

Governor's Dialogue on Health Care Vision and Values

Final Report



February 2008

A Vision for Health Care in Colorado

Everyone will have access to the care they need, and coverage for kids is the first priority.

ACKNOWLEDGMENTS

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The Governor's Dialogue on Health Care Vision and Values was designed and implemented by The Adams Group, a Colorado-based firm that specializes in public policy facilitation and public engagement—www.TheAdamsGroup.org. Chris Adams was the primary author of this report, and Kindle Fahlenkamp-Morell was the graphic designer.





Colorado spends \$30 billion a year on health care. For that kind of investment you would think we'd have a first class health care system that meets the needs of all Coloradans, but we don't.

During my campaign for Governor and over my first year in office, I traveled extensively around the state and heard from fellow Coloradans about their struggles with our health care system. I met uninsured families worried about their kids getting sick and residents of rural Colorado who have to drive long distances to see a doctor. I talked with small business owners struggling to offer health benefits to their employees and senior citizens living on fixed incomes worried about paying for their medications. I listened to hard working families who earn a good income and are insured today, but are worried about losing their health care coverage tomorrow.

From listening to you, it is clear that change is needed.

The purpose of the Governor's Dialogue on Health Care Vision and Values was to engage Colorado leaders in a conversation about what they want from their health care system and the values underlying that vision. The process was designed to complement the good work of the Blue Ribbon Commission for Health Care Reform (commonly called the 208 Commission) and provide further input to me and my administration as we set a course for change.

Over six weeks, we held 11 meetings in 9 communities across the state. We talked to more than 400 business, civic, non-profit and health care community leaders. The key messages we heard during this dialogue with Colorado are summarized for you in this report.

These results, coupled with the report from the Blue Ribbon Commission for Health Care Reform, will shape

the direction for health care reform in Colorado. Moving forward, we must be focused on the following principles.

Expanded Access through Improved Value. We share a vision that everyone will have access to the care they need. Yet there is an understanding that our vision simply is not viable in today's health care system where too many precious resources are lost to inefficiency and waste. To achieve our vision of access to care for all, we must make the system more efficient and more effective. We must control the growth of health care costs and improve the quality of care we receive.

Shared Responsibility. Individuals, employers, health care providers, insurance companies and government all must be part of the solution. The only way to address a system so fundamentally flawed is by having all the stakeholders at the table, working together for change.

No Quick Fix. The kind of changes we need to address the problems at hand can't be done in one day or with one piece of legislation. This challenge requires determined focus and relentless attention. Through a series of reforms we can control the growing costs, improve the quality of care and expand access to all Coloradans.

Sincerely,

A handwritten signature in blue ink that reads "Bill Ritter Jr." The signature is written in a cursive, flowing style.

Bill Ritter, Jr.

Governor

A Dialogue with Community Leaders

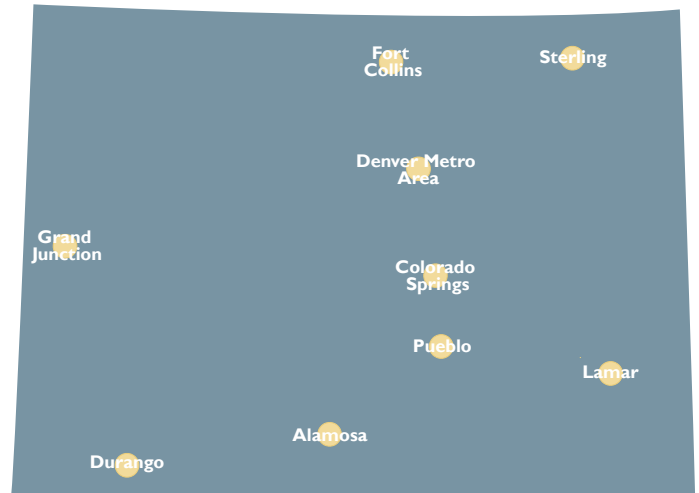
The Governor's Dialogue on Health Care Vision and Values was a unique effort to engage leaders across Colorado in a discussion about their vision for health and health care in the state and the values upon which that vision is based. It consisted of 11 meetings in 9 communities during November and December of 2007.

Participants were invited by the Governor's Office in consultation with a wide array of organizations, individuals and elected officials. These leaders were drawn from the business, civic/non-profit and health care sectors. More than 400 leaders took part, providing an opportunity for a rich and valuable conversation.

Each of the meetings was attended by at least one senior official from the Ritter Administration, including:

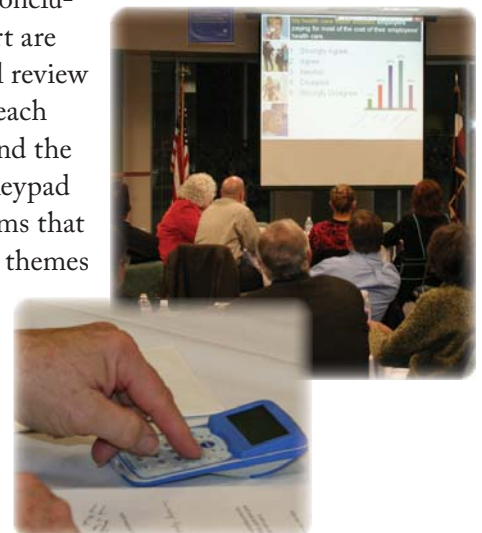
- Joan Henneberry, Executive Director, Department of Health Care Policy and Financing
- James B. Martin, Executive Director, Department of Public Health and Environment
- Ned Calonge, MD, MPH, Chief Medical Officer
- Marcy Morrison, Commissioner of Insurance
- Ken Weil, Deputy Chief of Staff for Policy and Initiatives
- Cody Belzley, Senior Policy Analyst for Health Care

In order to provide a common basis for discussion, a dialogue guide was developed and distributed to participants to provide background information and some ideas to stimulate the discussion on vision and values. A key feature of the meetings was the use of keypad polling devices that allowed participants to vote on questions



and see the results from the entire group in real-time. This provided an opportunity to deepen the dialogue because participants could instantly see the whole group's responses and ask follow-up questions to gain a better understanding of each other's perspectives. The keypads also provided a statistical snapshot of participants' views. Where this report references the results from the polling, it refers to the combined results from all eleven meetings. While these figures accurately reflect the votes of participants, this was not a scientific poll.

The themes and conclusions in this report are based on a careful review of notes taken at each of the meetings and the results from the keypad polling. Those items that were identified as themes were raised repeatedly throughout the state.



A Vision for Health Care in Colorado

Everyone will have access to the care they need, and coverage for kids is the first priority.

“Everyone should have health care.” “All residents of Colorado should have insurance.” “No child should be left out of the health care they need—no matter what.” Comments such as these were voiced across the state of Colorado. From Durango to Sterling and Fort Collins to Pueblo; residents of urban, suburban and rural settings; Republicans, Democrats and unaffiliated voters; business owners and physicians—all were nearly unanimous that everyone in our state should have access to the health care they need. And, if priorities must be set, then coverage for children should be the highest.

Ninety-five percent of participants supported access to health care for everyone without specifying how they would get it—whether through insurance coverage or direct access to care. And, 96% agreed that all children should be covered by private or public insurance (like Children’s Health Plan+).

Colorado leaders had consensus on a number of other important issues regarding their health care system, but access for all—especially coverage for children—stands out as a vital, nearly unanimous goal that should guide health care reform efforts in the state.

Access to health care vs. insurance coverage

While participants at every meeting expressed strong support for access for everyone, they also made a distinction between access to care and insurance coverage. Support for access to care was higher compared to coverage.



How To Achieve The Vision

Community leaders considered the roles of individuals, employers and government in their shared vision of access to health care for everyone.

Role of Individuals

Community leaders would like to see a more engaged and active role for individuals in their own health and health care. Eighty-nine percent of participants agreed that individuals are responsible for their own health and wellness. For many, this means that individuals should not be as insulated from the cost of health care as those who are currently insured. “We have a generation of consumers,” said a man from Lamar, “that think that it costs \$10 to go to the doctor.” They want individuals to know the true costs of health care services and to have access to easy-to-understand information about their care so that they could make good decisions about how to use the health care system. They would also like to see individuals more actively engaged in supporting their own health and wellness.

However, community leaders generally were concerned that individuals do not have the capacity to pay any more for their own health care than they do already—either through higher premiums or co-pays. They were also

concerned that high-deductible health plans may not be effective because the deductible is too high for individuals to afford it. “I have a \$10,000 deductible and it’s useless,” said one participant.

We all choose whether or not to care for ourselves or abuse ourselves. The choices we make every day have long-term impacts.

–Participant, Colorado Springs

Role of Employers

The outlook on the role of employers in health care is mixed. On one hand, there is an appreciation of the critical current role that employers play to administer coverage for their employees, and in many cases, to pay a significant portion of the cost. However, there is a sense that this arrangement is increasingly fragile and may need change. One participant called it an “unfortunate accident of history” that we have an employer-based system and raised doubts about the expectation that employers should continue to play their historical financing role.

The current system poses special challenges for small businesses, which often have lower profit margins than larger firms and usually do not have human resource professionals to sort out the complicated process of administering health care benefits.

Participants overwhelmingly stated (90%) that they would favor portability of coverage (the option for employees to take their current insurance with them if they change jobs), a feature that further weakens the traditional role that some employers have played.

However, there was also a recognition that today employers play an important role connecting employees to insurance coverage and handling the administrative work of enrolling people and keeping them enrolled.

Role of Government

Government’s role in Colorado leaders’ vision for health care is also complex. There seems to be some agreement that government needs to play a leadership role in bringing about change, but the exact nature of the role—and the type of change desired—is unclear. Participants view the role of government as ranging from that of a market regulator that could be even less involved than it is currently, to being the sponsor of a single payer system.

Community leaders were asked two questions in succession that provide some insight into the willingness of taxpayer’s to fund access to health care for those who do not now have it. The first was, “For me, the common good means everyone should have access to the health care they need.” 87% agreed with this statement, 54% strongly. The second one was, “For me, the common good means everyone should have access to the health care they need, and if they cannot afford it, government should pay for it.” Agreement with the latter statement dropped to 55% with only 15% agreeing strongly.

We have developed a culture where we have abdicated responsibility for health care to our employers. Now individuals do not take responsibility for themselves. I feel like I’m failing my employees because I’m increasing co-pays and raising the deductible, but I’m faced with a 37% increase for my small group.

– Participant, Durango

Role of Free Market in Health Care System

In addition to discussing the roles of individuals, employers and government, Colorado leaders also considered the role of the free market. Market supporters highlight its role in fostering innovations, such as developing life-saving drugs and procedures. They also believe that the market ensures responsiveness to consumers’ needs and



helps to alleviate shortages and long waits for care. They believe that transparency about pricing and quality would encourage competition that would bring down cost and improve quality. “If we had a true open market,” said a participant from Denver, “and the consumers had transparent options we’d be in a different place.”

Others have concerns about the role of the market in health care and believe that our system’s reliance on the market is the reason we have many of the problems we do now—especially the uninsured. “Free market competition has had its chance, and we wouldn’t be here if the market had been successful,” said one participant from Colorado Springs. The role of profit was a major concern of participants. Some believed that profit has no place in health care at all. “Health care is something that people shouldn’t be profiting from,” said a Denver woman.

Another major concern was whether it is possible for consumers to ever become sufficiently educated about health care so that they could truly exercise the types of choices that would make market competition useful. One person noted that the market favors sophisticated consumers—like large employers—and that market competition on the individual level did not make sense.

Residents of rural Colorado commented that the idea of competition does not apply in areas where there are few choices in the delivery system or insurance providers. As one participant in Alamosa said, “The private market is

not robust enough in rural Colorado to support a true free and competitive market.”

Shared responsibility is the only path to reform.

–Participant, Pueblo

Shared responsibility

Although there was not clarity on the exact role of individuals, employers, government or the free market, there was support for designing a system that appropriately engages each. Participants said individuals—regardless of whether they could afford insurance or not—at a minimum need to be involved in their own wellness and prevention of more serious health issues. They can also educate themselves to be better consumers of health care, seeking higher quality, more cost effective care. Employers play an important role in facilitating access to health care—and often paying for a portion of it—that is widely seen as valuable. And government clearly has a role to play in regulating the market and likely has a role in paying for health care, at least for those who are low income. As a former elected official from Lamar said, “Government cannot be all things to all people. It’s going to take buy-in from individuals and employers.”

Issues with a high-level of agreement

Although access for everyone is the most important element of the health care vision participants agreed upon, there were other issues that were also broadly supported.

Place a High Priority on Wellness and Prevention

“Currently we have an overuse of the emergency rooms and an under-use of prevention services. We need to flip that.” Participants strongly supported prevention and wellness programs to keep people healthy and help control growing health care costs. 94% agreed with the idea of providing publicly funded access to preventive care and wellness programs. As one person said, “Focus on prevention—prevention and health education for everyone is the only way to save money in the long run.”

Enroll those who are Currently Eligible for Public Programs

According to a June 2007 report, about 85,000 uninsured people in Colorado are eligible for Medicaid or Child Health Plan Plus (CHP+) but are not enrolled. Of these, more than 70,000 are children. 84% of community leaders supported increased efforts to enroll those who are eligible. “We need to start by enrolling those who are already eligible, but not enrolled,” said one participant.

Rural Health Care has Unique Challenges

“Health reform in rural communities doesn’t work the same as health reform in urban communities.” This concern was shared repeatedly around the state, in both rural and urban settings. Two of the differences noted repeatedly are that competition is less effective in rural areas where there are few providers; and policies to incentivize

providers to locate in rural areas are needed just to make sure that care is available within a reasonable distance.

Public Health and Safety Net Providers Play a Vital Role

“Public health is the foundation for health care.” Participants stressed that the public health system and safety net providers effectively and efficiently provide health care to Coloradans, especially those who do not have insurance coverage. Many of the features that were identified as important—such as a priority placed on wellness and prevention and a focus on education—are within the scope of the public health system to accomplish. Safety net providers are already providing services with great effectiveness and efficiency to vulnerable populations. Funding the safety net is one strategy community leaders supported to expand health care capacity.

Education is Fundamental to Health

Colorado leaders identified education as a key to their vision for health care. It is central to many of the features that leaders said are important, including making the market work, creating smarter health care consumers, supporting personal responsibility for health and health



care, and supporting healthy living decisions, such as good nutrition and exercise.



Improve the Delivery System

As Colorado moves towards access for everyone, community leaders, including health care providers, agree that the way Coloradans get healthcare will need to change. There was strong support for integrated care, including better use of health information technologies that make patients' information available when they need it and to help prevent duplication of expensive tests. "Integrated care is a model whose time has come," said one participant. Many people called for better use of mid-level providers, such as nurse practitioners and dental hygienists, both for cost-efficiency purposes and to meet the needs of underserved communities.

Include Mental and Oral Health

Mental and oral health were identified by many participants as special areas of concern because they are often left out of discussions about health care reform. Participants strongly wanted these services included. As one person put it, "Don't separate out the body parts. Focus on the whole person." Colorado leaders' vision is

for a system that promotes holistic health and includes physical, mental and oral health care.

Adjust Expectations and Face Limits

Many leaders made the point that Coloradans will need to adjust their expectations of health care. This idea was raised with regard to end-of-life care by a hospice administrator. "There is a gap," she said, "between what people demand from the system and what it is reasonable that we provide. We're the only society in the world that expects perfection and prolonged perpetuation." Others discussed the idea of limits in the context of a basic benefit package that could be made available to everyone.

Values that Support the Vision

The common good and personal responsibility are two values that are important to leaders' understanding of health care. Dialogue participants were asked to discuss what these values meant to them as they relate to health care.

Personal Responsibility

Community leaders believe that personal responsibility is a key to good health and to effectively and efficiently accessing the health care system. There are a variety of views on what personal responsibility means in the context of health care:

- “Personal responsibility means that if you are eligible for a public program, then you enroll in it and stay in it.”
- “People must be accountable for taking care of themselves.”
- “There are barriers to personal responsibility—limited education, poverty, lack of social norms—but nonetheless we need to eliminate the ‘free riders’ and make everyone contribute something to the cost of their care. People are more invested in the outcome of their care if they pay for it.”
- “Personal responsibility is meaningless if people aren’t empowered to act on their own behalf.”
- “Personal responsibility is tough when there are limited resources and a lot of responsibilities. If I work hard and provide a home, food and clothes for my family, but I don’t have money left over for health care costs, does that mean I’m irresponsible?”
- “If you choose to engage in risky behavior you should pay a higher share.”
- “Some people may not be able to exercise personal responsibility—some people just need more help.”

Common Good

Community leaders are supportive of the concept of the common good as a cornerstone for health and health care. There are a variety of views on what the common good means in the context of health care:

- “This shouldn’t be about the young subsidizing the old—it should be about those who can afford it subsidizing those who cannot afford it—a sliding scale approach.”
- “Public policy should be developed with the common good in mind. Government was created to protect the public and that means protecting the common good.”
- “Taking care of your health should be seen as patriotic.”
- “Free riders: there are people who choose not to buy insurance, but they still get access to health care services.”
- “We spend too much time and resources worried about weeding out people who get services they don’t need or deserve. We waste resources on the policing of the system.”
- “Nanny-State: as a country we’re too eager to fix everyone’s problems.”
- “I question whether or not our capitalist society can achieve the common good. Is it possible in a for-profit health care system?”

Personal Responsibility and the Common Good: Two Sides of the Same Coin



The majority of participants believed that both the common good and personal responsibility are essential to health care. Sixty-three percent said these values were equally important to them when it comes to health care reform. Here is how some described the synthesis of the two values:

- “The common good and personal responsibility cannot offset each other—it’s not an either/or deal.”
- “More personal responsibility will drive the common good.”
- “Individual responsibility is essential to the common good—common good doesn’t work without people taking responsibility for themselves.”
- “Personal responsibility does not have meaning unless there is a ‘floor’ of the common good.”
- “A lack of personal responsibility causes costs to go up and the common good to go down. There needs to be more education about prevention.”
- “We need to have the perfect balance between the common good and personal responsibility.”

Conclusion



Colorado is ready for change in its health care system—particularly change that would lead to access to health care for all, and, more importantly, health for all. Even though there are some unsettled issues—especially about the roles of individuals, employers and government—there is sound agreement on many things, such as covering children without delay and promoting wellness and prevention. Colorado is fortunate to have an abundance of concerned leaders who understand the need for shared responsibility and are willing to undertake the hard work it will take to make this vision of health care for all Coloradans a reality.

One of our state’s greatest assets is its values. This state holds personal responsibility and the common good in high regard. Even though there is not clarity on the exact policy solution that will achieve the vision, in order to be effective and sustainable, it will need to find, as one participant said, “the perfect balance between personal responsibility and the common good.”



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