

HEALTH CARE COMMUNITY DISCUSSION
Cape May Point, New Jersey
December 28, 2008

Executive Summary: Our group represented a wide range of experiences, but we were able to agree on several points:

1. A single-payer system like Medicare/Medicaid has many merits as long as choice of doctors and the option to supplement the national system is permitted.
2. Health care impacts many other areas (e.g., the freedom to move from one job to another, peace of mind, uniformity of care and costs, the cost of labor, availability of care, immigration).
3. Preventive care and public education campaigns can prevent disease and/or support early detection and reduce the need for costly procedures.
4. No matter what, we ALL pay! It's better for our country to provide basic health care for EVERYONE. Healthy students learn better. Healthy workers lose less time on the job. Well-informed, healthy mothers raise healthy children. School nurses and neighborhood clinics are a necessary link in providing universal health care for all.
5. Malpractice suits only benefit lawyers (with their % of compensation and costs up to 50% of an award) and increase the cost of medical care (and reduce the pool of competent doctors) for all of us.
6. Easy access to medical histories, avoidance of unnecessary testing, affordability of therapeutic drugs, early detection, and immediacy of care are basic to an effective health care delivery system.

Demographics: 12 women, 6 men

Age: 50's - 1
60's - 8
70's - 6
80's - 3

Filled out Participant Survey - 11 (2 people had to leave early)

TABULATION of 3 Survey Questions:

1. What do you perceive is the biggest problem in the health system?
Answer: (a.) Cost of health insurance (7 out of 9)
Minority opinion: (b.) Cost of health care services (3 out of 9)
Observation: (a.) and (b.) are directly related
2. What do you think is the best way for policy makers to develop a plan to address the health system problems?

Answer: (a.) Community meetings like this (4 out of 9)

Minority opinion: (b.) Traditional town hall meetings (2 out of 9)

(d.) A White House Health Care Summit (2 out of 9)

(e.) Congressional hearings on C-SPAN (1 out of 9)

Observation: That "traditional town hall meetings" includes inviting state and national legislators to hear the stories and ideas

3. After this discussion, what additional input and information would best help you to continue to participate in this great debate?

Answer: (b.) More information on solutions for health reform

VIGNETTES:

Small business healthcare premiums for a couple in their 60's are over \$20,000/year

English citizen confronts American health care: An English woman (the daughter of two of our participants) was visiting in the USA and went to an Emergency Clinic in Connecticut to have a splinter removed from the bottom of her foot. Since she had no American health insurance, the hospital billed her individually for the procedure, which was done by a nurse. The bill came to \$1,500! After she went back to England, she was able to negotiate it down to \$750 (which her parents eventually paid).

64 year old man has medical emergency and discovers his insurance coverage isn't available: While vacationing in Florida, a 64-year old man had a prostate problem that caused both severe pain and frequency of urination. He was able to locate a doctor who would see him on short notice and was told he would probably have to pay the bill with a credit card because the doctor was not "in network" for his insurance. In fact there was NO in-network doctor or medical facility in the state of Florida that was "in network" for his health insurance plan. (HealthNet only covers the Northeast US). He was billed at "services maximum" rates for doctors, medical tests, and medications personally, some of which were negotiated down by his insurance company, but he had to pay a large portion out-of-pocket. Some tests were totally disallowed. Four years later, when his health insurance carrier was the target of a class action suit, he unexpectedly received additional reimbursement checks.

Healthy 64 year old woman can't find a doctor: In the 18 months before turning 65 (and no longer covered by COBRA), a healthy 64-year old woman with no preexisting conditions experienced her inability to get insurance coverage at a reasonable cost (she ended up paying \$430. a month for limited coverage with a high deductible). Then once she got insurance, she had to call over 20 doctors in her area before she could find one who was accepting new patients AND who accepted her insurance (Blue Cross Blue Shield).

Great quote:

“Of all forms of inequality, injustice in health care is the most shocking and inhumane.”
Martin Luther King, Jr.

Reasons people attended - concern for

- Quality of care re: cost, cost of drugs, pre-existing conditions
- Those unable to afford health care (2)
- Comparison of American health care system and system in England/Canada (we pay more per person and are less healthy)
NOTE: It would be helpful to see comparisons between US and every other developed country whose death rates are lower and health care quality is higher.
- Making Health care a “right” (like life and liberty)
- The negative impact of litigation (and the high cost of mal-practice insurance)
- Doctors who don’t take Medicare or Medicaid patients (or only certain private insurance plans)
- Difficulty in understanding the distinctions among health care plans
- The role of self-care (not penalize everyone for the self-destructive behavior of others)
- Inefficiencies in health care delivery
- What happens to health care coverage (and pension) when former employer merges with one or more companies over time (e.g., AT&T)
- High rate of accidental deaths in hospitals
- Use of Emergency Room for basic health care
- High cost of life-saving medications
- US healthcare costs put US businesses at a competitive disadvantage with businesses in most other countries

QUESTIONS

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

- Lack of individual responsibility for self-care (e.g., eating habits, addictions, sexual practices)
- Concerns about socialized medicine like that offered in England and Canada (e.g., wait times, age-disqualification, other restrictions)
- Need for universal coverage (i.e, having a safety net BUT ALSO having the option to obtain the best care one can afford)
- Catastrophic health care costs
- The need for choices and portability of coverage

- When people have NO coverage, they delay getting treatment, which creates more serious/more expensive care
- Doctors duplicate testing to avoid malpractice suits (NOTE: Medicare already has a program to prevent duplicating treatments.)
- Concern about epidemics (e.g., TB)
- The need to screen out immigrants who have AIDS, VD/STD, TB, cancer, etc.
- Concern for misuse of a centralized data-bank of individual medical information (e.g., by insurance companies to “cherry pick” customers or by employers to avoid hiring someone with a pre-existing condition)
- Litigation/malpractice suits increase costs for everyone and drive some doctors to stop practicing (esp. primary care physicians and obstetricians)
- Contingent fee attorneys be limited to 5% of the settlement and be required to obtain an offer of settlement. The fee should be calculated on the amount they obtain over and above the initial offer by the defendant or the defendant’s insurance carrier.
- Persons alleging malpractice should be required to submit a claim and get an offer of settlement before initiating litigation. If the settlement offer is unsatisfactory, the litigation attorney fee should be a percentage of the award OVER AND ABOVE the initial settlement offer. This would encourage insurance companies to make generous settlement offers, and would discourage predatory litigators. Costs should be in addition to the award, audited, and reviewed for reasonableness by the court.
- Whatever is done nationally about health care, there needs to be a transition (e.g., allow supplemental policies)
- A single-payer system needs to be instituted across the board
- Concerns about single-payer system
 - Medicare is running out of money
 - How are we going to pay for it?
 - Sweden has excellent health care but people pay 50% of their income for it in taxes
 - Hospitals are closing because of so many charity cases
 - There need to be some conditions/incentives to promote better self-care
 - Significant cost savings would be achieved by having a standardized health insurance form nationwide
- A single data-base needs to be secure but accessible by any doctor

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!

- Teaching hospitals
 - Hire a Medical manager (or be your own!)
 - Need to be responsible for your own welfare (e.g., keeping your own records, bringing an advocate with you when you visit a doctor or have a medical procedure, finding a competent doctor or hospital, doing your own medical research)
 - Some hospitals won't take high risk patients
 - Good doctors "close" their practices after they have a certain number of patients (how can the consumer "qualify" a doctor to know what his/her track record has been?)
3. **Have you or your family members ever experience difficulty paying medical bills? What do you think policy makers can do to address this problem?**
- 6 out of 16 said they had had difficulty paying medical bills (for some people, this is the largest, single expense they have)
 - people increase their deductible to be able to afford insurance (i.e., insuring for catastrophic illness)
 - malpractice insurance increases the cost of doctors and keeps doctors from volunteering
 - Create a Workman's Comp-type of medical malpractice coverage and limit compensation to the claimants
 - Create a dedicated fund with a monthly national lottery to cover the costs of national health 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?**
- What is an "insurance-exchange"??
 - Employer plans vary in quality
 - Many areas (e.g., seasonal businesses) don't have the option of employer coverage
 - Medicare coverage works pretty seamlessly!
5. **Do you know how much your employer pays for health insurance? What should an employer's role be in a reformed health care system?**
- In school systems where the recipient paid nothing into the system, the school district paid from \$12,000-\$15,000/year for coverage for Husband & Wife only
 - Health care is a high cost to school districts (we ALL pay these costs in taxes)
 - Teacher's unions hold districts hostage over medical benefits which impedes negotiations on other issues
 - Portability is KEY! (healthcare should be removed from all financial/business decisions)

- A single-payer system would allow employers to concentrate on their business!
6. **Screening mammography, flu shots, and cholesterol screenings 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?**
- Medicare pays for these
 - Flu shots and cholesterol screenings are FREE in our area (paid for by the county)
 - We need more public educational programs to promote preventive services especially in the area of AIDS and STD (e.g., Mexico had a very successful program using soap operas to get the word out)
7. **How can public policy promote healthier lifestyles?**
- Public education campaigns
 - Promote preventive care (e.g., good diet, regular exercise, medical screenings)
 - Ensure the objectivity of the FDA in approving drugs (e.g., not allowing pharmaceutical companies to advertise prescription drugs)
 - Change the Farm Bill to subsidize healthy food not cheap fillers (e.g., cheap corn that shows up as corn syrup or corn additives in processed foods that contributes to overweight and diabetes)
 - Increase oversight of fast food restaurants
 - Promote labeling requirements (e.g., use of growth hormones, genetically modified ingredients, county of origin)
 - Promote the national good over regional self-interest
 - Create neighborhood clinics/hospitals for basic health care
 - Cut malpractice payments to attorneys from 33%-50% to 5%
 - Cut waste time and paperwork (e.g., multiple insurers, numerous forms, mailings, extra staff)
 - Advertising costs by private insurers contribute to excess costs
 - Add a program for basic dental care to complete the health package.