



Ohio Voices for Health Care

Ohioans deliberate the future of health care in their state

Columbus, OH

June 4, 2008

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Overview

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

Project Goals

- To engage civic leaders and the public in Ohio 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

Project Outline

- Step 1: Strategic Dialogue with state leaders** to develop health reform scenarios for Ohio (November 2007)
- Step 2: ChoiceDialogues with representative samples of Ohio 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 Dialogues and On-line Dialogue,** (mid-2008) to engage a wider range of Ohioans in a dialogue about health care reform

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

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

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

Findings

Ohio Choice Dialogues on Health Care Reform

- Three 8-hour sessions:
 - » Cincinnati
 - » Akron
 - » Columbus
- 30-45 participants at each (total of 114)
- 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

Thinking it through: Where they started

Health Care in Ohio: We have serious concerns

- ***Many Ohioans uninsured***
 - 11% of Ohio participants without insurance (representative of state)
 - Strong concern for uninsured children
- ***High and rising costs for coverage, care and prescriptions***
 - 58% of participants “very concerned” about health care costs they face now or in the future
 - Rising costs make it more difficult for employers to offer coverage

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

- ***Growing insecurity***

- Fear of losing insurance due to job change or serious illness
- Insurance covers less - out of pocket costs higher

- ***Anger at excess profits***

- Insurers, drug companies, hospitals are getting rich
- Profit placed ahead of people (esp. those in need)

Something has to change!

Thinking it through:

An employer-based system?

- **We need to cover everyone** (88% rate as “essential” or “very important”).
 - This is not an isolated problem - it affects us all
 - We all pay for the cost of treating those without insurance
- **The employer-based system may not be the answer**
 - Some participants were reluctant to change (especially those with good employer-provided coverage)
 - But others noted that the employer-based system:
 - » Leaves too many people out (e.g. part time workers, etc.)
 - » Employers can't afford to offer coverage
 - » Does not address rising cost

Thinking it through: **A public system?**

But a state-run health care system?

WE HAVE TO THINK ABOUT THIS

Thinking it through:

What is the role of the state?

- **Things the state can and should do**

- Care for the destitute
- Oversee & regulate insurance industry
 - » Require that coverage is offered regardless of pre-existing conditions
 - » Cap insurance company profits: 85% **support capping insurer profits**; 60% *strongly* support.
- But do we want the state to run a health care system?
 - » There are some advantages
 - Covers all Ohioans regardless of circumstance
 - Not driven by profit

Thinking it through:

Concerns about a public system

Concerns about a publicly run insurance system center on limits on choice and quality of care.

ON THE ONE HAND...

Choice of physician should not be regulated by some impersonal state bureaucracy

Concerns about what will be covered and who will decide

The quality of a state run system might be worse than what I have now

ON THE OTHER HAND...

↑ There are ways to work choice of physicians into the system

↑ Unlimited choice of care too expensive; some limits necessary

57% support evidence based medicine; *must* provide second opinions and an appeals process

↑ A tiered system could allow people to buy up

Thinking it through: How should we get insurance?

A tiered system

- ***State provides basic coverage***
 - » All Ohioans covered regardless of circumstance
 - » Includes preventive care and protection against catastrophic illness or injury
 - » Ohioans define “basic coverage” more generously than in other states.
- ***Employers can provide supplemental coverage*** (or individuals can purchase it themselves)
 - » Incentive for attracting best workers
 - » Allows people to get “extras” like private rooms, experimental treatments

This will reward hard work, preserve choice and provide quality coverage

Thinking it through: **How should we get insurance?**

Ultimately, 80% of OH participants supported switching to a publicly run system;

- Only 18% supported sticking with the current employer based system.

Thinking it through:

How can we make Ohioans healthier?

- ***Improve prevention***

- **98% of participants supported putting more resources into preventive care**
- This was the first and most important step

- **Comprehensive care for children**

- Good preventive care is especially important for children
- 77% said that all children must receive comprehensive care,

Thinking it through:

How can we make Ohioans healthier? *(cont'd)*

- ***Better health education for children and adults***
- ***Encourage healthy behavior***
 - 84% of participants supported encouraging healthy behavior like quitting smoking, exercise and screenings
 - Recognition of need to address systemic obstacles to healthier behavior (e.g. high cost of fresh produce)
 - More willing than in other states to consider sticks as well as carrots

Thinking it through:

How can we make Ohioans healthier? *(cont'd)*

- **Employers have a role to play**

- On-site wellness programs
- Time off for medical checkups etc.

- **Improve delivery of care**

- Medical ID cards for all state residents
 - » Improve quality and continuity of care
 - » Must address security and privacy concerns
- Use other health care providers (e.g. nurse practitioners)
 - » 83% felt that these professionals can handle routine care as well as MDs
- Better coordination of care
 - » Support for idea of “medical home” provided people can choose primary provider and appeal decisions about care

Thinking it through: Who pays and how?

Everyone must pay something

- Clarify real cost of care
 - As a first step Ohio participants wanted to see more transparency and systematic accounting for costs of care
- Employers pay
 - Through a tax on corporate profits & by providing supplemental coverage
- Co-pays scaled to income; everyone pays something
 - 60% say high out-of-pocket costs would discourage low income people from getting needed care
- Combination of sales tax, income tax & sin taxes
 - Only pay more if dollars earmarked and transparency improved
 - Sales tax (everyone pays) - but exempting necessities like food & medicine
 - Income tax-those with higher incomes pay more
 - Sin tax: tobacco, alcohol, casinos & junk food

**76% of participants willing to pay higher taxes
so that everyone can have health insurance**

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 Ohio?
- What are one or two questions you have about this research?

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