

Summary Report

We Can Not Fix What We Do Not Face A Panel and Audience Participation Forum on Health Reform and Health Coverage November. 14, 2008

On Nov. 14, 2008, over 130 people attended a forum on health reform, We Can Not Fix What We Do Not Face, held by San Diegans for Healthcare Coverage (SDHCC) and the San Diego Business Healthcare Connection (BHC). The forum series is designed to bring diverse San Diego constituency groups together to build a strong San Diego voice on health reform. This document summarizes the purpose and outcomes of the forum.

We wish to thank our forum sponsors who make it possible for us to organize these events. The forum was sponsored by The California Endowment, Alliance Healthcare Foundation, Ledford Enterprises, Consumer Center for Health Education and Advocacy, Council of Community Clinics, Brown Marketing Strategies, and Jennifer Danzig and Associates.

We also wish to thank all of you who participated in the forum and provided input and comments.

Purpose

San Diegans for Healthcare Coverage (SDHCC) is a unique, diverse coalition with a purpose of expanding health coverage and care to all San Diegans and focused on coalition building, education, achieving consensus and advocacy efforts towards that purpose. The San Diego Business Healthcare Connection (BHC) is a SDHCC subsidiary focused on outreach, education and coalition building within the business community. A fundamental premise of our activities is that working together will be more effective than reacting and responding to health reform proposals from our individual silos and bunkers.

The November 14, 2008 forum was the first in a series of forums intended to continue past efforts to achieve consensus, raise awareness and reinvigorate the discussion about health reform in the region. Past forums, focus groups, coalition surveys and meetings resulted in significant consensus and trade-offs on key principles and elements that should be included in health reform and health coverage expansion initiatives (Attachment 1: SDHCC Required Elements for Health Reform).

While the series builds on consensus positions already achieved, the November 14th forum's purpose was to launch discussions, generate interest and begin to incorporate the changes in the political and economic environment presented by a new presidential administration and the models that emerged at the State level. The next forum is scheduled for February 27th and will focus on models of coverage.

Forum Overview

The November 14, 2008 forum had an aggressive agenda (Attachment 2) and included a 6-member panel of key constituency leaders, a keynote (Peter Harbage), and a moderator (Tom Fudge, KPBS These Days). An Audience Response System (ARS) was utilized to secure audience participation; in addition, a evaluation and survey were conducted.

The keynote speaker was Peter Harbage, President of Harbage Consulting and a Senior Fellow at the Center for American Progress Action Fund. Peter spoke to The Cost of Doing Nothing: The Argument for National Health Reform. Peter's presentation addressed the failures of the existing system and future impacts from the perspective of individuals, business and government. Peter provided a clear message regarding the need for "A vision of the future so compelling so as to be worth the risk of change." Jan C. Spencley, Executive Director of SDHCC provided the background of the forum series, established principles and elements for reform, and charts and data related to the topics. Copies of presentations were distributed at the forum; individuals wishing to request a copy of these materials should email kmuienburg@sdbhc.org.

Forum Outcomes

The results from the audience response system survey have been summarized and translated into a series of statements; these statements will be incorporated into the SDHCC Required Elements for Health Reform and used both for advocacy and education, as well as serve as the base from which to expand consensus.

Comments and evaluations were reviewed carefully and participant input will be used in planning for the next forum and other efforts. Participant comments and input are most appreciated and welcome.

Survey Results: The survey questions posed during the Forum were designed to ascertain consensus, or lack thereof, on initial, key considerations for health reform solutions. The responses represented strong agreement across constituency groups and are summarized in the statements below; a detailed summary of the survey questions and results are provided as Attachment 3.

- 1) The healthcare system remains broken and has been getting worse
- 2) Achieving comprehensive health reform in the next four years is imperative
- 3) Reform approaches must carefully consider whether/where we can build on the existing system and where a complete overhaul is required.
- 4) Health coverage is not like any other market-based commodity or service; it should be accessible and affordable to everyone.
- 5) Simplification and consolidation of a fragmented system, including delivery and administration of services.
- 6) Comprehensive health and coverage reform needs to include:
 - a. Meaningful coverage providing access to medically necessary services
 - b. Affordability (within individual/family means to pay)
 - c. Administrative Simplicity (simplify/minimize administration and enrollment)

- d. Adequate reimbursement to healthcare providers, including elimination of the cost-shift that occurs today
 - e. Cost containment strategies and care guidelines
 - f. A focus on individual responsibility through incentives for healthy behavior
 - g. Program evaluation and the ability to make adjustments (or course corrections) to reform elements as needed.
- 7) Developing solutions, oversight and funding for coverage is everyone's responsibility (individuals, business and government).

Note that the follow-up paper survey asking individuals to rank the importance each item under #6 above confirmed the consensus on these items (the detailed paper survey results are included in Attachment 4)

Comments: Participant comments (93 written, some verbal) gave us a great deal to consider in the planning and design of the 2nd forum to be held February 27. Several themes emerged from participant comments submitted:

- 1) Questions asked did not address enough detail, key components or the controversial aspects of health reform. Many details were addressed in our earlier series of forums (Attachment 1); this forum was a continuation of those efforts and not a starting point; however, we feel we should have been clearer regarding the history and context. Second, we intend to raise more difficult and controversial concerns about health reform in the next two forums and through surveys; through those efforts, we hope to reach further points of consensus. To address more detail, however, will require that the forums be longer. Very importantly, we did reach consensus on extremely critical, broader issues resulting in a strengthened platform for advocacy and further consensus-building.
- 2) Why specific proposals (eg, SB 480 and HR 676) were not discussed. The objectives of this Forum were to identify barriers to any reform model and seek consensus on fundamental issues, rather than to focus on any specific proposal or model. The 2nd and 3rd forums will focus on models, and the specific proposals that are emerging at the federal and state levels.
- 3) More diversity on the panel; specifically, the pharmaceutical industry, the insurance industry and labor were raised. The panel was large relative to the time available and represented consumer advocates, hospitals, physicians, business, health policy and the community at-large. We were forced to prioritize and our highest priorities were the purchasers and providers of health care. We did attempt to secure Labor representation; however, despite significant efforts, we were unsuccessful. We solicit and welcome participation and input from all sectors. Further, not being on the panel does not imply that these and other sectors are not important to the solutions.
- 4) More audience participation. Given the time available, it was not possible to open the discussion up to the audience. To address this, future forums will be a longer

and organized to provide more opportunities for audience discussion and interaction. It is a difficult balance.

- 5) Questions led to the answers that people were “supposed” to give and the audience was all like-minded. There were no right answers to the questions; most limitations were due to restrictions imposed by the ARS system. In reviewing audience composition and comments, the audience was extremely diverse by both constituency group and opinions expressed; the only consistent was an interest in the health reform topic. We intend to provide more flexibility for opinions through augmenting with paper surveys.
- 6) A few participants mentioned the need for a plan of action – what are we going to do about this problem? SDHCC’s goal and purpose is to convene and build consensus and a stronger, more consistent community voice for advocacy for health reform and health access towards a healthier community. We have every intention of “doing something” but view our strength and value as both a collective voice and as individual organizations carrying the same messages.
- 7) And finally, on a lighter note, we promise the food will be better next time!

SDHCC is seeking additional input from forum participants to help in planning for the next forum. An online survey has been developed to secure that input and the link will accompany the distribution email for this report.

Evaluations. As noted in the comments above, there were those that would have liked additional information presented, a focus on a particular model, more detailed discussion regarding specific elements, options and/or controversial issues. There was a clear need to provide context and inclusion for many new to the coalition or forums. A few had some difficulty with the audience response system and the timing.

These comments are reflected in the survey evaluation; however, overall, more than ninety-five percent (95%) of participants found the forum to be Very Good or Good and ninety-two percent (92%) would attend another forum (Attachment 4).

Attachment 1
San Diegans for Healthcare Coverage
SDHCC Principles and Required Elements for Health Reform
(As of: 07/31/08)

- Access: All citizens and legal residents should have access to affordable healthcare coverage.
- Meaningful, Accessible Coverage: Establish meaningful basic/minimum benefit packages that encourage early intervention services (preventive care, disease management, healthy behavior incentives):

Service Category	Benefit Description
Primary Care: Services provided by primary care provider (PCP), including office visits, supplies and administered drugs; preventive, wellness exams and education.	Must select a PCP from a specific group/clinic in plan network. No coverage outside of designated group. May switch PCP through plan (HMO).
Specialty Care: Services provided by a specialist, including office visits, supplies and administered drugs and outpatient and inpatient consultations, maternity, surgery and other procedures.	On referral by PCP for initial consultation to group panel; prior approval for ongoing care; No coverage outside designated panel. (HMO)
Diagnostic: Laboratory, Radiology, Cardiac and other diagnostic tests and procedures ordered by a physician. Includes routine screening exams (mammograms, pap smears, colon exams)	Routine tests and screening ordered by PCP. Some expensive tests prior approved by plan. (HMO)
Hospital: In-patient hospital medical, surgical and maternity services or maternity delivery services and newborn care. All hospitalizations are approved and reviewed by plan.	Medically necessary hospitalization in hospital designated by primary physician and plan. (HMO)
Pharmacy: Prescription drugs ordered by your physician necessary to treat a medical condition.	Covers drugs through tiered system of generic, preferred and non-preferred only.
Rehabilitation Services: Outpatient Therapy, Home Health Care or Skilled Nursing Facility (SNF) services and equipment necessary to improve functioning following an illness or injury.	Medically necessary outpatient therapy and home health care; short term rental/ purchase of most required medical equipment at 80%; up to 30 days in a Skilled Nursing Facility for rehabilitation. All with plan approval.
Transplantation – Investigational: Organ transplant services and treatments still under investigation (e.g., drugs, devices, treatments)	Organ transplants covered at designated facilities for cases approved by health plan according to transplant criteria. Investigational services, drugs and devices not covered.
Mental Health: Outpatient and inpatient mental health and chemical dependency services.	Up to 20 visits per year for therapy; up to 20 days per year in hospital for mental health or chemical dependency treatment with prior plan approval.
Quality of Life: Services are not to treat a current medical condition but which may improve quality of life (e.g., Fertility treatments, Weight reduction, etc.)	Covers such things as weight-reduction program/procedures at 50%, infertility treatments at 50%
Dental: Services provided by a dental health professional to care for teeth.	X-rays, Cleanings each six months at no cost. \$50 deductible (\$150 per family), then 80% for basic dental services (filling cavities, removal of teeth, oral surgery). 50% for major dental services (crowns/bridges , repairs) Annual max \$2,000.
Vision: Eye examinations (including acuity, pressures, etc.), glasses and contact lenses.	Routine eye examination every two years; \$100 for glasses or lenses every two years.
Not Covered: Complementary Services (Acupuncture, Chiropractic), Experimental Services, non-emergency out of network or unauthorized services.	

- Premium Structure: Composite/modified composite premium rate structure (avoid unintended adverse selection impacts or consequences)

- Coverage Vehicles: Private coverage vehicles (not public program expansion)
- Affordability: Coverage and premium share should take family income into consideration:
 - Co-payment levels by family income category
 - Deductible levels by income category
 - Services exempt from deductibles (e.g., well-child care, screening exams, recommended periodic exams)
 - Deductible application after specified level of eligible expenses incurred and deductible levels by family income category
- Employer Participation: Incorporate incentives for employers to voluntarily provide coverage, especially those not currently providing coverage (premium assistance program through the workplace, state tax credits, etc.). Incentive program (premium assistance) should have defined benefit packages and options that avoid potential challenges for violation of federal law (e.g., ERISA). This is especially important for those employers with under 10 employees (50% of uninsured).
- Reimbursement: Adequate reimbursement for providers.
- Enrollment: Self declaration with verification and web-based enrollment option.
- Reinsurance: Offer government funded reinsurance program for both premium assistance program and for individual guaranteed issue programs rather than attempt to carve-out by disease; any program should ensure continuity of coverage and care, especially when an individual is diagnosed with a chronic disease.
- Cost Containment: Ensure transparency and reporting that allow for consumer options and encourages cost containment
- Administrative Simplicity: Incorporate requirements for easy enrollment in coverage through electronic, web-based systems and other means; minimize administrative burden on employers and employees; maximize opportunities for eligibility simplification rather than complicated and costly documentation requirements. .
- Local Outreach and Enrollment: Incorporate requirements for local outreach, education and enrollment; healthcare and networking relationships are local. .
- Evaluation and Sunset: Establish clear objectives for both process and outcomes, including measures and methods of measuring.

Attachment 2

We Can Not Fix What We Do Not Face A Panel and Audience Participation Forum on Health Reform and Health Coverage November. 14, 2008

Program – Agenda

Welcome and Introductions	Robert E. Hertzka, MD, President, SDHCC Board of Directors
Background-Overview – Working Assumptions	Jan C. Spencley, Executive Director, SDHCC
The Cost of Doing Nothing	Peter T. Harbage, Senior Fellow, American Progress Action Fund
Perspectives on the System of Providing Health Coverage	Jan C. Spencley, Executive Director, SDHCC
Fixing A Broken System: Facing the Issues:	Moderator: Tom Fudge, Host of KPBS These Days
<ul style="list-style-type: none">• Fundamental Values in Conflict• Facing the Barriers to Reform• The “M” Word: Requiring Coverage or Contributions	Panel: Karma Bass, CEO, Alliance Healthcare Foundation
Driving Towards a Solution – the Next Four Years	Robert E. Hertzka, MD, Past President, California Medical Association Gregory E. Knoll, Esq., Executive Director, Legal Aid of San Diego and Consumer Center for Health Education and Advocacy Richard Liekwig, CEO, UCSD Medical Center Vincent Mudd, Owner, San Diego Office Interiors and Board Member, San Diego Regional Chamber of Commerce

Attachment 3
We Can Not Fix What We Do Not Face
A Panel and Audience Participation Forum on
Audience Response System Survey Results

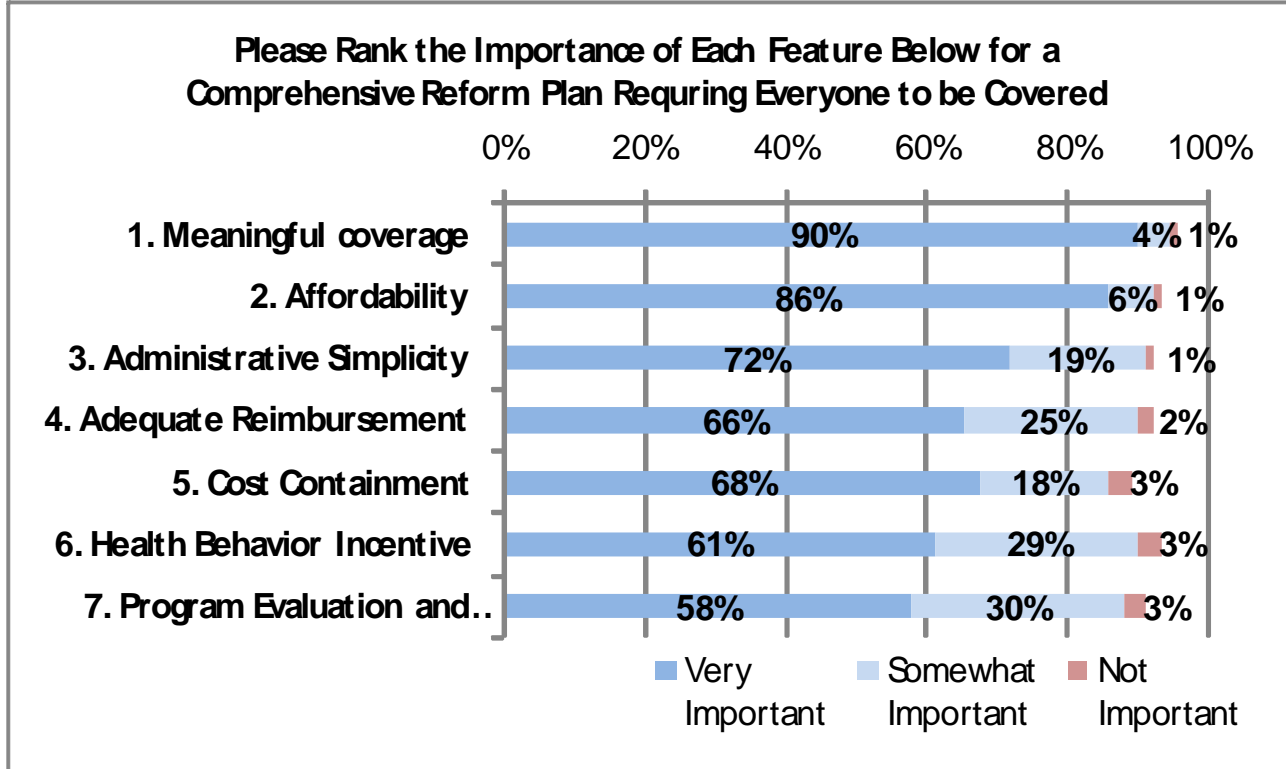
November, 14, 2008

Questions	%
1. What constituency group most appropriately represents you today?	
Broker-Agent/Health Plan/Insurance	15.3%
Foundation or Community Based Organization	17.7%
Business (owner, association)	13.7%
Labor	
Consumer (advocates, organizing project, etc)	10.5%
Healthcare Provider	19.4%
Government Agency	8.1%
Other	11.3%
Unidentified	4.0%
Total Respondents	100.0%
2. In the SDHCC 2004 Forum, 74% of respondents said that the healthcare system was broken and needed a complete overhaul. From your perspective, over the past three years, which statement below is most true?	
The System of Providing Healthcare Coverage Has:	100%
Gotten better	1.6%
Remained the same	21.0%
Gotten worse	77.4%
Total Respondents	100.0%
3. Should health coverage be the same as any other market-based commodity or service? In other words, if no one will insure you, or if you cannot afford the premium, you cannot get coverage.	
Yes, health coverage is like any other commodity or service	4.3%
No, health coverage should be accessible and affordable	95.7%
Total Respondents	100.0%
4. Should we build on what most agree is a broken system or does the system need a complete overhaul?	
Build on existing system of providing coverage	7.2%
Adopt a new model of providing coverage through complete overhaul	23.4%
Some combination of the two	72.1%

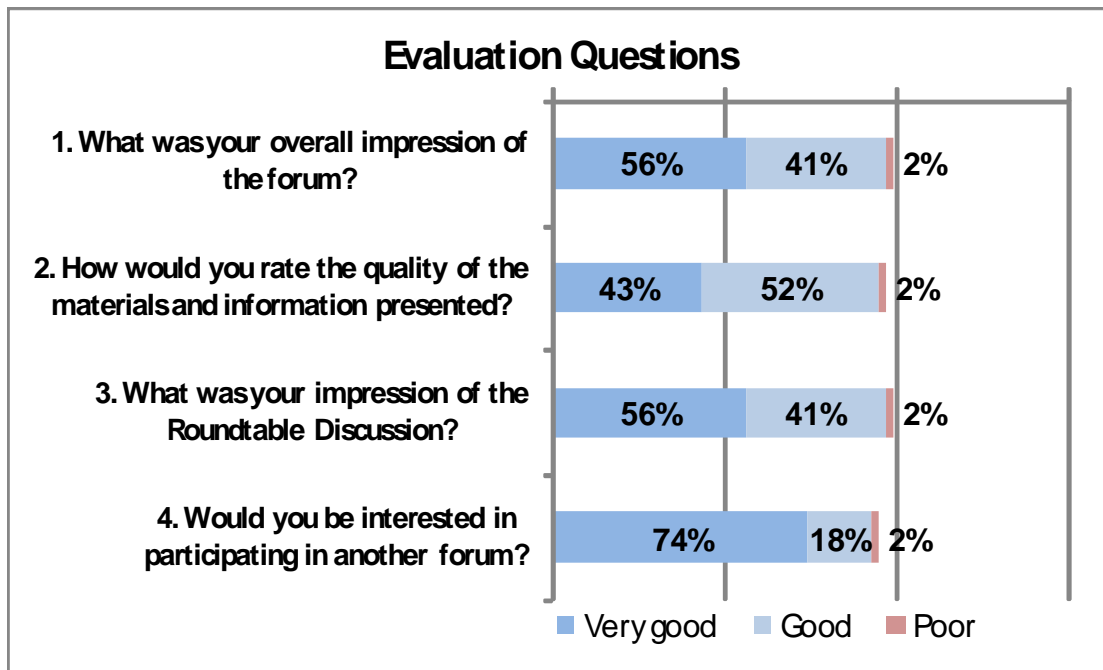
Questions	%
Total Respondents	100.0%
5. Should simplification and consolidation of the fragmented system be a goal of comprehensive health and coverage reform?	
Yes, simplification & consolidation of the fragmented system should be a goal	79.8%
Yes, simplification should be a goal of reform	9.27%
Yes, consolidating fragmented programs should be a goal of reform	8.3%
No, neither should be a goal of reform	2.7%
Total Respondents	100.0%
6. Should funding for coverage be the responsibility of:	
Individuals	6.9%
Business	2.0%
All of the Above (Individuals, Business and Government)	91.1%
Total Respondents	100.0%
7. What feature listed below, IF ANY, do you most believe DOES NOT need to be addressed in comprehensive reform requiring everyone to be covered?	
Meaningful Coverage (providing access to medically necessary services)	1.04%
Affordability (within individual/family means to pay)	0
Administrative Simplicity (simplify/minimize administration and enrollment)	2.1%
Adequate Reimbursement to health care providers (eliminate the cost shift)	4.2%
Cost Containment Strategies and Care Guidelines	1.0%
Healthy Behavior Incentives (e.g. smoking, obesity, etc)	4.2%
Program evaluation and adjustment (potential for course corrections)	4.2%
All the above features are required for successful reform	83.3%
Total Respondents	100%
8. Who needs to be actively engaged in developing solutions and ongoing oversight?	
Government	6.7%
Private Sector (business, healthcare, etc)	3.3%
Consumers	3.3%
Combination of Government, Private Sector and Consumers	86.7%
Total Respondents	100.0%
9. Over the next 4 years, how imperative is it that comprehensive health reform and meaningful coverage be achieved at the national or state level?	
Extremely Important	70.1%

Questions	%
Important	24.1%
Somewhat Important	1.2%
Not Important	4.6%
Total Respondents	100.0%

Attachment 4
November 14, 2008
Follow-up Survey Results (Question 7)*



Evaluation*



*Percent of Responses