Public Voices for Health Care in Kansas
Topline Findings

In March 2008 Viewpoint Learning, working in conjunction with the Kansas Health Consumer Coalition and the Kansas Health Institute, conducted three daylong *ChoiceDialogues* on health care reform in Kansas. These dialogues, supported by the W.K. Kellogg Foundation, were part of a project being conducted in several states designed to explore public views on health care reform and the tradeoffs the public is (and is not) willing to make to achieve a better system. The sessions (with approximately 30 people in each session) were conducted in Overland Park, Pittsburg and Garden City, and the total sample, while small, is demographically representative of the state population.

As a starting point for their discussion, participants were asked to consider different approaches to health care reform in light of three key questions: 1) how people should get their insurance, 2) how to make people healthier, and 3) who pays and how. The following findings represent the common ground similarities across all three Kansas dialogues; except where otherwise noted these findings closely track those in other parts of the country.

Where they started: Top concerns included:

- ***High – and rising – costs for coverage, care, and prescription drugs***. 62% of participants said they were "very concerned" about health care costs they were facing now or in the future. Participants with insurance found it was covering less and less of their medical expenses, and many were concerned that they could not afford to get sick.
- ***A shortage of doctors – especially specialists***. This was a particular concern in more rural areas, where people reported high turnover among providers (especially specialists). They noted that this hurts quality and continuity of care and often forces patients to travel great distances to get the care they need.
- ***An excessively complex health care system***. Most felt the current system is too difficult to navigate. Not only are people unaware of what their insurance does and does not cover, but the system as a whole is inefficient because of confusion among patients and providers alike.
- ***Anger at excess profits*** being reaped by insurance companies, drug companies and hospitals, and at insurers' willingness to turn away people in need. Many said that the health care industry too often puts profits ahead of people.

Many people felt frustrated in the face of a system that was costing more and delivering less. 93% of Kansas participants said the U.S. health care system is either in a state of crisis or has major problems.

We need to cover everybody. Participants began from a widespread agreement that it is not right for people to be denied coverage or care because of a pre-existing condition, or to be dropped from coverage when they get sick. Fixing this was their top priority – 85% said it was "absolutely essential" that any new health care system provide coverage that cannot be taken away.

At the outset, Kansas participants felt little urgency about the need to cover the uninsured – in part because relatively few dialogue participants were without insurance themselves (8% of Kansas participants, vs. 13% in the aggregate of all states in the project). Kansas participants also reported greater than average satisfaction with their health care (75% said the quality of care in their community was excellent or good, compared with 64% in the aggregate). But as they began to work through the issues, everyone – insured and uninsured alike – began to understand that this is not a minor or isolated problem. Most of the uninsured are working, paying taxes and playing by the rules. As they learned more about how the health care system works in general, they realized that everyone in the state was already paying

dearly to care for the uninsured. By the end of the day, **88% agreed that covering everyone in the state was 'absolutely essential' or 'very important.'**

The employer-based system may not be the way. How to cover everyone? Many participants valued the potential for choice and competition offered by a private employer-based system, but few believed that the current employer-based system was still up to the job. They noted that many people (part time workers, the self-employed) fall through the cracks. In addition, they saw the cost of providing coverage as a growing burden for many employers, so that fewer and fewer are able to offer it at all. 61% felt that Kansas companies would be more competitive if they didn't have to fund health care costs.

Coming to grips with the role of the state. Participants then considered the role of the state. They agreed quickly that the state could address some of the problems facing the current system. In particular they supported:

- *State incentives to increase the number of providers, especially in rural areas* – including both hiring incentives as well as scholarships to attract more students into the pipeline.
- *Stronger regulation of insurers*. They also supported a stronger state role in regulating insurers – capping profits and requiring insurers to cover all applicants regardless of pre-existing conditions or emerging health problems. 93% of participants supported capping insurer profits, and more than half (61%) supported it strongly.

Growing support for a state-run health care system. Going beyond this, most participants began to see some advantages to a state-run health care system – it would cover everyone regardless of circumstance, and it would not be driven by profit. It would ensure that coverage was non-revocable and completely portable. But many participants had major concerns about moving in this direction that they had to work through:

What about restrictions on choice? This was a serious obstacle for most people. Even in rural areas where people did not realistically have a choice about what doctor to see, the principle of being able to choose a provider and a course of treatment was paramount. Participants concluded that any public system would have to allow people to choose their own provider and allow for second opinions.

What should be covered and who will decide? This raised the question of what treatments should be covered – and participants quickly realized that unlimited choice would almost certainly be extremely expensive. Most felt that some kind of limits would have to be set.

- Evidence based medicine. Most agreed that decisions about what will be covered should be made by doctors and scientists based on what is likely to lead to good health outcomes – rather than today's system in which decisions are made by insurers interested in protecting the bottom line. 62% supported only covering treatments that have been proven effective. But participants were clear that ***any evidence-based protocol must provide a means for patients to appeal decisions and get second opinions***.

  Allow-buy-up with a two-tier system. To further ensure that people have choice, many participants expressed interest in a two-tier health insurance system. The state would provide basic coverage to everyone – including preventive medicine and protection against catastrophic illness or injury – while employers could offer supplemental coverage to employees (or individuals could purchase it themselves). Proponents said that such a system would reward hard work and preserve choice. In addition, it would encourage employers to stay in the game and compete for employees by offering supplemental benefits.

At the same time Kansans largely agreed that everyone is entitled to the same level of health care – only a minority (39%) felt that those who can pay more for health care should be able to get something better.[1] As they talked about the possibility, many saw a two-tier system as a compromise that would help address the concerns raised by participants with good coverage, some of whom were reluctant to change the current system if it meant they would wind up with something worse. How Kansans strike the balance between equity and rewarding hard work and initiative was extremely complex and bears further investigation.

What about paying for people who don't work or for illegal immigrants? While this was an initial concern for some, as they discussed it, most participants concluded that a workable health care system had to cover everyone in the state, regardless of economic or immigration status. Not only would this help control costs (by ensuring that people get care before minor ailments become more serious and expensive to treat), it was essential to improving public health. While people wanted to do something about illegal immigration, they agreed that health care system is not the place to enforce immigration law.

At the end of the day, **79% of Kansas participants supported switching to a publicly run health insurance program paid for by taxes**; only 21% supported staying with an employer-based system.

Making people healthier. Participants agreed that expanding access to health care was not enough by itself – they wanted a system that would make people healthier. They began by focusing on steps to improve wellness.

- *Improve preventive care*. Participants agreed that the first step to making Kansas healthier is to make sure that people have access to preventive care like screenings, vaccinations, and disease management. ***97% of participants supported putting more resources into preventive care***, and 65% supported it strongly.
- *Comprehensive care for children.* Participants emphasized that good care, especially preventive care, is especially important for children – it will pay off in improved health throughout the child's entire life. Participants agreed that ***all children must receive comprehensive care***, even if the state-provided baseline for adults is something less. 80% rated this as "absolutely essential."
- *Better health education.* Participants wanted to make sure that both children and adults have the tools and knowledge they need to make healthier choices.
- *Encourage healthy behavior.* 68% of participants strongly supported encouraging healthy behaviors like quitting smoking, exercising, and getting screenings. However, they were not in strong agreement about exactly how to encourage such behavior. Some supported financial incentives like lower premiums for people who engage in healthy behavior; others, however, wanted to focus on giving people more opportunities to do the right thing rather than tangible financial rewards (as one woman put it, "the reward is you don't get sick!"). Across the board participants were only willing to discuss this in terms of encouraging 'good' behavior – they rejected the idea of penalizing people for 'bad.'
- *Get employers into the game.* Participants suggested requiring employers to give employees time off for medical checkups, as well as incentives for employers to provide wellness programs or subsidize gym memberships for their workers.

Participants also agreed on several concrete steps to improve how care is delivered:

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[1] Kansans were somewhat more likely than participants in other states to support the idea that those who can pay more should be able to get something better –39% of Kansans agreed, vs. only 23% in the national aggregate.

- *Medical ID cards.* Participants strongly supported medical ID cards that give providers access to a patient's medical history. They agreed that the cards would improve quality and continuity of care, would help make the system simpler and more efficient and would prevent people from 'gaming' the system. Systems must be put in place to protect patients' privacy, but overall most participants agreed that the efficiency gains were worth some loss of privacy[2]. 68% of Kansas participants *strongly* supported using medical IDs to coordinate care.
- *Use other health care providers* like nurse practitioners to handle routine care. 91% of participants felt that these professionals could handle minor complaints as well as an MD.
- *Better coordination of care.* Most participants strongly supported the idea of a "medical home" ***provided that people would be able to choose their own primary provider***. Many felt that in today's system medical professionals (nurses, doctors, paraprofessionals and specialists) too often end up competing in ways that lead to inefficiency, duplication and bad outcomes. Participants felt that a more cooperative, patient-centered approach among medical professionals would improve patient care.

Everyone pays. Participants then turned to the question of who should pay for a better health care system, and how. They recognized that they ultimately pay no matter what – through taxes, wages, the cost of goods and services, insurance premiums, the cost of care and so forth – and that they were *already* paying for a system that did not meet their needs.

While some were convinced that a public system would cost less overall because of economies of scale, the bargaining power of the state, and a healthier population, others doubted that they personally would end up paying less. Most agreed that some additional revenue would probably be needed – and that everyone in the state has a stake in a better health care system and should make a contribution to paying for it.

- *Employers.* Participants supported a tax on corporate profits; they also hoped employers would offer supplemental coverage to employees.
- *Co-pays scaled to income.* Participants agreed that individuals have to bear some of the cost of their own care, for example through co-pays. A clear majority (59%) saw it as essential that everyone contributes something to the cost of their own health care.
- *Taxes.* Participants supported a combination of income taxes and sales taxes (with necessities like food and medicine exempted) so that the wealthy pay their fair share, but the poor pay something. Participants also suggested a role for "sin taxes" on tobacco and alcohol. By the end of the day, **80% of participants said they would be willing to pay higher taxes so that everyone can have health insurance.**

The effect of dialogue. Participants were engaged and energized by the dialogue experience. Many expressed surprise at the civility of the conversation and the amount of common ground found by such a diverse group of Kansans. They were also extremely grateful for the opportunity to be heard. The energy and hope generated by the dialogue is something leaders can tap into to build public support and momentum for real change and a healthier Kansas.

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[2] At least one participant noted that a major reason people want to keep their medical records private is that they fear losing coverage if an insurer detects a pre-existing condition – if insurance cannot be denied because of health status then this is no longer a factor.