Summary Report

Voices for Health Care

Online Dialogue

Prepared for:

Viewpoint Learning Inc.
4660 La Jolla Village Drive
Suite 700
San Diego, CA 92122

Prepared by:

Rob Mariani and Bryan Myles
1-888-761-7306
www.ascentum.ca

Ascentum Incorporated
30 Rosemount Avenue, Suite 300
Ottawa, ON K1Y 1P4

ascentum

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1. Approach and Methodology

Voices for Health Care is a year-long multi-state research project that engaged leaders and the public in specialized dialogues to work through alternatives for health care reform and identify choices and tradeoffs both would support. (For more information on the project, go to www.voicesforhealthcare.org).

1.1 Objectives

The objective of the online dialogue was to seek input from citizens and stakeholders that would inform state and federal officials to further the development of health care policy in the United States. Specifically the process sought to:

1. Facilitate a conversation with citizens and stakeholders that explored their values and preferences for reforming health care.
2. Move participants past wishful thinking, requiring them to recognize and accept the consequences of their preferred approach to health care reform.
3. Break new ground by getting participants to contribute something new to the current policy discussion.

1.2 What We Did

Working with Viewpoint Learning, Ascentum designed an online process to bring people together in informed dialogue around the issue of health care reform in the United States. The dialogue took place using the Dialoguecircles.com® platform, designed to facilitate internet-based dialogue and deliberation. The online dialogue was held over a seven-day period allowing participants to contribute at any time, on their own time. Prior to taking part in the dialogue, participants completed an online choicebook. The choicebook helped frame four approaches to health care reform, providing participants with key elements and the pros and cons of each approach.

1.3 How We Did It

All of the participants in the online dialogue had previously completed an online "Choicebook" that explored possible approaches for health care reform, along with their associated implications and tradeoffs. After working through these choices and tradeoffs, people were given the option to sign up for the online dialogue. The online dialogue was structured into small, moderated groups. Of the 152 participants who signed up to take part, six groups were created. Participants were sent login information by e-mail, allowing them to access their online dialogue forum. Once inside the forum, the website allowed individuals to make contributions in the form of comments, questions, ideas, and replies.

In addition to being able to read and post in their dialogue forums, participants could also visit the other groups and observe their dialogue (but not post to other groups). Throughout the dialogue a number of participants reported that they had visited other groups and brought back ideas and comments they had observed from others. Each group was actively moderated for the duration of the dialogue. The moderator produced daily summaries highlighting the key themes from the previous day, posed key questions to provide

structure and focus to the conversation, and invited those participants who fell silent to share their views. The moderator played a key role in creating a unique experience that represents a shift away from the traditional discussion board format. In this approach individuals within each group are able to make a connection with each other and partake in a more meaningful discussion.

1.4 Participant and Group Profiles

The dialogue participants were divided into 6 groups. The following table provides a snapshot of the group composition:

Group	State(s)	Number of Participants
A	Kansas	25
B	Kansas	24
C	Ohio	23
D	Ohio	22
E	Mixed	29
F	Mixed*	29

* Facebook participants

For the state specific groups (A to D), a systematic approach was taken to diversify across three dimensions – gender, age and earnings. The remaining two groups were compiled of those individuals who identified themselves as residents from states other than Kansas or Ohio. Group F was composed uniquely of individuals who completed the choicebook on Facebook, a popular social networking website.

1.5 Dialogue Structure

The online dialogues were structured around three main questions that were posed to all the groups simultaneously on the first, third and fifth days of the conversation. The questions included:

Day 1 – How can we get more people health care coverage?

Day 3 – How can we make health care more affordable?

Day 5 – Who pays for health care and how?

The groups were allocated 2 days to discuss each question. Participants were given the freedom to address other issues that they felt were important to the topic of reforming health care. Day seven (7), the final day, was designed to wrap up the dialogues and help the groups identify areas of common ground. A high level summary representing each group's areas of general agreement is provided in **Appendix A**.

2. Group Profiles and Findings

This section of the report has been designed to present an overall profile of the individuals who took part in the dialogue and examine the makeup of the six (6) groups. Key demographic information and responses to questions posed in the choicebook have been extracted for analysis. What follows is the result of this work.

2.1 Dialogue Group Profiles

Of those who actively took part in the online dialogue sessions, 64% were women and 36% men. The age of participants ranged from 18 to 65 with the majority between the ages of 50 to 65 (57%) and 30 to 49 (33%). Almost all of the people who participated in the dialogue indicated that they had health insurance (95%) and 82% of those with health insurance said that they got it from either their employer or union or from that of their spouse or parents.

Just over 76% of those individuals who chose to participate in the online dialogue indicated their political views as either liberal (50%) or very liberal (26%) liberal. In comparison, of all the people who completed the choicebook, 60% described their political views as liberal or very liberal (43% and 17% respectively).

Regarding participants' views of health care in their state, 38% said it was in crisis and 52% said that it had major problems. Additionally, all the online dialogue participants (100%) were very worried or somewhat worried about health care costs today and in the future. In addition, 93% were very concerned or somewhat concerned about the quality of health care they receive now or will receive in the future.

After working through the four (4) choices for health care reform in the choicebook, participants were asked to rank them (with 1 being the most preferred choice and 4 being the least preferred). Overall, dialogue participants ranked the choices as follows:

1st. Choice 3: Public Health Insurance for All was ranked 1 or 2 by 83% of dialogue participants.
2nd. Choice 4: Coordination and Prevention was ranked 1 or 2 by 71% of dialogue participants.
3rd. Choice 1: Shared Responsibility was ranked 1 or 2 by 26% of dialogue participants.
4th. Choice 2: More Personal Responsibility was ranked 1 or 2 by 19% of dialogue participants.

2.1.1 Group A Profile

Group A participants were 50% men and 50% women all between the ages of 50 and 65. Each participant indicated they had health insurance obtained from their employer or union and were all either very satisfied (50%) or somewhat satisfied (50%) with their current health insurance plan. At the same time they all indicated that they were worried about the cost and quality of health care today and in the future. Half the individuals in Group A described their political views as either very liberal or liberal and the other half indicated they were moderate or very conservative.

Group A ranked the 4 options for health care reform in the following order.

1st. Choice 1: Shared Responsibility
2nd. Choice 3: Public Health Insurance for All
3rd. Choice 4: Coordination and Prevention
4th. Choice 2: More Personal Responsibility

2.1.2 Group B Profile

The participants in Group B were predominantly female (83%) between the ages of 30 to 49 (50%) with the remaining participants falling between the ages of 50 to 65 (33%) and 18 to 29 (17%). Participants in this group all indicated that they had health insurance obtained through their employer or union or from the employer or union of a spouse or parent. Of Group B participants, 50% were extremely satisfied or very satisfied with their current health insurance plan. The participants in Group B described their political views as predominantly liberal (84%) with 17% identifying themselves as very liberal and 67% as liberal. The remaining 16% described themselves as moderate conservative. All of the participants in this group indicated that health care in their state was either in a state of crises (33%) or that it has major problems (67%) and 100% said that they were very worried about health care costs today and in the future. Responses regarding the quality of care they receive now or will in the future were more varied as 50% were very concerned, 33% were somewhat concerned and 17% were not very concerned.

Group B ranked the 4 options for health care reform in the following order, indicating a clear preference for the Public Health Insurance for All approach.

1st. Choice 3: Public Health Insurance for All
2nd. Choice 4: Coordination and Prevention
3rd. Choice 1: Shared Responsibility
4th. Choice 2: More Personal Responsibility

2.1.3 Group C Profile

Group C was composed of 50% men and 50% women representing two age groups – 50 to 65 (63%) and 30 to 49 (37%). Almost 90% of Group C indicated that they had health insurance. The majority obtained their insurance through an employer or union or the employer or union of a spouse or parent (72%). The remaining members of Group C obtained their insurance from Medicare or a public program (14%) or through a self purchased plan (14%). Of those in Group C who had health insurance, 43% were extremely satisfied or very satisfied, with over half (57%) indicating they were somewhat satisfied. When describing health care in their state, 88% of participants said that it was either in crisis (50%) or had major problems (37%) with the remaining 12% indicating it had minor problems. All the participants in this group were very worried (75%) or somewhat worried (25%) about the cost of health care today and in the future and 87% were very concerned or somewhat concerned about the quality of health care they receive now or will receive in the future. Over

87% of the participants in Group C described their political views as either very liberal (25%) or liberal (63%) while the remaining 12% described themselves as moderate conservative.

Group C ranked the 4 options for health care reform in the following manner with a clear preference for the Public Health Insurance for All approach.

1st. Choice 3: Public Health Insurance for All
2nd. Choice 4: Coordination and Prevention
3rd. Choice 2: More Personal Responsibility
4th. Choice 1: Shared Responsibility

2.1.4 Group D Profile

Just over half the participants (57%) in Group D were female. Ages in this group varied from 30 to over 65 years with the majority of participants (71%) between the ages of 50 to 65. All Group D participants had health insurance obtained from an employer or a union or from the employer or union of a parent or spouse. Of those with health insurance, 71% were either very satisfied (14%) or somewhat satisfied (57%) with their current plan while 29% were not too satisfied. Over 85% of Group D participants described themselves as either very liberal (29%) or liberal (57%) while the remaining 15% were moderate conservative. Most participants (86%) described health care in their state as being either in crisis (57%) or having major problems (29%) while 14% indicated it had minor problems. Group D participants were very worried (86%) or somewhat worried (14%) about the cost of health care today and in the future and very concerned (86%) or somewhat concerned (14%) about the quality of health care now and in the future.

Group D ranked the 4 options for health care reform in the following manner, with a near tie between the ranking of choice 4: Coordination and Prevention and choice 3: Public Health Insurance for All.

1st. Choice 4: Coordination and Prevention
2nd. Choice 3: Public Health Insurance for All
3rd. Choice 1: Shared Responsibility
4th. Choice 2: More Personal Responsibility

2.1.5 Group E Profile

Participants of Group E were 70% female and 30% male. Most of the participants in this group were between the ages of 50 to 65 (60%), 30% were between 30 to 49 and 10% were 65 and older. All of Group E participants indicated that they had health insurance with 80% obtaining it through an employer or union of their own or that of a parent or spouse. Group E described their political views as very liberal (20%) or liberal (40%), 30% moderate conservative and 10% very conservative. When questioned about the state of health insurance in their state, 90% of Group E said it was either in crisis (40%) or that it had major problems (50%). All of the participants in this group were very worried about the costs of health care today and in the future. A

large majority (90%) of group E participants were either very concerned (60%) or somewhat concerned (30%) about the quality of care they receive now or will receive in the future.

Group E ranked the 4 options for health care reform indicating a preference for choice 4: Coordination and Prevention while choice 3: Public Health Insurance for All was a close second.

1st. Choice 4: Coordination and Prevention
2nd. Choice 3: Public Health Insurance for All
3rd. Choice 2: More Personal Responsibility
4th. Choice 1: Shared Responsibility

2.1.6 Group F Profile:

Group F was composed of 71% female and 29% male participants. The most prominent age category in this group was 30 to 49 (57%) followed by 50 to 65 (29%) and finally by those 65 and older (14%). Nearly 90% of Group F participants indicated that they had health insurance with half these people obtaining it from an employer or union of their own or that of a spouse or parent and the other half from a public program or a plan they bought themselves. All participants in this group felt that health care in their state was either in crisis (29%) or had major problems (71%). Similarly, all participants were either very worried (71%) or somewhat worried (29%) about the costs of health care today or in the future. All who participated in the Group F dialogue were either very concerned (43%) or somewhat concerned (57%) about the quality of health care they receive now or will receive in the future. Participants in Group F were mostly liberal (86%) as group members described their political views as very liberal (29%), liberal (57%) and 14% moderate conservative.

Group D ranked the 4 options for health care reform in the following manner, indicating a clear preference for the Public Health Insurance for All approach.

1st. Choice 3: Public Health Insurance for All
2nd. Choice 4: Coordination and Prevention
3rd. Choice 1: Shared Responsibility
4th. Choice 2: More Personal Responsibility

2.2 Key Themes Across All Groups

The following themes emerged from the six (6) dialogue groups and represent key areas of interest for moving the conversation around health care reform forward. Overall, most participants who engaged in the online dialogue were in favor of a single payer health care system and the majority of participants preferred a public health system paid for using various forms of taxation.

A. Public Health Care for All: The most apparent similarity evident across the group dialogues was the desire for a national health care system akin to the public health care systems that exist in other developed countries. When completing the choicebook almost 90% of dialogue participants indicated that universal coverage for all

legal residents was absolutely essential or very important. This sentiment was definitely reflected in the conversation in each group. At the same time it is important to note that not all participants agreed that public health care was the right approach. Some felt that changes could be made to the current health care system that would ensure everyone would have access to needed medical care without being placed in financial jeopardy. People across all groups agreed it was important that no one face financial ruin because of medical care.

While dialogue participants agreed for the most part that public health insurance was the most desirable option of the four, the level of support varied from group to group when people were asked if they would be willing to pay higher taxes so that everyone could have health insurance. Group B showed the strongest support with all participants in agreement of paying more taxes to ensure everyone could have health insurance. Group A and Group C indicated lower levels of agreement. Looking at the make up of Group A and C, the most distinguishable difference was that each had the highest proportion or men compared to the other groups. This may suggest that overall men were less willing to pay higher taxes so that everyone could have health care.

B. Do Away With Private Insurers: Closely related to the overall preference for a single payer system was a common concern that cut across all groups – a general dislike for the profit driven health insurance system that currently exists. This common concern of dialogue participants was also affirmed by data gathered from the online choicebook where 95% of dialogue participants said that they strongly support or somewhat support putting limits on the profits of health insurance companies.

Participants in all dialogues groups gave examples concerning the high overhead costs of health insurance companies compared to Medicare and Medicaid and voiced distrust in their decision-making practices. Participants felt that the money saved by eliminating health insurance companies could be spent on actual health care rather than advertising, administration, profit and executive salaries. These sentiments were captured in the online choicebook responses as well where all dialogue participants (100%) strongly agreed or somewhat agreed that a reformed health care system should have less overhead costs and less duplication of effort.

Dialogue participants also indicated that they did not see insurance companies as having their health as a priority; instead they believed profit reigned supreme and in fact, many did not trust insurance companies to cover necessary treatments recommended by their doctors.

C. Expanding Care to the Vulnerable and the Choice of Treatments: Expanding access to health care for vulnerable populations was also a theme that permeated much of the group discussions and an expressed focus on children was a topic that received a considerable amount of support both in the online dialogue and in the online choicebook where 98% of participants said that it was absolutely essential or very important that all children receive full health care coverage.

Another prominent theme in many of the group discussions was the notion that doctors and patients should be able to choose treatments they felt were best. This was consistent with results from the choicebook where

almost three-quarters of those who participated in the dialogue felt that a health insurance plan should cover any treatment recommended by a person's doctor.

Participants were also largely in agreement, both in the online choicebook and dialogue that removing insurance companies and/or their ability to deny coverage and treatments for various reasons would go a long way toward getting more people care. Specifically, 98% of all dialogue participants felt that this was absolutely essential or very important when asked this question. This support was reflected in the discussions across all groups.

D. Healthy Living and Prevention: There was agreement across all groups that a focus on preventative medicine and encouraging healthy lifestyles should be included in any health care reform. This suggestion was discussed primarily in terms of a way to lower the high cost of health care by reducing the number of people who will need to use it. These discussions also focused on ensuring that those who are more likely to use health care—those with unhealthy lifestyles who too often become chronically ill — will pay more for it.

E. Everyone is Required to Pay: There were a number of participants who felt everyone should be required to have health insurance and pay into a single coverage pool. There were also participants who identified this as acceptable but not as desirable as a public system. This sentiment was affirmed by the choicebook data where 78% of all dialogue participants strongly supported or somewhat supported everyone being required to have at least a basic health insurance plan.

3. In Focus – Group Dialogues

The following group summaries have been compiled based on the posts made by participants in each of the 6 dialogue groups. The summaries have been categorized by the three main questions asked to participants during the online dialogue.

3.1 Group A Summary

How to Get More People Coverage?

Universal health care for all: Overall, Group A was oriented toward the notion of a public health system for all. The first post was from a participant who had grown up in a military family and related that their family's medical care had been provided *"essentially free of charge"* and this experience had caused the individual to favor *"as close to a government-provided, universal health care system as possible."*

Doctors decide: The notion that doctors should decide the treatment that a patient should receive, rather than their insurance company, was also identified as a way to get more people care. In this regard, one of the participants suggested, *"we need to remove the authority of the insurance companies to disallow treatments just because."*

Extend coverage to all children: Members of Group A also indicated that coverage could be extended to all children by linking nurse practitioners with schools in order to address current gaps in child coverage. Some concern was expressed with this idea based on whether or not it would be economically sustainable given the nature of school budgets.

How Can We Make Health Care More Affordable?

A universal system: Participants indicated their desire for a universal health care system where everyone is required to contribute for health care coverage. In their view, increasing the amount of people paying into the system would lower the cost for those currently insured, thus making health care more affordable overall. This view appears to be consistent with the notion that as more people pay into an insurance-based model, the cost per individual would decrease.

Address inflated costs: In response to the second question, a number of participants also felt that costs were inflated to offset the insurance negotiated payment. Their discussion implied that by reducing what they perceived as artificially inflated costs the system would be made more affordable and thus more accessible.

Prevention and healthy living: Participants also expressed agreement with the notion that a system that focused on prevention and healthy living would eventually lower costs as fewer people would be accessing the system.

Who Pays and How?

Employers and employees: In response to the final question participants in Group A felt that the system should be paid for with tax dollars. One participant indicated that a universal system could be paid for using an "insurance tax" paid by employers and employees. While it was felt that this would not be a big change there was still a concern for those individuals who would be unable to pay deductibles and co-pays.

Other Observations

Health insurance vs. health care: Although participants expressed agreement on having a universal health care system, further discussion of their preferences indicated that there were different understandings of what a universal system actually means. On the one hand, a universal health care system was taken to mean a tax-funded system not based on the principles of insurance such as premiums, deductibles and co-pays. On the other hand, a universal health care system was understood as health care insurance available to all but which included the principles noted above.

3.2 Group B Summary

How to Get More People Coverage?

Expanding coverage to vulnerable groups: Overall, participants in Group B indicated a preference for a public health care system. One of the participants indicated that the ideal system would consist of free government supported care and that *"insurance provision by employers or reduced-cost insurance for the unemployed or children is an improvement"* but *"simply a step toward more dramatic change."*

While participants agreed that expanding care to more children was important a new problem was identified in terms of the large number of uninsured middle aged people who are increasingly facing fewer and fewer health insurance options. This situation was described as a result of having pre-existing conditions and perpetuated by being unemployed before age 65. Addressing this issue was suggested as a way to decrease the number of uninsured.

Less power for the insurance companies: A number of participants in this group suggested that there should be a significant reduction in the restrictions insurance companies place on those with pre-existing illnesses and conditions. This group felt strongly about having doctors decide treatments for patients and not insurance companies.

How Can We Make Health Care More Affordable?

Prevention and healthy living: Participants in Group B felt strongly about a focus on prevention and healthy living that would see those with unhealthy habits and behaviors paying more. One participant who self-identified as working in the health care profession said, *"I'd like to see preventive medicine being given front row and center."* Closely aligned with this position was a suggestion that health care costs could be brought down using alternative therapies such as physical therapy and massage, rather than expensive operations and drugs.

Non-physicians providing routine primary care: Group B also indicated that costs could be lowered with more nurse practitioners and highly trained non-physicians. For example, it was noted that *"first pass appointments by nurse practitioners might be a way to lower the costs of the system"* and that *"highly-trained non-physician folks in an office and one doctor as a part of a team to treat patients"* could present a lower-cost alternative to providing care.

Who Pays and How?

Tax funded: Participants in Group B were largely in favor of a universal health care system funded by tax dollars. As one participated responded "*I think that increased taxation - probably a combination of sales tax, income tax, and employer tax should be used to fund a national system."* One participant also speculated about a possible decline in stress-related illnesses if people did not have to worry about expensive health care costs. *"I would gladly pay higher taxes if I had better medical care, etc. I often think how stress driven diseases would be a thing of the past if American citizens were not so stressed about everything."*

Other Observations

Various quality concerns: Group B indicated a number of concerns that fell outside the purview of the three main questions. These concerns centered mainly around the topics of creating incentives to increase the number of primary care providers, having the freedom to purchase additional health care insurance in a public system and adopting a system of electronic health care records to prevent the duplication of mistakes and to facilitate better decision making. Concerning the issue of electronic records, a participant from Group B said, *"there are many things that a universal system could streamline [such as] electronic medical records so all your doctors have access. But I understand that a system like this would take some planning and will take time to implement (and yes I'm willing to pay higher taxes to fund it)."*

3.3 Group C Summary

How to Get More People Coverage?

A basic system that includes everyone: Overall, Group C agreed with the notion of a basic health care system available for everyone. A response that captures this group's sentiment was, *"Our nation's current state of economic competitiveness is hampered by a care delivery system that is too costly and leaves some citizens out of the pool. I believe reform needs to include everyone as a basic condition of being a citizen."* Although participants in Group C were in agreement about everyone having access to health care, the group was not in agreement concerning the preferred approach to achieving their vision. In this regard, a number of participants indicated that requiring everyone to have health insurance was the best course of action while others preferred a publicly funded health care system.

How Can We Make Health Care More Affordable?

Require everyone to have coverage: In terms of making health care more affordable, a number of participants indicated that requiring everyone to have health coverage would significantly increase the pool of people

paying into the system and as a result, bring down the high costs. A proponent provided the following input, *"I believe the employer-based system has outlived its usefulness. The employer-based system is there because it aggregates a large quantity of people under a single contract. We can do the same thing as individuals."* A number of participants also indicated that creating a system that would remove insurance companies from the picture could free up the large sums of money currently spent on "overhead".

Preventative medicine and healthy living: There were also a number of individuals in Group C who felt that many chronic diseases are preventable and that preventative medicine and the promotion of healthy living was an important factor for bringing down the cost of health care. One such participant suggested that "*institutions and activities that offer prevention services" should be recognized "as part of healthcare" and that "encouraging people to use them is an essential cultural change that would help with health care costs."* The participant concluded the statement by saying, *"our society needs to begin placing real support and incentives for the people in cooperative health prevention care."*

Non-physicians providing routine primary care: There was also agreement in this group concerning the use of nurse practitioners and highly trained non-physicians rather than doctors. This idea was suggested by one participant and elicited the following response from another, *"I applaud the concept of having patient's primary care and referral handled by diagnosticians working in consultation with specialists for those patients needing further treatment."*

Who Pays and How?

Everyone is required to pay vs. tax based: As noted above, participants in Group C differed in their position on the notion of a single payer system that requires everyone to have coverage versus a public health care plan funded by taxes. Those who favored a publicly funded system felt *"every American should have access to basic healthcare and no one should go broke paying for it."* Those for a publicly funded system also indicated that current programs such as Medicare have far lower overhead costs than private insurers. One of these participants, who identified themselves as an advocate for a public system, told the group *"Medicare has an administrative cost of around 3%. Private insurance overhead is typically ten times that. We cannot afford a for-profit healthcare system any more."* Another individual felt that *"forcing people to buy insurance just adds more paperwork and enforcement problems. Laws have to be enforced and it costs money for the agents to handle the cases. Make it simple, a health care tax according to one's ability to pay."*

On the other hand, a number of participants felt, in the interest of fairness, that everyone be required to pay for their coverage since everyone ends up paying anyway. Proponents suggested that this approach ensures that those who take the responsibility to get coverage do not end up paying for those who do not. *"One reason that costs are so high is because those who pay for health insurance are paying for those who use the system but do not have health insurance."* Others noted *"as there are consequences for people who use the highway and do not have auto insurance, so there should be consequences for people who use the healthcare system and do not have health insurance. Bear in mind, you are using the system even when you think you are not."* In reference to existing public programs, proponents cautioned *"the single payer systems of Medicare and Medicaid are no longer tenable. Many providers will not take either and those that do strictly limit time and care."*

Based on the strong opinions regarding who should pay and how, Group C was unable to reach agreement on this particular issue. However, even though the group was divided about who should pay and how there was agreement that the current employer based system had “outlived its usefulness.” Overall participants felt that a single payer system (understood as either a single pool that people pay into or a government system funded through taxation) was the preferred way forward. Similarly, participants in this group felt it fair to levy higher taxes on unhealthy behaviors indicating that *“cigarettes and tobacco could be taxed extra because the people using these things are going to use more healthcare.”*

3.4 Group D Summary

How to Get More People Health Care?

Universal health care for all: The majority of participants in n Group D suggested that the best way to get more people coverage was to create a universal, tax-funded system. There were others in this group that had reservations about this type of health care approach and expressed their concerns based on stories and experiences with national health care systems in other countries. At the same time, these individuals did express some agreement with a publicly funded system, often stating that it be combined with a privately based system. A participant of this persuasion said that *“perhaps some combination of private and public medical care is best but I don't really believe that a copy of the National Health (Great Britain) is the solution.”* This individual indicated that an American public system would need to overcome the challenges other national systems face, such as long waiting lists for specialty care, having to be referred to specialists by general practitioners and there being less access to cancer screenings and other preventative care measures.

How Can We Make Health Care More Affordable?

Group D put forward a number of suggestions for making health care more affordable. Echoing the suggestions put forward in the other groups, this group focused its attention on the use of nurse practitioners and other highly trained non-physicians as primary care providers and the promotion of healthy living and preventative care.

Non-physicians providing routine primary care: Some participants in Group D indicated that their personal experience had led them to believe that primary care providers do not necessarily have to be physicians. In this respect one participant suggested *“maybe what we need to do is encourage a sort of triage in the GP's office (similar to what I've seen in our local ER/ trauma hospitals) with nurse practitioners and/or physicians' aides screening out the minor ailments.”*

Prevention and healthy living: Participants in Group D also felt that prevention was an important factor that had the potential to lower the costs associated with health care. In one instance, remarks concerning prevention were brought up in reference to the insurance companies and a general attitude that these companies should not play a role in the system. This participant posted the question *“Why would the insurers want a less expensive and healthier population? They get to keep 15-20% of whatever we spend. Only a national program with everybody in and nobody out could reap the benefits of prevention for all of us.”* Similarly, in reference to the associations between prevention and cost, another participant said *“we need to think about how we keep people healthy and one way is to take a look at why they are getting sick!”*

No more co-pays: Group D also put forward a suggestion around the idea of doing away with co-pays as a step toward making the current system more affordable. Members of this group felt *"the burden of co-pays will fall heavily on the most vulnerable" and that "co-pays are too burdensome."*

Who Pays and How?

Everyone through various taxes: A large portion of the dialogue in Group D focused on the idea that a single payer, tax funded system was the best way forward. Some of the more specific recommendations put forward in this respect were in reference to the specific tax or taxes that should be used to fund the public system. A suggestion by one participant indicated a preference for a combination of sales or value added tax, sin (or sumptuary tax) that promotes healthy behavior, and income taxes as they are progressive and promote fairness.

Others were of a similar persuasion indicating that Medicare and Social Security are good examples of what the desired system would look like. A proponent felt *"everyone should bear the cost of a national health care system. The best models are Social Security and Medicare, these systems work by in large."* Similarly, another participant weighed in with the following, *"a single payer like Medicare for all has the power and potential to save money and improve quality."*

Other Observations

Lack of family and primary care doctors: Group D also touched on concepts that were not directly represented by the three main questions. They expressed quality of care concerns in relation to what they saw as a decreasing pool of family and primary care physicians. A participant remarked, *"fewer med students are going into primary care because the work is hard and the pay is bad relative to specialty practice. This needs to change and would most easily be changed by a public program that could redirect resources to primary care."* Also, in reference to improving quality of care, one participant introduced the medical home model to the Group. This participant noted *"there is a movement to promote what is called the primary care medical home where primary care doctors, NP's (nurse practitioners) and other care providers like dieticians, social workers and psychologists work as teams."*

3.5 Group E Summary

How to Get More People Health Care?

National Health Care System: The majority of participants in Group E felt the best way to get coverage to more people was to create a national, government funded health care system. These individuals, often citing statistics or experiences with public health care systems in other countries, indicated that the current system in the United States paled in comparison. One participant indicated *"by far, I prefer Public Health Care for All, as these models seem to be working for other countries as indexed by better health outcomes."*

Group E participants also took note of the difference between a tax funded system and a system in which everyone is required to obtain health coverage as represented in the following statement, *"we need to devise a government run national health care (not insurance) system for the country. If that national system takes the*

form of national health insurance that spreads the cost among our entire population thereby utilizing the principles of insurance; that would be acceptable. However, profit motivated private insurers should not be part of the system." Although some participants were willing to accept a system that ran on the principles of insurance the general attitude of Group E can be best represented by the following statement, *"I would like to see everyone in this country have the same health care regardless of income. Everyone should be entitled to the highest quality of care this country has to offer."*

Expand SCHIPS: Another suggestion, and one that was presented as a possible first step toward getting coverage to more Americans, was to expand the current health care program known as SCHIPS (State Children's Health Insurance Program) to children up to the age of 18 regardless of family income. Participants of Group E rated this idea quite favorably. There were other suggestions put forward for expanding coverage to children. One participant weighed in with the following, *"I'd like to see a return to the school-based care a lot of children used to get in the 1950s and 60s - when the Federal government realized it was in its interest to vaccinate, test vision and hearing, work on dental hygiene, monitor growth and check for TB."*

How Can We Make Health Care More Affordable?

Overhead and Red Tape: A large number of participants in Group E expressed a general distrust and hostility toward the companies that sell health insurance. Many of those who made comments in this regard felt that a large amount of money could be saved by removing these entities. One participant indicated *"some 43% of every dollar spent on health care in the U.S. goes to the vast bureaucracy that manages (or mismanages) insurance claims."* Others expressed similar concerns, noting *"the money wasted on administration, marketing, and brokering in the existing system will more than provide funds for basic health care for the currently uninsured percentage of the population."* A few of the participants in Group E also indicated that some overhead costs could be removed from the system through greater use of electronic records.

Profit and Greed: It is also important to note that nearly all the participants of Group E expressed that health care could be made more affordable if it were possible to remove the profit focus and greed that currently drives the system. One participant noted, *"we all seem to have common ground in our distrust of the insurance and pharmaceutical industries -- not only in the "services" they provide, but perhaps more importantly, in what they say and do to control the system for their profit."* In this regard, there were participants in the group who felt that *"there should be a limit with profit margins in health care."* And that *"greed has destroyed our health care system. Some of the billions made should go back into the health care system rather than to a handful of CEO's."*

***Prevention and Wellness*:** A trend that cut across all groups was a general agreement on the potential benefits of investing in prevention and wellness, including incentives and disincentives that would lead to healthier lifestyles. Participants recognized that there was a long term benefit to programs that reward people for staying healthy. One participant related, *"I wouldn't mind paying a percentage based on income for a plan that would give me what I should have including preventative care. And, yes, maybe I should get a percentage back at tax time if I take care of myself, eat right, appropriately use emergency rooms, etc."*

Who Pays and How?

Tax Dollars (income based): The majority of Group E participants were willing to pay into a single payer system with many of these individuals indicating that they would *"rather pay a health care tax to the government than an insurance premium to a predatory insurance company."* Though this was the sentiment expressed by most participants there was, as noted above, also an expressed desire for a single payer system regardless of the specifics of how such a system would be organized. As a participant with this opinion put it, *"I do expect to pay for health insurance -- I do not mind paying that amount to the government, an overseer pool, etc. -- the costs are spiraling out of control and while I do want the 45million (people uninsured) to have insurance -- I'm just as concerned about my family being able to afford it as well."*

It is pertinent to note that there were participants in Group E who did not support a public health system for all. The main concern among these individuals was that the system would be managed and run by the US government. A number of these individuals felt it necessary to discuss what they felt were inefficiently run Federal government departments, suggesting a federally run health care system would suffer under government management.

Government cash injection*:* With regards to government paying for a public health care system through tax dollars, there were some participants that indicated the government should be willing to start off such a system with a large cash injection similar to what is currently being provided to financial institutions. One of those who suggested this option felt, *"maybe our government can jump start the affordability by kicking in a trillion the first year, like it did for corporate industries. Then develop a health care tax based on income (say 3 % fixed rate of gross annual income) for a plan with no co-pays except for inappropriate ER use."*

3.6 Group F Summary

How to Get More People Coverage?

A national Health Care System: The majority of participants in Group F were in favor of the creation of a national health care system that was capable of improving access for everyone. The exact details concerning the best way to create this national system varied but in the end there was agreement on a Medicare type system for all. One of the members of Group F provided the following input, "*I think that those on Medicaid have the best insurance program, which incidentally is a government insurance plan, while those with insurance are being gouged for little or no benefits."*

Expand parameters of existing systems: In terms of getting more people health care coverage, Group F also suggested that as a first step toward a national system, the parameters of existing systems should be expanded. In particular participants indicated that the State Children's Health Insurance Program (SCHIP) should be expanded or revived.

Community Health Centers (CHCs): A number of participants in Group F had a large amount of experience with CHCs and a large part of this group's conversation focused on the perceived benefits and drawbacks of these centers. A need for improvement in the quality of care at CHCs was noted by a number of participants but by the end of the dialogue there was general agreement that increasing support for CHCs was a viable way

to get more people the health care they need. In this regard, increased funding, new CHC programs and new CHC locations were all put forward as a means to increasing the provision of care. One participant noted *"community health centers have proven to be one of the best investments for health care dollars. Increasing the number of CHCs and expanding the capacity of the existing centers would be a very cost efficient way to get started."*

Unethical denials of coverage: A number of participants in Group F indicated that more people could receive health care and health care coverage if there was greater attention paid to role insurance companies play in denying people coverage and setting rates. A participant expanded on this by saying *"one example of an unethical practice is the practice of reviewing members' prescription history and then adjusting healthcare coverage charges to anticipate the added cost associated with their illness."*

How Can We Make Health Care More Affordable?

Community Health Centers: CHCs also received consideration when discussing how to make health care more affordable. Community Health Centers were noted to keep costs down based on the fact that they practice preventative primary care and keep people out of emergency rooms. One CHC proponent said *"CHCs have proven themselves to be both effective and the most cost efficient way of serving the under served, at-risk, uninsured and medically fragile populations.*

Healthy living and prevention: Closely in-step with those who supported CHCs, participants expressed agreement with statements about the ability of preventative care and curbing unhealthy behaviors as ways to reduce the number of people accessing the system, thus lowering the cost.

Eliminating waste: As with a number of other groups, Group F was also concerned with eliminating what they described as waste in the current health care system. As noted by a Group F participant *"eliminating the waste in the health care system is necessary, e.g., health plan administration (marketing, billing, etc.)."* As the conversation moved on to the topic of hospital administration, one person said *"my biggest concern in this whole area is how hospital administration will take home huge salaries and bonuses while the hospital itself suffers and nurses are laid off due to budget constraints."* This participant went on to suggest that hospital administrators should take a cut in salary and those millions should be *"reallocated into medical care and indigent care programs"*

Profit seeking: Profit seeking was also identified as a concern of Group F and though not always stated explicitly, participants felt that eliminating this element was a means to getting more money into health care itself. *"In my opinion, our federal and state legal systems need to aggressively prosecute managed care companies for reaping obscene profits off of the medical system."* Another participant suggested reorganizing the managed care companies into non-profit entities, *"it is very hard for me to comprehend how one would reign in big businesses out for profit unless the government would step in and offer a better, more affordable alternative that would choke out the for-profit greed-based businesses"*

Who Pays and How?

Adjustments to the current system: Some participants suggested an increase in regulation for insurance companies such as introducing a cap on profit. This money would then be used to fund public programs. Also, participants suggested introducing profit sharing that would help to fund Medicaid.

Taxpayer funded: Many participants in Group F indicated a taxpayer-funded system was the best way forward. When one of the proponents for this option was addressed by another who felt *"this is socialized medicine"* the participant replied, *"if we can "socialize" our banking and automotive institutions by loaning them money, I think we can just as easily "socialize" medicine."*

Other Observations

Quality: Group F indicated they would like to see a primary care system in place that was more comprehensive and which would facilitate better health outcomes. One of the participants in this group felt *"primary care should consistently include dental, optical and behavioral/mental health care. In addition, care that is not "proven" (at least in many circles) including holistic, naturopathic and culturally appropriate should be recognized and covered."* Many participants agreed with this statement especially concerning a need for dental coverage.

4. Concluding Remarks

Based on the results of the dialogue it was evident that the majority of participants preferred a publicly funded health care system that moves away from the principles of the private insurance industry. This being the case, many were willing to accept reforms to the current employer based system as a step toward a more comprehensive public system. The reforms participants suggested ranged from preventative medicine and the promotion of healthy living to diminishing the power held by private insurance companies in determining treatments and coverage. Additionally, many participants were also willing to accept a public system based on the principles of insurance in which everyone paid into a single pool, thus lowering the cost overall. Participants were not in agreement as to who would control or operate this system as there were conflicting views regarding the extent of government involvement. The variables of affordability and availability were the most common elements across all conversations.

For many dialogue participants, health care was a moral, not a technical or political issue, and many saw health care as a right rather than as a commodity. In this sense, a significant majority of participants placed a high value on devising a system that was available to all and that would give everyone access to basic health care. Many of the participants communicated their values by expressing a clear preference for an approach that was not motivated by profit. The following quotes speak to this observation:

- "This is a solution that saves money, saves lives and is the just and moral thing to do" (Group D participant).
- "Human dignity requires we provide health care for all Ohioans" (Group D participant).
- "Medicine is not covered and they do not have the income to buy the meds. This, I feel, is deplorable" (Group F participant).
- "The right to life, liberty and the pursuit of happiness are infringed upon if you do not have your health and access to health care" (Group A participant).

The above quotations are only a small sample of the deeper principles and values that participants shared and which informed their choices and positions. Many of the conversations included a notion of responsibility for the welfare of others as well as often pointing out that the numerous problems that exist in the current system were a result of greed and a lack of respect, which amount to moral failings.

Overall, those who participated in the online dialogue contributed valuable input that will contribute to the national discourse on health care reform. Participants demonstrated an understanding of the consequences of their choices and a willingness to accept the costs associated with their preferences. They identified where common ground exists for moving forward on health care reform and broke new ground by providing creative and innovative ideas. Most of all, the participants clearly communicated that health care reform, specifically access to health care, is a matter of moral importance and a basic right for all Americans.

Appendix A: Group Summaries at a Glance

Group A

Getting more people health care:

- Government provided universal health care system
- Doctors decide what treatments and procedures are needed not insurance companies
- Begin by extending coverage to all children (more nurses providing care in schools)
- No exclusions for people with pre-existing illness or conditions

Making health care more affordable:

- More focus on teaching about and promoting health and prevention (bring down number of people using the system)
- All employers and all employees pay into a health insurance system (larger pool)

Who pays and how:

- Funded by tax payers
- Funded by employers and employees (like social security)

Group B

Getting more people health care:

- Universal/public health care system
- No exclusions for people with pre-existing illness or conditions
- As a first step, coverage should be expanded to all children
- Doctors decide what treatments and procedures are needed not insurance companies

Making health care more affordable:

- More focus on teaching about and promoting health and prevention (bring down number of people using the system)
- Use nurse practitioners and other highly trained non-physicians as primary providers
- Use alternative treatments to surgery and drugs

Who pays and how:

- Willing to pay higher taxes (income tax, employer tax, sales tax)

Other/quality care:

- Incentives to create more family and primary care doctors
- In a public system there should be a second tier for those who desire elective and untested treatments
- Electronic records (prevent duplication of mistakes and better decisions)

Group C

Getting more people health care:

- Create a system that includes everyone (basic health care for all)

Making health care more affordable:

- Require everyone to have insurance, the larger the pool the more prices will come down
- Remove insurance companies and free the money spent on their overhead.
- Have patient primary care and referral handled by diagnosticians in consultation with specialists
- Encourage and promote/reward healthy living and prevention (less people using the system will bring cost down)

Who Pays and How:

- Government/taxpayers (sliding scale taxes) **Or**
- Everyone is required to purchase insurance
    - Create large government sponsored (not government run) aggregate groups where individuals pay into a pool (employers can pay for employees or provide them a portion of the money to buy into the pool)

Other/quality care:

- Electronic records.
- Doctors and patients should decide treatments not insurance companies or government

Group D

Getting more people health care:

- Universal system.

Making health care more affordable:

- Use nurse practitioners and other highly trained non-physicians as primary providers
- No co-pays
- Encourage and promote/reward healthy living and prevention

Who Pays and How:

- Tax funded (similar to Medicare or (Social Security)
    - Possible taxes include VAT tax, "SIN" tax, Income tax

Other/quality care:

- Public programs to redirect resources to primary care.

Group E

Getting more people health care:

- National health care (not insurance). Government funded but possibly administered privately but adhering to government standards and regulations.
- Expand CHIPS to children up to 18 (first steps)

Making health care more affordable

- Money spent on the overhead of insurance companies in the current system can pay for the uninsured in a national system.
- Remove profit focus/greed
- Focus on prevention and wellness (including incentives and disincentives to promote healthy living)
- Reduce costs with paperless records
- If the system were one entity its purchasing power would be greater (costs would come down)

Who Pays and How:

- Tax dollars. (income based)
- Government can jump start by injecting cash

Other/quality care:

- Incentives to create more family and primary care doctors
- Electronic records (prevent duplication of mistakes and better decisions)

Group F

Getting more people health care:

- Create a national health care system
    - But create an agreement with the government that gives us ultimate decisions over our health care and make them promise not to penalize or prosecute us for the decisions we make concerning our health care.
- Expand SCHIP coverage (first steps)
- Make a commitment to serve anyone who needs help
- Denials for pre-existing illnesses and conditions is unethical
- Increase support for community health centers (CHCs)
    - Funding, programs, new locations
- Allow doctors to choose treatments (less interference from insurers)

Making health care more affordable

- Basic preventative care and programs to help people curb unhealthy behaviors such as poor eating and smoking (less people using the system makes less expensive).
- CHCs also keep cost down because they practice preventative primary care and keep people out of emergency rooms
- Eliminate the waste in the system (administration and high salaries, health plan administration, marketing, billing etc.)
- Stop the profit seeking and challenge the business practices of managed care companies
    - Possibly reorganize them as non-profit

Who Pays and How:

- Increase regulation for insurance companies, introduce caps on the industry's profit (use money to fund public programs)
- Regulate managed care companies (profit sharing to fund Medicaid programs)

Other/quality care:

- Include dental as part of a national health care plan