



Kansas Voices for Health Care

Kansans deliberate the future of health care in their state

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Overview

- Project Objectives
- Polls/Focus Groups vs. *ChoiceDialogues*
- Project Findings



Project Goals

- To engage civic leaders and the public in Kansas in identifying health care reforms that:
 - Improve access and lower costs
 - Are significant and sustainable
 - Both employers and the public will support
- To reveal potential roadblocks and conditions for support
- To identify insights that leaders and others can use to move these health care reforms forward



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Project Outline

- Step 1: Strategic Dialogue with state leaders** to develop health reform scenarios for Kansas (November 2007)
- Step 2: ChoiceDialogues with representative samples of Kansas residents** to identify which reform scenarios the public will be willing to support and under what conditions (March/April 2008)
- Step 3: Report and Dissemination:** developing information and insights leaders can use to advance health care reform (June 2008)
- Step 4: Community Conversations and On-line Dialogue** (mid-2008) to engage a wider range of Kansans in a dialogue about health care reform



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Today's Agenda

- Initial briefing
- ChoiceDialogue video
- Presentation of key findings
- Table group reports and discussion: key questions and possibilities raised by the research
- Closing comments

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Polls/Focus Groups vs. ChoiceDialogues

ChoiceDialogue: A new research tool

- **A series of dialogues** with representative cross-sections of the public (35-40 participants in each session)
- **Eight-hour sessions** allow intense social learning
- **Dialogue organized** around 3-4 alternative scenarios developed in advance
- **Special workbook** sets agenda, gives background on issues, lays out pros and cons grounded in research
- **Facilitation** keeps people on track and in dialogue mode
- **Before and after measures** quantify shifts in preferences, coupled with qualitative analysis



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Focus Groups vs. ChoiceDialogues

Focus Groups	ChoiceDialogues
Two hours	Eight hours
8-12 participants	35-40 participants
Capture current thinking	Capture future thinking
Avoid changing minds	Explore how minds change
Participant learning is minimal	A huge amount of learning
Strong feelings controlled	Strong feelings elicited
Changes are random	Changes are significant



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Findings

Kansas ChoiceDialogues on Health Care Reform

- Three 8-hour sessions:
 - » Overland Park
 - » Pittsburg
 - » Garden City
- About 30 participants at each (total of 85)
- Participants randomly selected and a representative cross section of each region

ChoiceDialogue: Four Scenarios

Participants worked through four scenarios:

- Shared responsibility
- Increasing personal responsibility
- Public health insurance for all
- A coordinated wellness system

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Thinking it through: Where they started

Health Care in Kansas: We have serious concerns

- **Cost is putting good care out of reach**
 - 62% of participants "very concerned" about rising costs
 - » Prescription costs are "outrageous"
 - » Many feel underinsured
 - Insurance covers less and less
 - Greater out of pocket costs
 - "I can't afford to get sick"
- **Shortage of physicians; especially specialists**
 - Kansans in rural areas have more difficulty accessing quality care
 - High turnover among providers, especially in rural areas
 - Interruptions in continuity of care

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Thinking it through: Where they started (cont'd)

- **An excessively complex health care system**
 - Patients have difficulty navigating and understanding the system
 - Complexity leads to inefficient care
- **Anger, frustration & powerlessness**
 - Insurers, drug companies, hospitals are profiting while people in need are turned away
 - We are paying more and getting less

Something has to change!



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Thinking it through: An employer-based system?

- **Growing agreement that we need to cover everyone (88% agree this is "essential" or "very important").**
 - It's not right to deny coverage due to pre-existing conditions
 - It's not right for people to go without care when they need it
 - We all pay for the cost of treating those without
- **The current employer-based system has problems**
 - We value the potential for choice and competition
 - However, the employer based system:
 - » Leaves too many people out (e.g. part time workers, etc.)
 - » Burdens employers
 - » Does not address rising cost



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Thinking it through:
What is the role of the state?

- **Things the state can and should do**
 - Bring more physicians to the state
 - » Provide incentives for doctors to work in Kansas; scholarships to bring in new providers
 - Oversee & regulate insurance industry
 - » Require that coverage is offered regardless of pre-existing conditions
 - » Cap insurance company profits: **93% support capping insurer profits**; 61% *strongly* support.
 - But a state-run health system?



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Thinking it through:
A public system?

But a state-run health care system?

WE HAVE TO THINK ABOUT THIS



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Thinking it through: Concerns about a public system

In Kansas, concerns about a publicly run insurance system center on limitation of choice and who should be covered

ON THE ONE HAND...

- Restriction on choice is unacceptable on principle; we must be able to choose our providers and course of treatment
- We shouldn't have to pay for people who don't work or illegal immigrants

ON THE OTHER HAND...

- Unlimited choice is too expensive; some kind of limits are necessary
 - » 62 % support evidence based medicine; *must* provide second opinions and an appeals process
 - The health care system is not the place to enforce immigration law
- We want to lower everyone's costs - and ***that means everyone has to be covered***



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Thinking it through: How should we get insurance?

A tiered system will encourage people to take more responsibility and allow employers to play a role

- State provides basic coverage
 - » All Kansans covered regardless of circumstance
 - » Simplifies current system
 - » Should reduce cost
- Employers can provide supplemental coverage
 - » Incentive for attracting best workers
 - » Allows ability to buy up
 - » Individuals can also purchase supplemental coverage themselves

Ultimately, 79% of KS participants supported switching to a publicly run system; only 21% supported sticking with the current system.



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Thinking it through: How can we make Kansans healthier?

- **Improve prevention and access to care**
 - **97% support putting more resources into preventive care**, and 65% supported it strongly
 - All children receive comprehensive care
- **Focus on creating wellness**
 - Health education for children & adults
 - Encouraging healthy behavior
 - » Some support for tangible incentives for healthy behavior
 - » Provide opportunities to choose healthy lifestyle
 - » Get employers into the game - provide wellness programs etc.

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Thinking it through: How can we make Kansans healthier? (cont'd)

- **Improve delivery of care**
 - Medical ID cards
 - » More coordinated and efficient delivery of care
 - » Improve quality and continuity of care
 - » **68% of KS participants strongly supported using technology to improve medical record keeping and better coordinate care**
 - Use other health care providers (e.g. nurse practitioners)
 - Better coordination of care
 - » Strong support for “medical home” - provided people could choose their own primary provider
 - » More cooperative holistic approach amongst providers

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Thinking it through: Who pays and how?

Everyone in the state has a stake in the system - so everyone must pay something

- Employers pay
 - Tax on corporate profits
 - Can provide supplemental coverage
- Co-pays scaled to income
 - 59% say its essential for everybody to contribute something
- Combination of sales tax, income tax & sin taxes
 - Sales tax (everyone pays) - but exempting necessities like food & medicine
 - Income tax (wealthy pay more) on individuals and businesses
 - Sin tax: tobacco, alcohol & junk food

80% of participants said they would be willing to pay higher taxes so that everyone can have health insurance



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Questions for Groups

- What is the most surprising or important thing you have heard and what opportunities does it present for you to work together to advance health care reform in Kansas?
- What are one or two questions you have about this research?



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Ground Rules of Dialogue

The purpose of dialogue is to understand and learn from one another. You cannot “win” a dialogue.

- All dialogue participants speak for themselves, not as representatives of groups or special interests
- Treat everyone in a dialogue as an equal: leave role, status and stereotypes at the door
- Be open and listen to others even when you disagree; resist the temptation to rush to judgment
- Search for assumptions (especially your own)
- Look for common ground