

Preliminary Report

Tough Choices in Health Care

May 21, 2005

Biddeford, Orono



More than 300 residents in two sites across Maine gathered on May 21 for an innovative statewide focus group, "Tough Choices in Health Care." The goal of the day-long meeting was to hear from Maine people on their opinions and values about health and healthcare. During the meeting, participants were asked to evaluate tough choices and options intended to help Maine reach the goal of becoming the healthiest state in the country. The exercise did not include every possible choice, but laid out a limited variety of options.

Governor Baldacci and his office of Health Policy and Finance were the primary sponsors of the meeting and the Maine Health Access Foundation was the primary underwriter. Many organizations participated in planning for the meeting, particularly the Margaret Chase Smith Policy Center at UMaine, USM's Muskie School, the UMaine Cooperative Extension, and the National Academy for State Health Policy.

Participants met in Biddeford at the University of New England and in Orono at the University of Maine. The two sites followed the same program agenda and, at several points throughout the day, were linked via video teleconference. The interactivity between the sites allowed participants to see what Maine people across the state felt about the choices discussed.

At the start of the meeting, Governor Baldacci welcomed participants and stressed the importance for all Maine people to be involved in solutions to improve health care and make Maine the healthiest state. "Tough Choices" is the start of a larger discussion with Maine people about these issues that will culminate in the first Biennial State Health Plan. Input provided during Tough Choices will help shape the discussion moving forward and identify approaches Maine people are willing to take to improve health, lower costs, improve quality, and increase access to coverage for all Maine people.



Participants in Biddeford at the University of New England



Participants in table conversations at the University of Maine in Orono

Who Attended Tough Choices in Health Care?

From a representative sample, the following shows the demographic characteristics of participants who actually attended the Tough Choices meeting. Participants showed diversity in terms of geography, gender, age and income. (For more information about how participants were selected, see the box "Participant Recruitment" on Page 2.)

Gender	May 21	Actual
Female	49%	51%
Male	51%	49%

Age	May 21	Actual
18-24	3%	10.7%
25-34	10%	15.2%
35-44	19%	21.8%
45-54	27%	19.8%
55-64	27%	12.6%
65 and better	14%	18.8%

Race	May 21	Actual
Caucasian	93%	97%
African-American	0.9%	0.5%
Asian/Pacific Islander	0.9%	0.7%
Native American	3.9%	0.6%
Hispanic/Latino	0.4%	<1%
Other	0.9%	<1%

Household Income	May 21	Actual
Less than \$14,900	9%	18%
\$15,000 - 24,999	16%	15%
\$25,000 - 34,999	14%	14%
\$35,000 - 49,000	17%	18%
\$50,000 - 74,999	25%	19%
Over \$75,000	20%	16%

Participant Recruitment

The participant recruitment process was conducted by survey research experts from the University of Southern Maine's Muskie School and Survey Research Center in collaboration with UMaine's Margaret Chase Smith Policy Center and the National Academy for State Health Policy.

Participants were chosen through a randomized selection process with several steps. When finished, the Maine people who were invited made up a cross-section, or representative sample, of Maine's adult population.

Step 1: Thousands of people who were randomly selected received a mailing from Governor Baldacci seeking their interest in participating and asking them to complete a short demographic questionnaire about age, gender, place of employment, source of health care coverage, and more.

Step 2: Based on responses to the mailing, Maine people were invited in a manner to best match US Census data. This representative approach for Tough Choices is an effort to learn the views of the broad range of Maine people. Invitees were then called to confirm their attendance on May 21st. Participants received a discussion guide on healthcare in Maine in advance of the May 21st Meeting.

Step 3: Additional efforts were made to identify people who represent groups that were under-represented by respondents. Responders for Tough Choices were low for people between 18-35 years of age. Therefore additional outreach efforts focused on young adults.

Understanding Maine Health & Healthcare

Prior to the meeting, each participant received a detailed background guide that outlines Maine's current health and healthcare situations. Participants were asked to review the guide in detail prior to the meeting so they would be ready to discuss the issues from a place of knowledge. At the beginning of each discussion period, there was time to review the relevant sections of the report again.

The report described Maine's current health status, how healthcare is currently covered in Maine, a summary of health-care related costs and cost trends. It also outlined the four primary strategies Maine has to addressing the healthcare challenges. These strategies – improve health, reduce costs, improve quality and expand access to health insurance coverage – provided the framework for the day's in-depth discussions.

The Guide was developed with significant guidance and input from experts representing providers, consumers, insurers, business, government and researchers. Their involvement, however, is not necessarily an endorsement of the Guide or the "Tough Choices" process.

How Did the Meeting Work?

Throughout the day, the meeting's lead moderator, Carolyn Lukensmeyer of *AmericaSpeaks*, and Ron Beard of the Cooperative Extension Service at UMaine, presented discussion questions via video teleconference to each site. She also called upon each site to report to the whole group at the conclusion of each major discussion period.

At each site, participants were seated at small tables led by trained facilitators to discuss the issues with their fellow citizens. Ideas generated in these discussions were collected through networked computers stationed at each table. A "theme team" located in Augusta reviewed comments from all of the two sites simultaneously and reported back the primary recommendations and ideas across the state.

Periodic polls were conducted through keypad devices assigned to each participant. Polling data from the two sites were combined and reported instantly to the entire group via large video screens. Polling was used both to gather demographic information and to give participants the opportunity to prioritize options.

First, participants discussed the values they feel should guide healthcare reform. At their tables, participants spent the rest of their day taking a detailed look at the following four primary strategies outlined in the *Participant Guide* for improving health and health care in Maine:

- Improving Health Status
- Reducing Health Care Costs
- Improve Health Care Quality
- Increase Access to Health Care Insurance Coverage

Values

Participants identified values that should guide Maine's health reform policy decisions:

- Everyone should have access to affordable health care.
- People need to take "personal responsibility" for their health care.
- Health care should be a right, not a consumer good.
- Health care should be affordable for employer and employee.
- High quality health care should be available to everyone.
- Costs to individuals should be based on ability to pay.
- Health care should include mental health and substance abuse coverage.
- Funding prevention saves money and improves health.

Improving Health Status

Participants examined how each of the choices identified in the *Participant Guide* improves Mainer's health status. A sixth choice was added by participants as a result of their discussion.

- Encourage good food choices and increase exercise at school
- Premium discounts for healthy living
- Enact tougher seat belt and helmet laws
- Tax unhealthy habits
- Require no cost (free) preventive care in all health insurance
- Reduce cancer causing chemicals in our environment (*Added by participants*)

During the discussion, each table submitted a report summarizing their areas of agreement. Then, participants were asked to indicate their relative support for each of the above choices using their individual keypad voting device. The top choices of participants for improving health status were:

- Choice #1: Encourage good food choices and increase exercise at school
- Choice #2: Require no cost preventive care in all health insurance

Reduce Health Care Costs

Participants then turned to consider the examples of choices related to reducing health care costs. Participants advocated adding three additional choices for consideration.

- Reduce insurance regulation
- Establish a high risk pool
- Reduce or hold the line on insurance mandates
- Insurance coverage limits on prescription drugs, tests and procedures
- Cap costs of health care providers and insurers
- Regulate insurance premiums
- Cap profits and executive salaries (*added by participants*)
- Get out of the private-for-profit insurance paradigm (*added by participants*)
- Help create additional options (*added by participants*)

Once again, participants explored how well each choice would reduce health care costs. After multiple voting to define the top priorities, the following three choices were selected:

- Choice #1: Get out of the private-for-profit insurance paradigm
- Choice #2: Regulate Insurance premiums
- Choice #3: Cap costs of health care providers and insurers

Improve Healthcare Quality

Following the same discussion and voting pattern, participants then considered examples of choices related to improving healthcare quality:

- Establish best practices and treatment guidelines
- Require people with serious mental illness and/or substance abuse to get appropriate care
- Create a statewide system to allow providers access to electronic medical information
- Create report cards on quality of care for consumers
- Place controls on the introduction of new medical technology

The following were the top choices among the participants. After multiple voting, two options tied for second choice:

- Choice #1: Place controls on introduction of new medical technology
- Choice #2: Establish best practices and treatment guidelines (*tie*)
- Choice #2: Create report cards on quality of care for consumers (*tie*)

Increase Access to Health Insurance Coverage

Finally, participants turned to consider the following choices related to the last key option – increasing access to health insurance coverage. An additional option was proposed by participants to combine options 1 and 2.

- Expand MaineCare coverage
- Expand the DirigoChoice Plan
- Mandate employer contributions to insurance coverage
- Require all Mainers have insurance coverage
- Create a single payer universal coverage system in Maine
- Combine expansion of MaineCare and DirigoChoice coverage (*added by participants*)

The following choices received the highest levels of support among the participants:

- Choice #1: Create a single payer universal coverage system in Maine
- Choice #2: Combine options 1 and 2

Ranking Choices

At the end of the day, participants were asked to review all of the top tough choices and explore whether they make sense as a whole and identify which choices do or do not work well together. Choices were divided into those that represent system-wide choices versus those that are incremental strategies. Indicated in parentheses is the percentage of participants who voted for the choice as a top priority.

System-wide Choices

- Single payer system (48%)
- Combine options 1 and 2 (30%)
 - o Expand Dirigo Choice
 - o Expand MaineCare
- Get out of private for-profit insurance paradigm (8%)
- None of the above (13%)

Incremental Strategies

- Improve health
 - o Encourage good food choices and increase exercise at school (13%)
 - o Cover preventive services without consumer cost (16%)
- Contain costs
 - o Regulate insurance premiums (6%)
 - o Cap costs of health care providers and insurers (6%)
- Quality
 - o Improve public health infrastructure (50%)
 - o Establish best practices and create report cards (8%)

“Tough Choices” was an exercise designed to begin and help frame an important conversation in Maine about how to improve health and our health care system.

Please Note: This preliminary report does not include the results from the final polling questions. Complete results from “Tough Choices in Healthcare” will be available immediately following the meeting at the Dirigo Health web site:
www.DirigoHealth.maine.gov.