

Council for Public Deliberation
Health Care Public Forum Series Final Report
May 26, 2004

From January 29-March 18, 2004 seven public forums were held around Columbus, OH in locations chosen to encourage a broad cross-section of the city to discuss the future of health care. Forums were held at the John Glenn Living and Learning Institute (on OSU campus), Covenant Presbyterian church, 3 independent libraries systems, (Columbus Metropolitan Main Library, Worthington Libraries Northwest Branch, and Bexley Public Library) and two forums (one for residents and one for the public) were held several weeks apart in Westminster Thurber Retirement Community. These forums were part of a series of national discussions which use an identical discussion framework that is non-partisan and objective.

Approach One: A linked network of information

Ideas expressed by participants:

- Medical information and insurance forms should be standardized. Redundancy occurs due to lack of communication and information sharing among health care service providers. Getting bills paid by insurance companies should be easier.
- The complexity of submitting insurance claims is daunting. Doctors' administrative staff may outnumber the doctors and nurses. There was support for using a Medical history information swipe card to simplify the process of sharing personal medical information. There were concerns about the security of these cards with names of doctors, medical records, and current prescriptions. This card could reduce the forms patients routinely fill out at doctor's offices as well as make medical information easier to share with doctors and insurance companies. However, it would be more difficult to protect privacy when the information is copied into databases in doctor's offices. Participants thought that a national database may not be secure.
- The high cost of malpractice insurance is having a detrimental effect. Legislators can set caps on awards for medical lawsuits which should reduce the amount doctor's have to pay for malpractice insurance.
- A medical lawsuit screening panel could eliminate some lawsuits before they go to court. There was concern about finding people that were unbiased (and willing) to serve on this panel.
- A networked health care service was discussed. Participants at three forums said that it provides high quality and effective care with medical information in a database accessible all over the country with no known impact on personal privacy. Care consisted of a health care team of professionals; nurse practitioner, doctor, nurse, nutritionist, social workers and specialists. The health care system

provided to members of Congress was also cited as a health care system that works and should be studied.

- Nurses and physician's assistants may take on increased responsibilities to decrease costs.
- A coordinated system would look at where services are needed on a regional basis.
- Coordination could prevent overmedication and non-compatible or redundant procedures.

Approach Two: Health care professionals and patients as partners

Ideas expressed by participants:

- Patients are their own best advocates in determining their care and should work *with* health care professionals in making decisions. Taking responsibility for health care decisions was seen as a positive means of working within the existing system of health care. Medical schools are teaching a more partnership-based approach.
- Participants suggested an expanded role for physicians' assistants, nurse practitioners and nutritionists to personalize care and support.
- The mobility of our society works against establishing partnerships.
- There is a growing (and in some cases critical) demand for service in rural and urban areas. A career in medicine is not as attractive as it once was due to the high cost of an education and malpractice insurance and the lower compensation from insurance companies. People would be more likely to choose a career in medicine if the cost of school and insurance weren't as high.
- Quality of care is good as long as you have good health insurance, not always true in rural settings. Grant Hospitals get a lot of out-of-county patients.
- Several participants thought that there needs to be incentives to live a healthy life. There was support for a sliding fee for insurance premiums—rewarding people who make healthy choices. Other participants thought that this may be discrimination. One person pointed out that if a person lived with a person who smoked, would they also get penalized?

Advocacy

One person thought that many people are able to better take responsibility for their own care, doing research on medications and procedures on the internet (www.medlineplus.gov). Increasingly, databases need to be prepared to be used by people without medical training. This personal responsibility was a positive means of working within the existing system of health care. However, concern was expressed that

people may not have the ability to research illnesses. People with little education and low-income or non-English speakers, may not be able to advocate for themselves.

Approach Three “Care for all, not just for some”

Ideas expressed by participants:

- More than half of the participants thought that basic health care should be available to all people, regardless of age or economic status. Participants thought that “basic” health care would include prenatal care, preventative care, immunizations and childcare, annual check-up, emergency care and catastrophic care. Dental care, mental health care and vision were also designated as important. Long term care should also be considered.
- Several people were conflicted about sacrificing quality and immediacy of health care for universal health care. Limiting and rationing of procedures has been documented in countries with single payor health care systems. However, many uninsured or low income people already have their health care rationed.
- Concern was expressed that doctors would leave the profession under a single payor system.
- Hospitals have to take people in need of critical care and this increases the cost of hospital care for those who can pay. Some people were concerned about the future of community hospitals. Neighborhood health centers target low-income populations, but there are not currently enough of them to provide the level of service needed. Mt Carmel Hospitals and AccessHealthColumbus are working to serve the health care needs of the uninsured.
- Some residents of nursing homes can’t afford health care (especially prescriptions) due to high and increasing costs for nursing home care.
- Health insurance should not be tied to an employer.
- People could pay into a federal-based plan based on income (means based). Everyone pays the same co-pay at the doctor’s office. A non-profit or government organization would oversee this project.

In Summary—ideas that appeared in the report summaries

- There is great concern about the future and current expense and availability of health care.
- There is a need to regulate prescription drug costs.
- There is a need to balance privacy and technology to make a Health Passport system (medical history on a patient’s swipe card) work.

- Most participants were willing to pay more in taxes for a health care system that would take care of all Americans. Some people didn't like the decreased availability of health care in some European countries with single payor systems.
- Need for tort reform: Setting limits on medical malpractice lawsuits should decrease the high cost of malpractice insurance.
- Concern was expressed that some people (indigent, homeless, foreign-born (new immigrants), etc.) don't have the ability to research illnesses and participate as a full partner in their care.
- Insurance Companies: Insurance companies are for-profit and must make money. "Controls" are impacting the quality of health care through limiting or rationing care to control costs.
- A Public Response: Participants thought that people need to talk more about the availability and quality of health care *and then contact policy makers to tell them what they believe should be done*. There were 33 comments on the 30 questionnaires collected from participants about the need to participate more by interacting with their representatives.

A national report is being created by Paul Werth Associates, of Columbus, OH. A televised summary titled "Public Voice 2004" will be shown on WOSU-TV later this year. To receive copies of the national report and an announcement of the date WOSU will show "Public Voice" contact:

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