

Public Voices for Health Care in Ohio Topline Findings

In March 2008 Viewpoint Learning, working in conjunction with the Universal Health Care Action Network of Ohio (UHCAN) and the Ohio Health Policy Institute, conducted three daylong ChoiceDialogues on health care reform in Ohio. 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 35-40 people in each session) were conducted in Columbus, Cincinnati and Akron, and the sample 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 Ohio dialogues; except where otherwise noted these findings closely track those in other parts of the country.

Where they started: Top concerns included:

- ***The large number of uninsured:*** Participants were troubled that so many Ohioans are uninsured – including many of the state’s children. 11% of Ohio participants were without insurance, and many more had friends or family members who were uninsured. Participants were dismayed that a country as wealthy as America is struggling to give people access to basic care.
- ***Growing insecurity.*** Even those who had insurance did not feel secure. Many participants worried that they would lose their coverage if they lost or changed jobs, or if they became seriously ill. Fixing this was their top priority – 75% said it was “absolutely essential” that people have coverage that cannot be taken away.
- ***High – and rising – costs for coverage, care, and prescription drugs.*** 58% 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 an accident or serious illness could drive them into bankruptcy. They also noted that rising costs made it more difficult for employers to offer coverage.
- ***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. 92% of Ohio participants said the U.S. health care system is either in a state of crisis or has major problems.

We need to cover everybody. At the outset, many participants focused on their individual struggles with finding and affording quality care. But as they began to work through the issues, everyone – insured and uninsured alike – began to understand that their individual problems are part of a much larger picture. The insurance crisis is not an isolated problem or one that only affects the destitute: most people without insurance work, pay taxes and play by the rules. As participants learned more about how the health care system works in general, they realized that everyone in the state is 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 who had good employer-provided coverage were reluctant to change it. Even so, few believed that the current employer-based system was up to the job of providing coverage for everyone in the state. Not only do

Public Voices for Health Care in Ohio
Topline Findings

many people fall through the cracks (like part time workers, the self-employed), fewer and fewer employers are able to meet the rising cost at all.

Coming to grips with the role of the state. Participants then considered whether the state could address more of the problems facing the current system. They agreed quickly that the state has a responsibility to care for the destitute. In addition they supported a stronger state role in regulating insurers – capping profits and requiring insurers to cover all applicants even if they get sick or have a pre-existing condition. 85% of participants supported capping insurer profits, and more than half (60%) 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 for all Ohioans – it could cover everyone regardless of circumstance, and it would not be driven by profit. It would ensure that coverage was non-revocable and completely portable, and it would have greater bargaining power with drug companies, doctors and hospitals. But many participants had to work through major concerns. These were especially acute for participants with good coverage, many of whom were reluctant to change the system if it meant they could wind up with something worse.

What about restrictions on choice? This was a serious obstacle for most – people did not want to hand over all decisions about their care to a state bureaucracy, especially one that did not allow them to choose their own doctor. 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 be impractical and costly. 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 by insurance companies focusing on the bottom line. 57% supported covering only 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.*** Many expressed interest in a two-tier health insurance system in which 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, preserve choice and provide some assurance that those currently enjoying good benefits would not end up with something worse. In addition, it would encourage employers to stay in the game and compete for employees by offering supplemental benefits.

This idea of a two-tier system was popular in all the states in this project. Overall Ohioans defined basic coverage more generously than participants in other states: most wanted “basic” coverage to include preventive care, disease management, mental health services, drug/alcohol treatment, and prescription drug coverage. As they saw it supplemental coverage would cover “extras” like private rooms, treatments that fall outside “evidence based medicine” protocols, or shorter waits for non-emergency procedures. Ohioans were also more concerned than respondents in other states that the health system not have big inequities based on ability to pay: 82% of Ohioans said that “everyone is entitled to the same level of health care” while 15% said that people who can pay more should be able to get something better. (In the aggregate of all states in the project these figures were 75% and 23% respectively.)

Public Voices for Health Care in Ohio
Topline Findings

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 residing in the state, regardless of economic or immigration status. Leaving people out would lead to higher costs (as people delay treatment until minor ailments are serious and more costly to treat) and could harm public health. Most finally concluded that since everyone living in the state would be paying into the system in some way, all state residents (citizens or not) should get the benefit.

At the end of the day, **80% of Ohio participants supported switching to a publicly run health insurance program paid for by taxes**; only 18% 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 overwhelmingly supported improving access to preventive care like screenings, vaccinations, and disease management. **98% of participants supported putting more resources into preventive care**, and 71% supported it strongly. This was the first and most important step to making people healthier.
- ***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. 77% 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.*** 84% of participants supported encouraging healthy behaviors like quitting smoking, exercising, and getting screenings (59% strongly support). They also recognized the need to address systemic obstacles that make it more difficult for people to engage in healthy behaviors (high cost of fresh produce, lack of safe places to walk or bicycle). While they preferred offering incentives for ‘good’ behavior to penalizing people for ‘bad,’ Ohioans were somewhat more willing than participants in other states to consider sticks as well as carrots – for instance, several wanted to require people to get regular preventive care and screenings and to raise their co-pays or premiums if they did not.
- ***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:

- ***Medical ID cards.*** Participants 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 abusing the system. Ohio participants expressed particularly strong concerns about protecting patients' privacy – but if they could be confident that medical information would be secure they supported the use of such cards. 61% of Ohio participants *strongly* supported using medical IDs to coordinate care.
- ***Use other health care providers*** like nurse practitioners to handle routine care. 83% of participants felt that these professionals could handle most minor complaints as well as an MD.

Public Voices for Health Care in Ohio
Topline Findings

- ***Better coordination of care.*** Most participants supported the idea of a “medical home” ***provided that people would be able to choose their primary provider and appeal decisions about care.*** Many felt that today’s system focused more on treating disease than treating the person: 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.

- ***Clarify the real cost of care.*** In the current system different people are charged different amounts for the same procedure. As a first step to paying for a universal system, Ohio participants wanted to see a more transparent and systematic accounting for how much care costs.

While some believed that a public system would cost less overall because of the bargaining power of the state, getting profit out of the system 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/deductibles scaled to income.*** Participants agreed that individuals have to bear some of the cost of their own care, for example through co-pays or deductibles. However, it was important that these payments be scaled to income: most participants (60%) felt that high out-of-pocket costs would discourage low income people from getting needed care.
- ***Taxes.*** Most participants supported some combination of income taxes and sales taxes so that the wealthy pay their fair share, but the poor pay something. Participants also suggested a role for “sin taxes” on tobacco, alcohol and gambling. However, they would only pay more taxes if the money was earmarked for health care and the system provides a clear and transparent accounting of how dollars are being spent. **By the end of the day, 76% of Ohio 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 Ohioans. 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 Ohio.