<b>Affordability/Cost</b>	<b>8.1%</b>	<b>12.8%</b>
<b>Quality of Care</b>	<b>38.1%</b>	<b>29.8%</b>
<b>Preventive Issues</b>	<b>5.0%</b>	<b>3.2%</b>
<b>Coverage Issues</b>	<b>16.9%</b>	<b>16.0%</b>
<b>Miscellaneous</b>	<b>0.5%</b>	<b>0.0%</b>

## What kinds of difficulties have you had in getting access to health care services?

	Urban N=237	Rural
<b>Cultural Barriers/Communication</b>	<b>5.9%</b>	<b>Not recorded</b>
<b>Access/Availability</b>	<b>26.6%</b>	<b>Not recorded</b>
<b>Affordability/Cost</b>	<b>8.9%</b>	<b>Not recorded</b>
<b>Insurance Issues</b>	<b>30.4%</b>	<b>Not recorded</b>
<b>Medical Provider Issues</b>	<b>21.5%</b>	<b>Not recorded</b>
<b>Miscellaneous (including discrimination, preventive issues, etc.)</b>	<b>6.8%</b>	<b>Not recorded</b>

# Deliberation 3: Financing

# Financing

- In 2004, America's total cost for health care was \$1.9 trillion. That's about \$6,300 for each person in America. In ten years this amount is expected to rise to \$11,000 per person.
- In 1960 we spent 5¢ out of every dollar we earned on health care. Today we spend about 15¢.
- If current trends continue, by 2040, we will spend 36¢ out of every Federal dollar on Medicare and Medicaid.
- While most large firms offer health insurance to their employees, the percent of firms of all sizes offering health benefits to their employees fell from 69% in 2000, to 60% in 2005.
- Federal tax policy encourages businesses to offer health coverage to their employees. Employers and employees both receive tax benefits related to employer-provided health insurance. The way these policies work is estimated to have cost the government \$145 billion in tax revenue in 2004.

## FINANCING

The next question Congress asked us to address is:  
How should health care coverage be financed?

We all pay for our growing health care bill through insurance premiums, taxes (income, payroll, property, or sales), foregone wage increases, or increased prices for goods or services.

Health care bills are paid through:

- a. **Private insurance.** This is most often sponsored by employers. Both employers and employees get tax breaks for a portion of the cost of insurance.
- b. **Public programs like Medicare and Medicaid.** This is the second largest source of coverage. Medicare is funded mainly through payroll taxes, federal general revenues and beneficiary premiums; Medicaid is funded through federal and state taxes.
- c. **Individuals and families.** Most people pay a portion of their insurance premium plus other out-of-pocket expenses, like deductibles and co-payments.

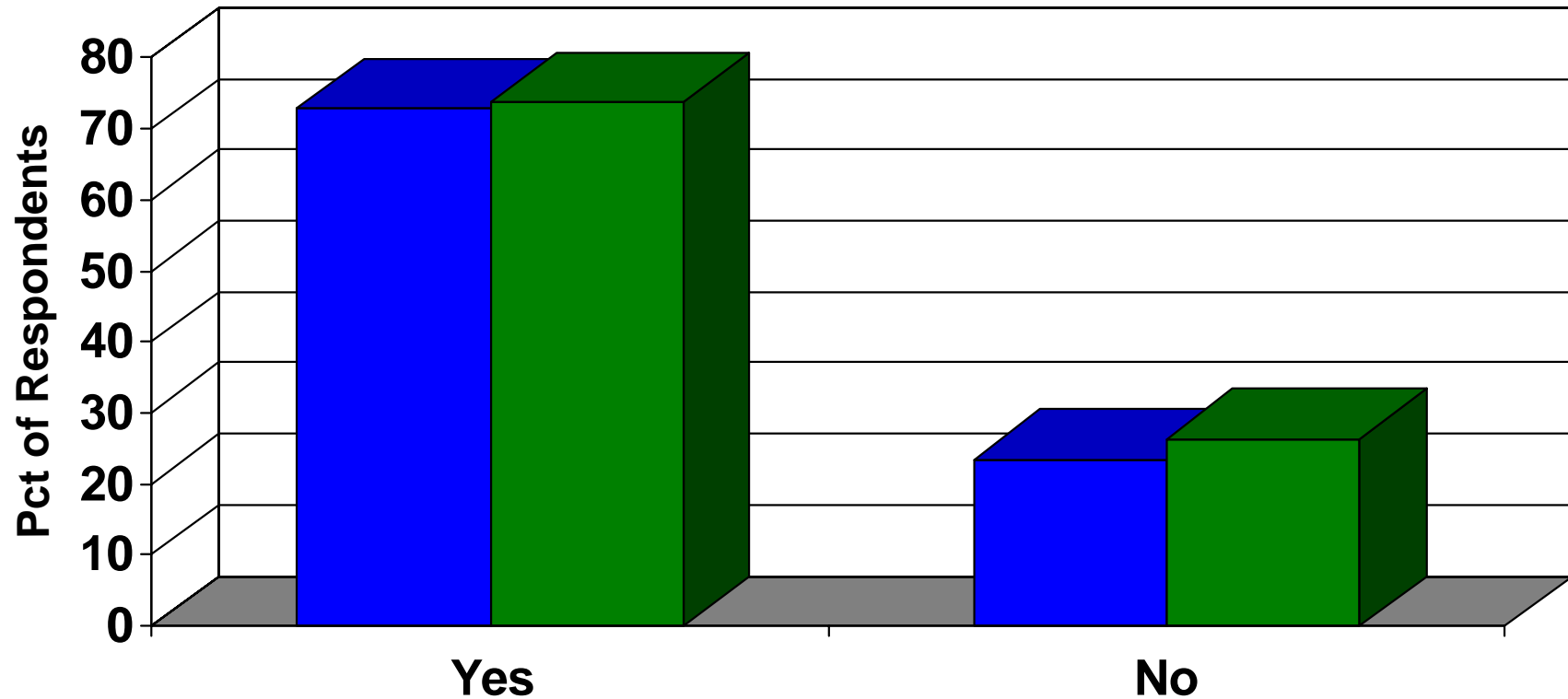
It is sometimes difficult to sort out private spending and public spending for health care. For example, both public programs and private insurance end up paying the costs for the uninsured who cannot pay for their health care. Employer health coverage is subsidized through the federal tax system because workers do not have to pay taxes on compensation received as employer-provided health care benefits, and premiums paid by employers that are part of an employee's compensation are exempt from payroll taxes as well as income taxes. But, no matter who pays the bill, the bills are going up for all of us—families, employers, states, and the federal government.

### Key Facts on Financing

- \* In 2004, America's total cost for health care was \$1.9 trillion. That's about \$6,300 for each person in America. In ten years this amount is expected to rise to \$11,000 per person.
- \* In 1960 we spent 5¢ out of every dollar we earned on health care. Today we spend about 15¢.
- \* If current trends continue, by 2040, we will spend 36¢ out of every Federal dollar on Medicare and Medicaid.
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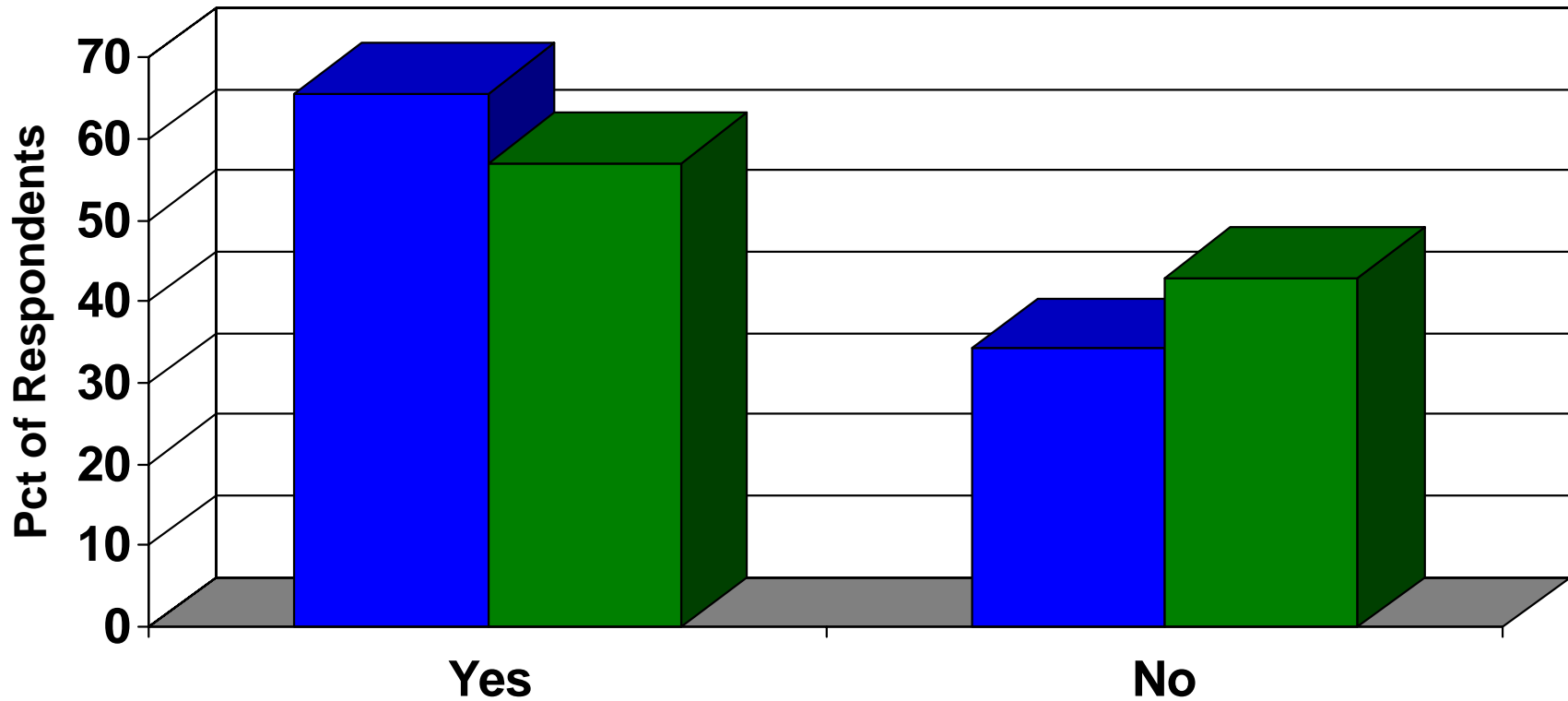
12 Community Meeting Discussion Guide

# Should everyone (who can afford to do so) be required to enroll in basic health care coverage, either private or public?



■ Urban ■ Rural

# Should some people be responsible for paying more than others?



Urban Rural

# Financing

What criteria should be used for making some people pay more?

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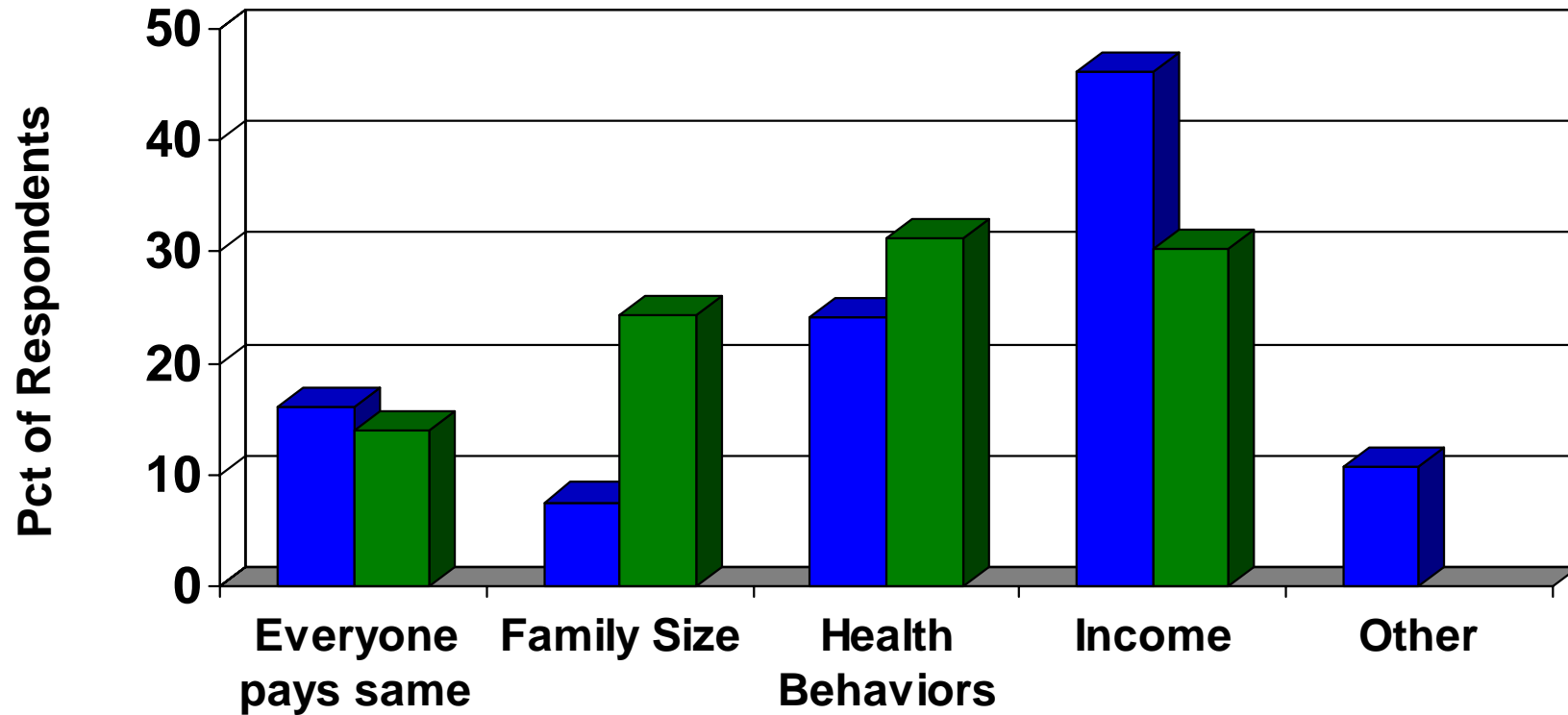
**None – everyone should pay the same**

**Family Size**

**Health Behaviors**

**Income**

# What criteria should be used for making some people pay more?



■ Urban ■ Rural



# Financing

## Discussion Questions:

- Most Americans get their health insurance through their employers and many get their insurance through public programs. Should public policy continue to use tax rules to encourage employer-based health insurance?

\_\_\_\_\_ Yes

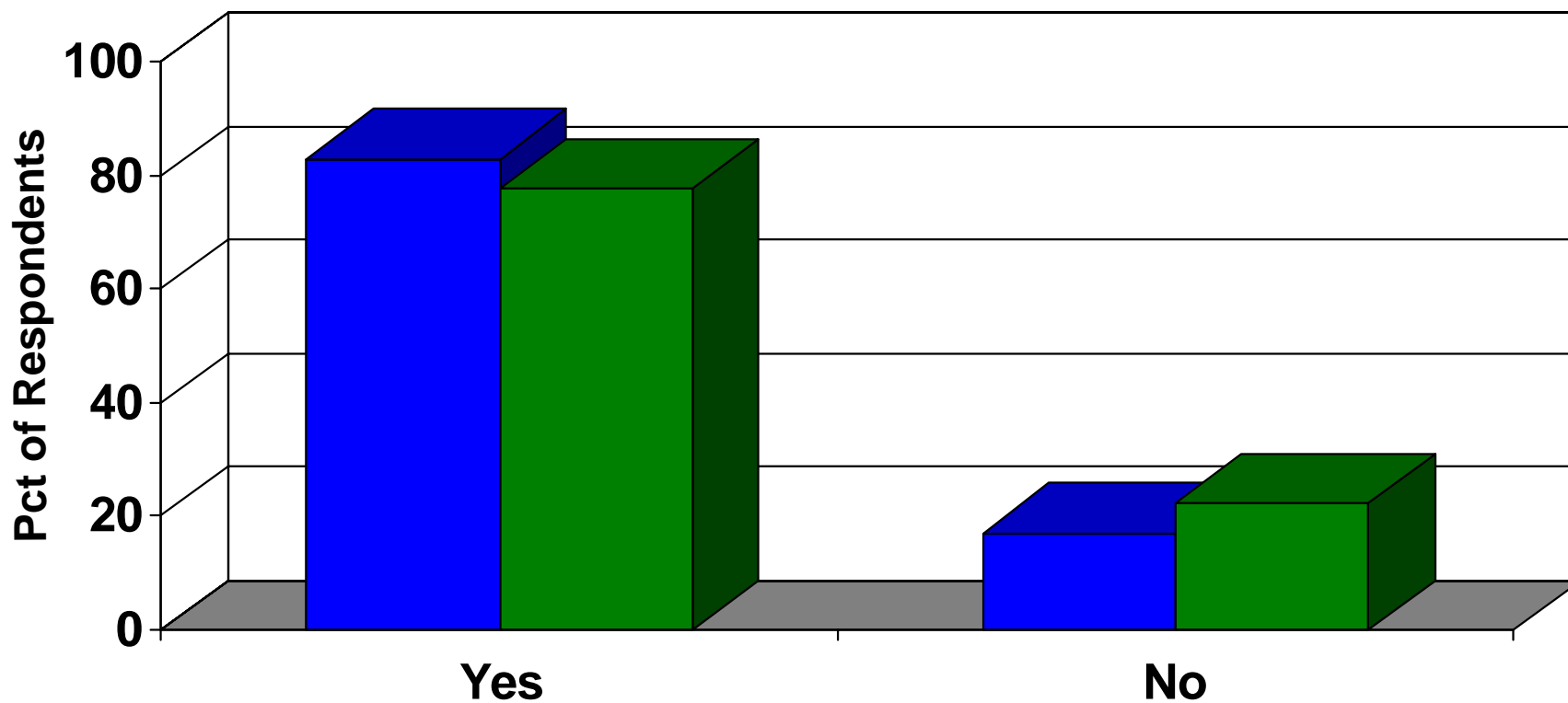
\_\_\_\_\_ No

- Do you think government resources should continue current programs that cover some people who can't otherwise afford it?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

# Should public policy continue to use tax rules to encourage employer-based health insurance?



All sites reported Yes except Los Angeles (Yes – 37%; No – 63%)

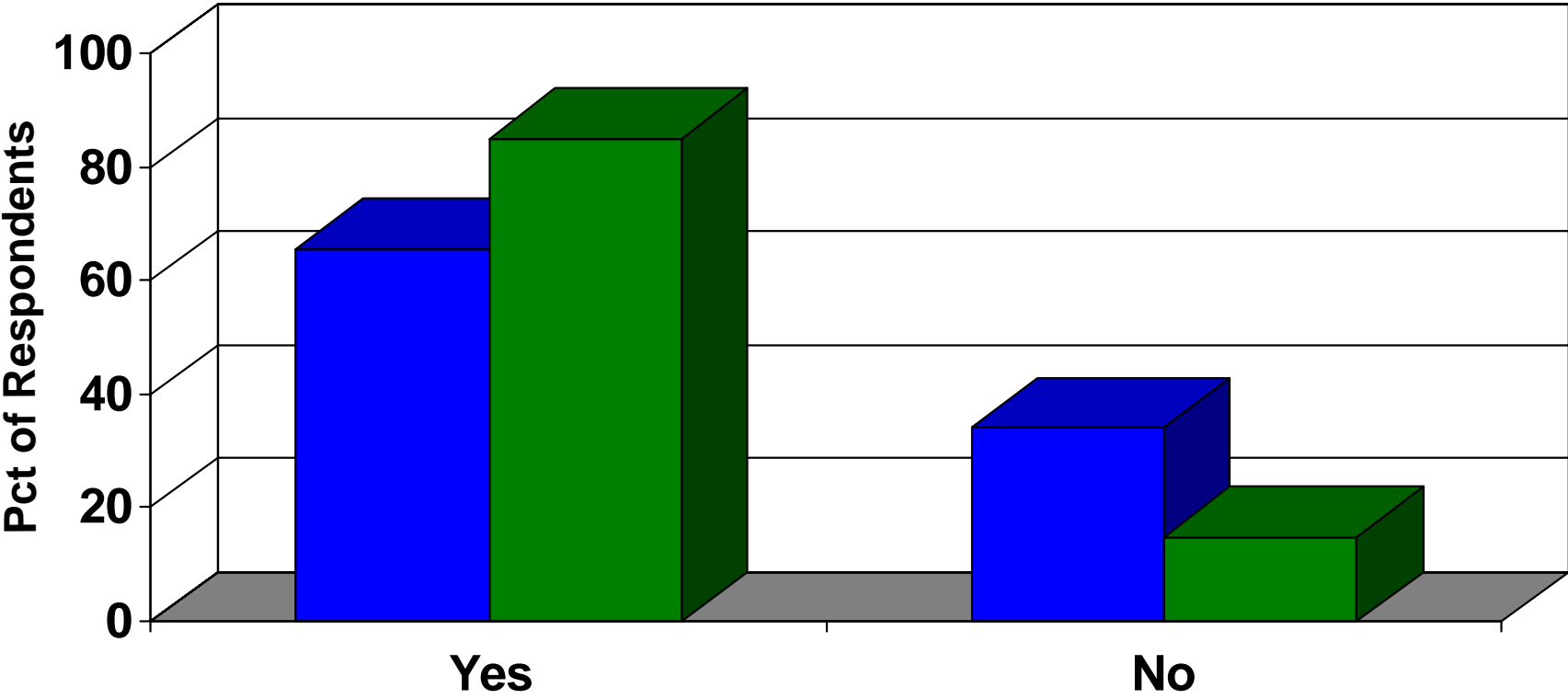
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Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

# Should government resources continue current programs that cover some people who can't otherwise afford it?



■ Urban ■ Rural

# What responsibilities should individuals and families assume in paying for health care?

	<b>Urban N=64</b>	<b>Rural N=72</b>
<b>Personal Monetary Payments</b>	<b>28.1%</b>	<b>40.3%</b>
<b>Preventive Care Participation</b>	<b>26.6%</b>	<b>27.8%</b>
<b>System Participation, Knowledge, and Responsibility</b>	<b>43.8%</b>	<b>30.6%</b>
<b>Other</b>	<b>1.6%</b>	<b>1.4%</b>

## What should be done to slow the growth of health care costs in America?

	<b>Urban N=189</b>	<b>Rural N=111</b>
<b>Personal Actions and Responsibilities</b>	<b>13.2%</b>	<b>26.1%</b>
<b>Government Actions</b>	<b>38.6%</b>	<b>38.7%</b>
<b>Medical Profession Actions</b>	<b>36.0%</b>	<b>28.8%</b>
<b>Insurance Company Actions</b>	<b>12.2%</b>	<b>6.3%</b>

# Deliberation 4: Trade-offs & Options

# Trade-offs & Options

- The final question Congress asked us to pursue is: What tradeoffs are the American public willing to make in either benefits or financing to ensure access to affordable, high quality health care coverage and services?
- As a nation, hard choices confront us as we try to find ways to solve the problems of cost, access, and quality. We need to know what changes you are willing to make as individuals and as a country to ensure that health care works for everyone.
- What are you willing to do to help make health care work for all Americans? We're looking for your guidance on what you think it will take for us as a country to reach this goal.

## TRADEOFFS AND OPTIONS

The final question Congress asked us to pursue is:  
What tradeoffs are the American public willing to make in either benefits or financing to ensure access to affordable, high quality health care coverage and services?

Woven through our discussion today are the interrelated issues of cost, quality, and access. As a nation, we face hard choices as we try to slow the growth of health care costs, improve quality, and expand access to care. We need to know what changes you are willing to make as individuals and as a country to ensure that health care works for everyone.

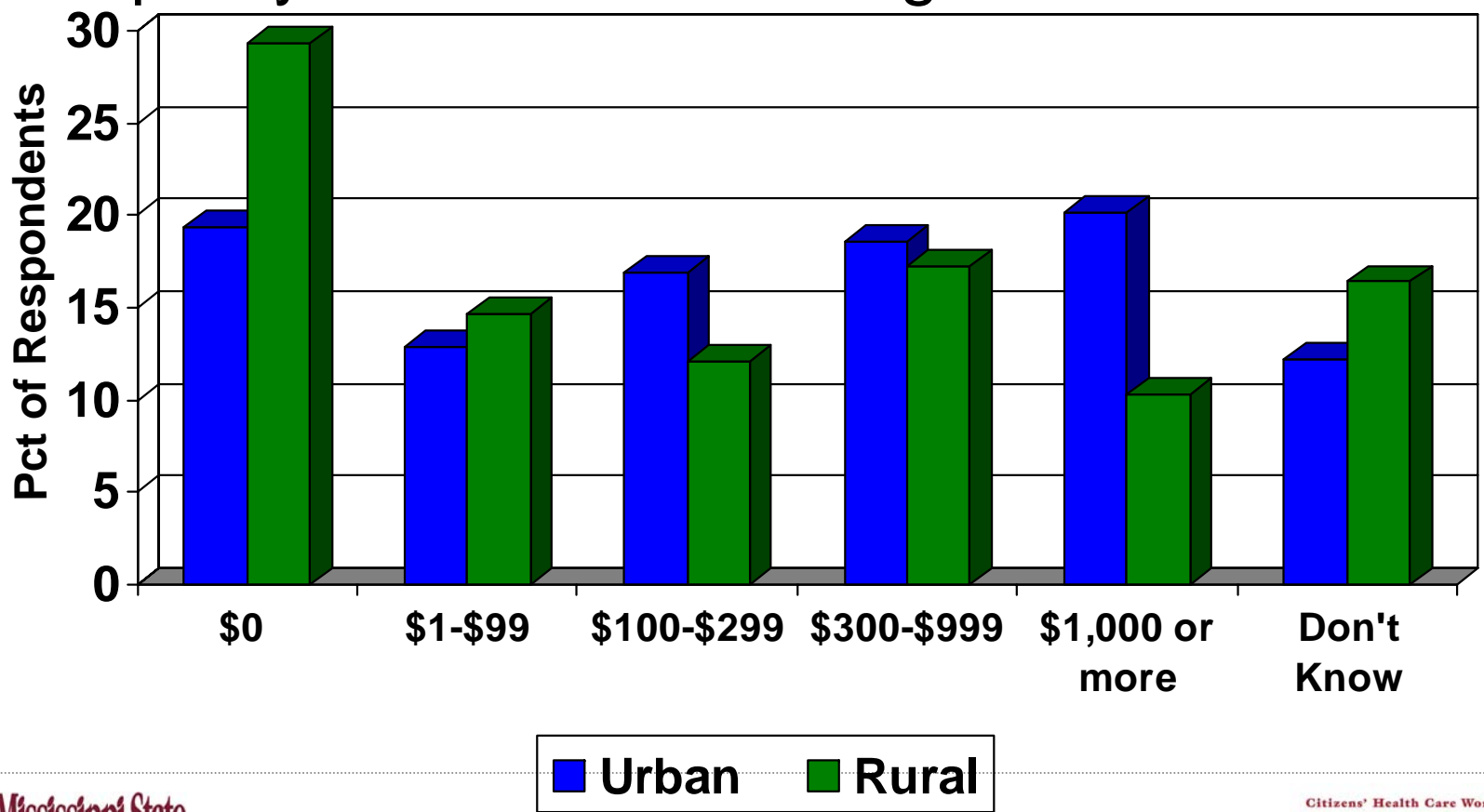
First, we want to hear your priorities for investing in health care in America. Remember that if public spending on health care is increased, this may limit how much can be invested in other national needs such as education or defense.

Here are some ideas to consider:

- Has our health care system struck the right balance between prevention and treatment?
- Given that we have to set priorities, are we spending too much, about the right amount, or not enough on things like:
  - Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
  - Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
  - Guaranteeing that all Americans have health insurance
  - Funding the development of computerized health information to improve the quality and efficiency of health care
- Funding programs that help eliminate problems in access to or quality of care for minorities
- Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- Guaranteeing that all Americans get health care when they need it, through public "safety net" programs (if they can not afford it)
- Preserving Medicare and Medicaid
- If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, what do you think we should do? For example, should we:
  - Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own?
  - Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program (SCHIP), to provide coverage for more people without health insurance?
  - Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices?
  - Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program?

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Community Meeting Discussion Guide

How much more would you personally be willing to pay in a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?





# Trade-Offs and Options

Considering the rising cost of health care, what should be important priorities public spending to reach the goal of health care that works for all Americans?

# Trade-Offs and Options

Considering the rising cost of health care, which of the following should be the most important priority for public spending to reach the goal of health care that works for all Americans?

	Urban	Rural
Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas	6.9	8.7
Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters	8.6	9.2
Guaranteeing that all Americans have health insurance	9.3	8.6

# Trade-Offs and Options

Considering the rising cost of health care, which of the following should be the most important priority for public spending to reach the goal of health care that works for all Americans?

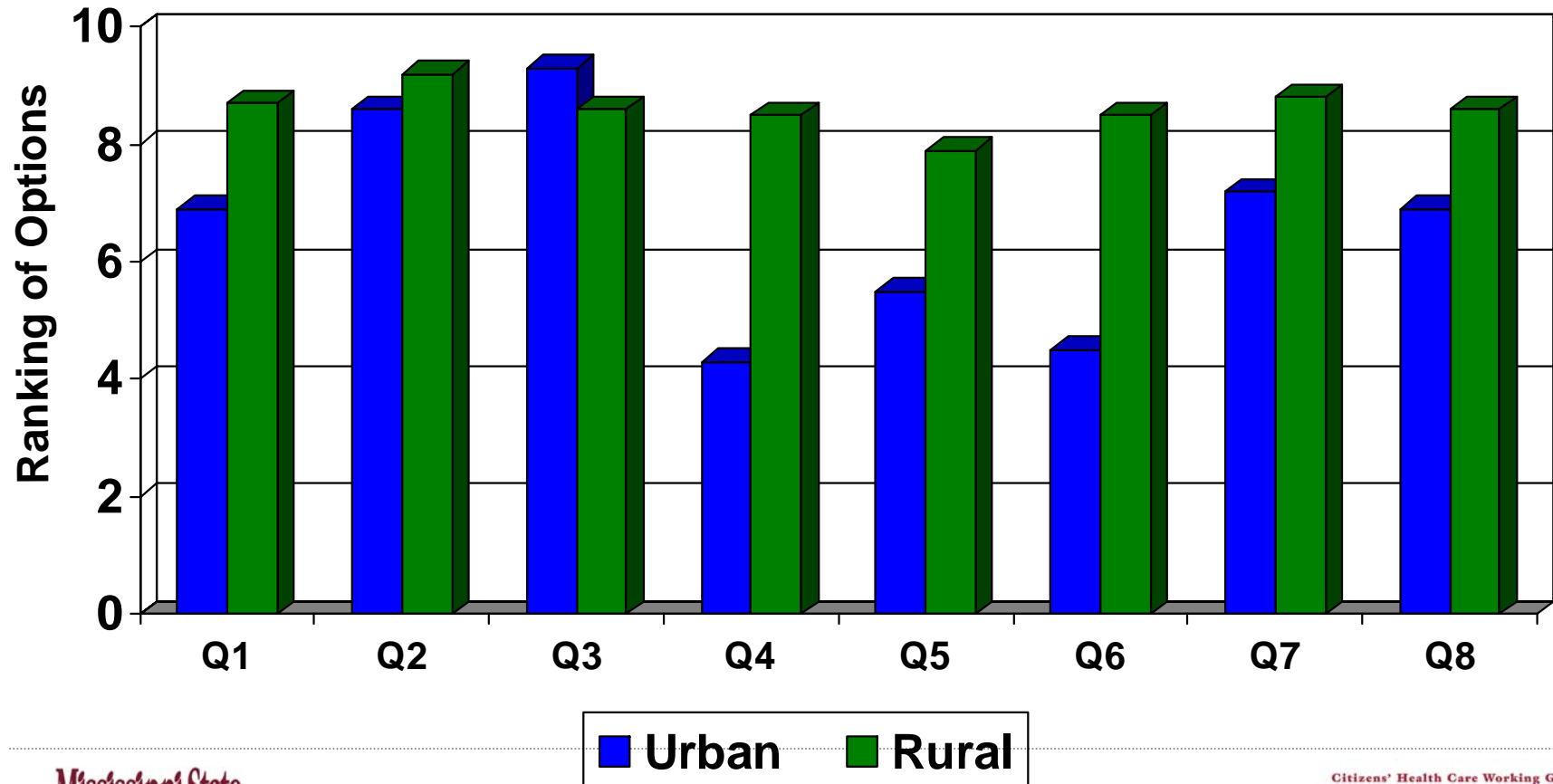
	Urban	Rural
Funding the development of computerized health information to improve the quality and efficiency of health care	4.3	8.5
Funding programs that help eliminate problems in access to or quality of care for minorities	5.5	7.9
Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease	4.5	8.5

# Trade-Offs and Options

Considering the rising cost of health care, which of the following should be the most important priority for public spending to reach the goal of health care that works for all Americans?

	Urban	Rural
Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they cannot afford it)	7.2	8.8
Preserving Medicare and Medicaid	6.7	8.6

# Important Spending Priorities



# Trade-offs & Options

## Discussion Question:

- Some believe that fixing the health care system will require tradeoffs from everyone – e.g. hospitals, employers, insurers, consumers, government agencies. What could be done -- and by whom?

*By “tradeoff” we mean reducing or eliminating something to get more of something else. In answering this question, be sure to frame your answers in terms of tradeoffs.*

# Trade-offs & Options

## Some examples:

- Accepting a significant wait time for non-critical care to obtain a 10% reduction in health care costs.
- Paying a higher deductible in your insurance for more choice of physicians and hospitals (or paying a lower deductible with less choice).
- Paying more in taxes to have health care coverage for all. This could mean limiting coverage to high deductible/catastrophic care or, if you were willing to pay more, a more comprehensive package.
- Expanding federal programs to cover more people, but providing fewer services to those currently covered in those programs.
- Limiting coverage for certain end of life care of questionable value in order to provide more at home and comfort care for the dying.
- Having government define benefits and set prices versus relying on free market competition by doctors, hospitals, other health care providers, and insurance companies.

# Trade-Offs and Options

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this?

	Urban	Rural
Offer uninsured Americans income tax deductions, credits, or other financial assistance to purchase private health insurance on their own	3.7	7.2
Expand state government programs for low income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance	4.8	7.7



# Trade-Offs and Options

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this?

	Urban	Rural
Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices	3.0	4.8
Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program	7.3	7.5

# Trade-Offs and Options

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this?

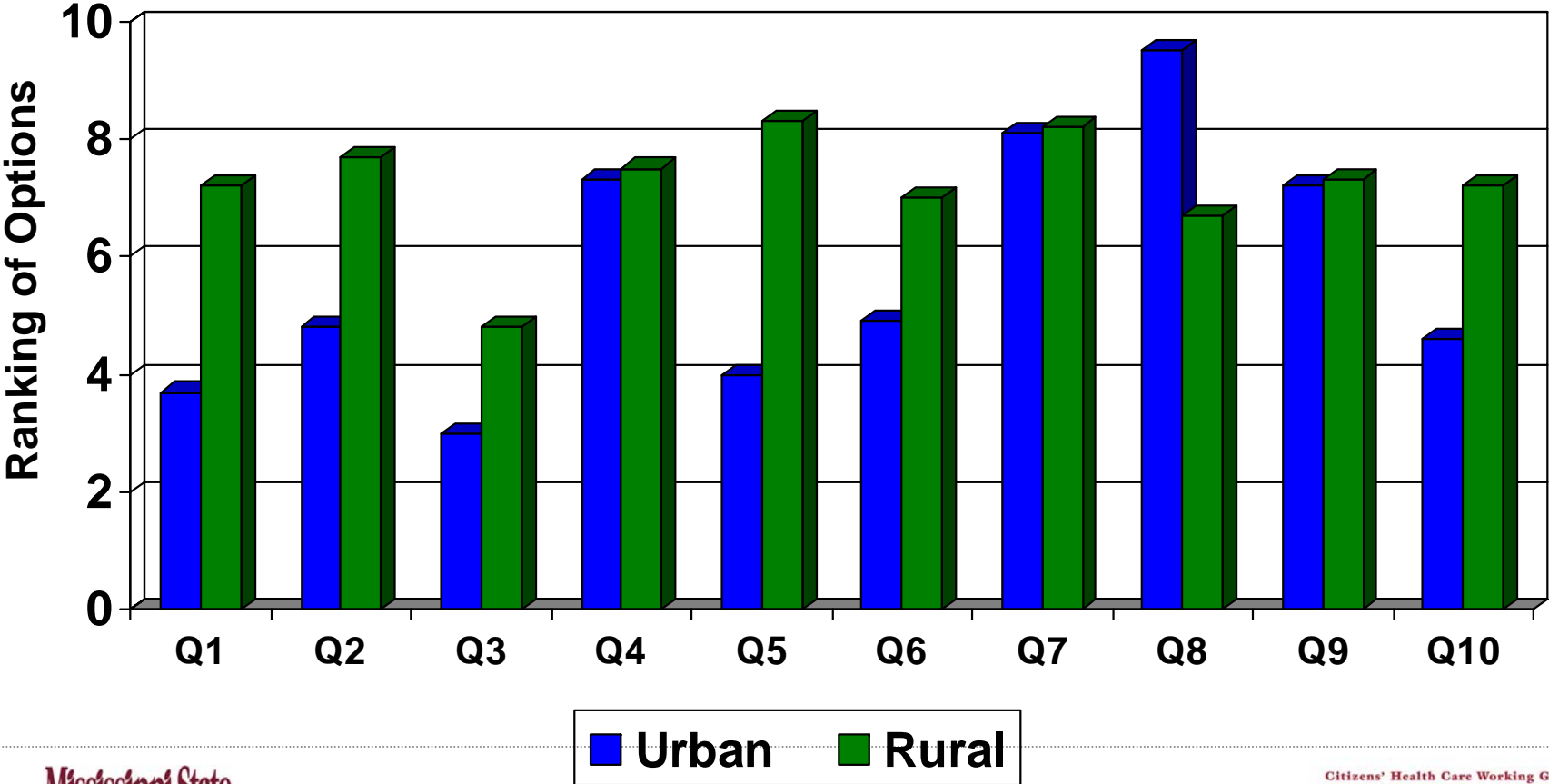
	Urban	Rural
Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and their families	4.0	8.3
Require businesses to offer health insurance to their employees	4.9	7.0
Expand neighborhood health clinics	8.1	8.2

# Trade-Offs and Options

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this?

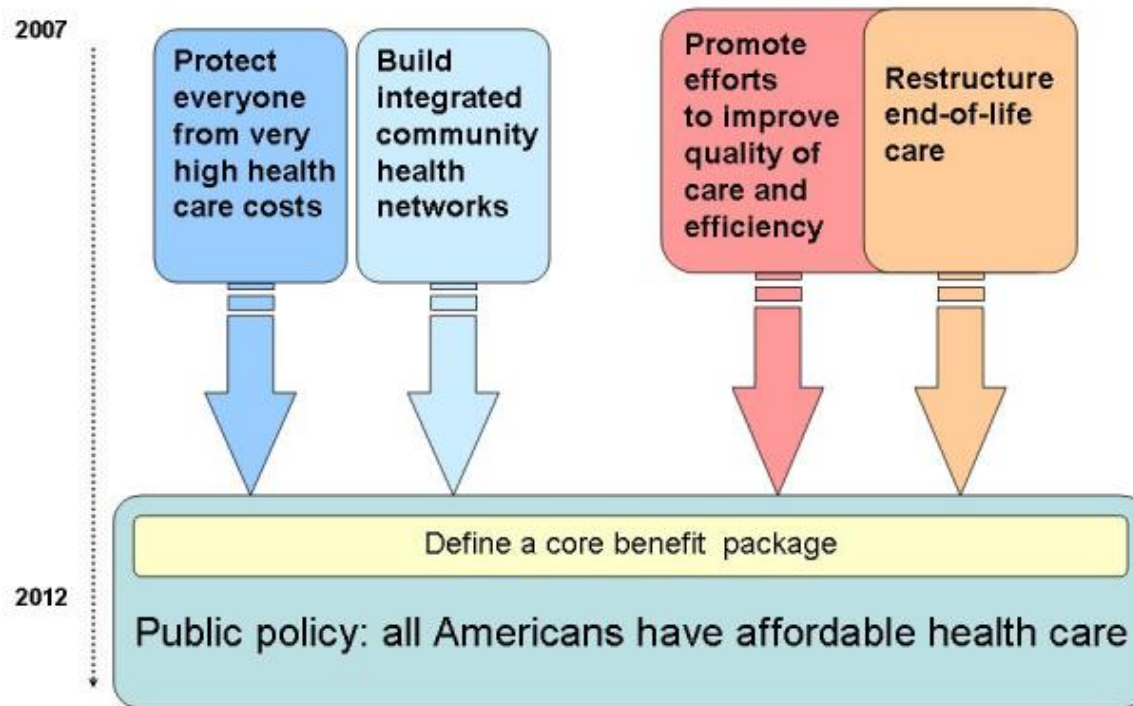
	Urban	Rural
Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance	9.5	6.7
Require that all Americans enroll in basic health care coverage, either public or private	7.2	7.3
Increase flexibility afforded states in how they use federal funds for state programs – such as Medicaid and S-CHIP – to maximize coverage	4.6	7.2

# Trade-Offs and Options



# Recommendations from the Citizens Healthcare Working Group

## Health Care that Works for All Americans



# Recommendation 1

- **Guarantee financial protection against very high health care costs**
  - No one in America should be impoverished by health care costs. Establish a national program (private or public that ensures:
    - Coverage for all Americans
    - Protection against very high out-of-pocket medical costs for everyone
    - Financial protection for low income individuals and families

# Recommendation 2

- **Support integrated community health networks**
  - The federal govt will lead a national initiative to develop and expand integrated public/private community networks of health care providers aimed at providing vulnerable populations with a source of high quality coordinated health care
    - Identifying within the govt the unit with specific responsibility for coordinating federal efforts that support the health safety net
    - Expanding and modifying the Federally Qualified Health Center concept
    - Providing federal support for the development of integrated community health networks to strengthen local health infrastructure

# Recommendation 3

- **Promote efforts to improve quality of care and efficiency**
  - The govt will expand and accelerate its use of the resources of public programs to improve quality and efficiency while controlling costs
    - Using federally funded health programs, the govt will promote:
      - Integrated health care systems
      - Health information technologies
      - Reduction of fraud and waste
      - Consumer-usable information
      - Health education, patient-provider communication



# Recommendation 4

- **Fundamentally restructure the way end-of-life services are financed and provided**
  - Public and private payers should integrate evidence based science, expert consensus, and culturally sensitive end-of-life care models
  - Public and private programs should support training for health professionals to emphasize individualized care planning and communication
  - Community level funding should be made available for support services to assist individuals and families in accessing the kind of care they want for their last days

# Recommendation 5

- **It should be public policy that all Americans have affordable health care**
  - All Americans will have access to a set of core health services.
  - Financial assistance will be available to those who need it.

# Recommendation 6

- **Develop a “core” benefit package for all Americans**
  - Establish an independent non-partisan private-public group to identify and update recommendations for what would be covered under high-cost protection and core benefits
  - Identification of high cost and core benefits will be made through an independent, fair, transparent, and scientific process
  - Health is defined to include physical, mental, and dental health
  - Core benefits will be specified by taking into account evidence-based science and expert consensus regarding the medical effectiveness of treatments

# What Next?

- **For you:**
  - Public comment period open through August 30
  - Review and comment on line
- **For Mississippi**
  - 3 Feedback and Recommendation Forums
  - Broad sponsorship
    - Mississippi Rural Health Association
    - Mississippi State University Extension Service
    - Mississippi Department of Health's State Office of Rural Health
    - Mississippi Area Health Education Center
    - Jackson Medical Mall