

## **To Senator Daschle and the Obama-Biden Transition Project:**

We thank you for the opportunity to respond to your request for Community Health Care Discussions. We held such an event on Monday morning, December 29<sup>th</sup>, in the La Plata County Courthouse, Durango, Colorado. It was cosponsored by the local League of Women Voters, the county, and four healthcare-related local groups (see the flyer at the end of this report). Invitations were sent by email to the membership of all the cosponsors, and people were encouraged to pass them on to friends and family. PSAs were sent to the local media.

Around 80 people attended, even though it was a particularly icy morning. The attendees were primarily older and Caucasian; we had little if any minority representation and only a handful of younger people. About 2/3 of the group turned in completed survey forms, but unfortunately quite a few of them checked multiple answers on one or more questions so couldn't be counted on those questions. The Discussion Summary following here summarizes the input of all attendees; we used the questions in the Moderator's Guide, but did not attempt to reach a consensus - all divergent views are included. In order to save time for the discussion, we asked people to submit any stories in writing. These stories follow the report.

Reporters from both the *Durango Herald* and the *Pine River Times*, local newspapers, attended. The *Durango Herald* had an article on the front page on Tuesday, December 29<sup>th</sup> (already reported to Jenny Backus), whose main point was that the majority of the group wanted a single-payer system, even though there was much more to the discussion than that. Subsequently, several people emailed us with other divergent views. These comments have been reported to you in the "tell us about your discussion" section of the reportback form..

Again, thank you for this opportunity - our community has pressing issues regarding local healthcare and we hope your reforms can help us here.

Jill Patton, League of Women Voters of La Plata County  
Joanne Spina, Assistant County Manager & member of the Board of Directors of MRMC  
Missy Rodey, member of the Board of Directors of MRMC  
(MRMC is Mercy Regional Medical Center - local hospital)

## Discussion Summary

### **What do you perceive as the biggest problem in the health system?**

#### Insurance related comments:

- 30 % of all health care costs are administrative/financial inefficiencies. Costs must be redistributed, and there should be increase in integration, collaboration, and communication.
- For-profit insurance companies decide what care an individual can receive and often do not allow for care that is needed. They have large overhead costs, and “exclude risk” rather than provide coverage.
- Health insurance is too expensive. When family money gets tight, the first thing to go is health insurance, with children often not getting coverage.
- Complementary care is not generally compensated by insurance.
- Insurance problems are really often *under* insurance.
- Hospitals are left providing care for the uninsured who have no where else to go.
- Build upon and strengthen employer based insurance. There are many problems with the system: many employers cannot afford to pay for it; employees who lose their jobs, lose their insurance coverage; insurance is not portable from state to state; companies providing health insurance to their employees are put at a world-wide competitive disadvantage.
- We should have a single payer system not tied to the work place (*about a 90% audience agreement by hand vote*) There is lack of political will at the Federal level to make this necessary change. Without such will, how far will any health care reform measures go?
- HMOs are the culprits; they do not allow for control by individuals. An individual should be able to purchase whatever care he wants without interference from HMOs or the government.
- Medicare is cumbersome to work with and confusing for everyone.

#### Health system related comments:

- Many Americans still have the misconception that the U.S. has the best health care system in the world. We need to educate them about the need for reform. We do not need to develop a whole new model; we should look in depth at and adopt one that is currently in use: the United Kingdom, France, Canada, or our own Veterans’ Administration.
  - Canadian system is not “socialized medicine,” it is universal care. Problems arise from over utilization. Individuals with financial means can purchase more health care. The cost of the Canadian system is about 50% that of the U.S.
  - Health care systems in Japan and Switzerland are non-profit, not “socialized”
  - The Mayo Clinic is a good model which utilizes a nurse practitioner as a gate keeper
- Our dollars need to be used more effectively so that more people can be helped. We must increase the role of nurses and nurse practitioners in order to be able to provide care to all. Care should be provided at the appropriate level: MD, RN,

PA, or technician. Home care aids are underpaid and in short supply, contributing to the provider shortage issue.

- Case management with health advocates is needed to assist individuals.
- Advance Practice Nurses (APN) can safely and efficaciously see 80% or more of primary care patients. We need to utilize the APN role more effectively. I'm talking about primary care, psychiatric care, pregnancy care, geriatric care...even in nursing homes, perhaps especially at nursing homes.
- We need to consider clustering care for pregnant women, diabetics, the elderly, etc.
- Health delivery should be integrated with mental health, physical health, dental, and wellness all under one roof.
- Electronic medical records should be available to all with perhaps personalized cards for individuals to carry when seeking care. Electronic medical records are very expensive to convert to (in an established practice). No current electronic medical records fully interface with pharmacies for prescriptions, communicate from practice/clinic to clinic unless they are in the same system. We need financial help to install them.
- All individuals should be considered worthy; isolated people should not be considered social problems.
- Differentiate between health/wellness/preventive care and sickness care. We now have a sickness care model which is more expensive and we should focus instead on wellness.
- We'll have to reassess allocation of resources and make choices accordingly. We need to learn to be honest about death and dying. One of the reasons that we don't have the tough conversations with patients and families is that Medicare pays big bucks for sick care, especially heart surgery, cancer drugs, ventilators, etc. It's time to be truthful about the futility and expense of prolonging the dying process. Hospice and palliative care should have a major focus and public awareness.
- Emphasize prevention and behavioral change. 75% of disease is preventable; individual responsibility must be increased, perhaps incentivized .
- Environmental toxicity needs to be included in educational prevention. Chemicals should be demonstrated as safe before being allowed to be released into the air.
- Inequity of reimbursement to providers must be addressed, with incentives given to primary care providers. Our local Health Service Clinic is a wonderful delivery model, but it is financially hamstrung by the Medicare reimbursement system and the inability of individuals with Medicare to private pay.

**How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?**

Choosing a provider:

- The internet has sites reviewing provider cases and outcomes. But it is too simplistic to merely look at outcomes; the types of cases/risk must be factored into an evaluation of performance.
- Examine Your Doctor is a book that provides guidance for the process of choosing a physician.
- Personal recommendation of family, friends, care providers, yellow pages.

- Interview a perspective provider.
- Choose a provider who is not influenced by the pharmaceutical companies and who will not just “give pills.”
- Look for a provider who will acknowledge an individual’s freedom of choice.
- Choose whoever has an opening! Use pleading, begging, negotiating. The emergency room is the only alternative.
- In choosing a hospital, do cost comparisons. Consider a commitment to a public vs. a private, for-profit hospital.
- Choices are often limited by the insurance company according to who is in “network.”

Public Policy comments:

- Pay (i.e. reimburse) primary care providers adequately and in a timely manner.
- Define “quality.”
- Consumer choice will lead to better quality through purchase power (pay for services leads to pay for results).
- Change the educational system for health care providers to focus on prevention and integrated care.
- Provide for an unbiased source of information (a consumers’ report) regarding providers and outcomes. Currently we base quality assessment on Medicare claims data; other indicators are needed. National quality indicators do exist, but reporting is not mandatory and must be.
- Make health care education accessible to more and provide for a ladder of movement so an individual can advance through levels of practice.
- Design a home health system that judges results of care according to the complexity of care provided.

**Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?**

- Approximately 50% of the audience has had difficulty paying medical bills at some time.
- The same number have had difficulty paying medical bills even if they have health insurance.
- Eliminate the coverage gap in Medicare Part D.
- Eliminate the spend down for Medicaid.

**In addition to employer based coverage, would you like the option to purchase a private plan through an insurance exchange or a public plan like Medicare?**

- It depends on the cost.
- There is adverse selection (cherry picking) with private insurance companies to decrease their risk. Government coverage would eliminate this.
- Coverage type should be consumer choice.
- There should be creation of a single payer system – *majority audience preference*. A single risk pool using general tax funds (might vary by location as with Provinces in Canada) covers all with no one being denied.

- Until choice of services provided is taken from control of insurance companies, nothing will change.
  - Health insurance should not be tied to employers (*approximately 90% of audience by hand vote*)
  - If the coverage system changes, would like the ability to stay with employer's retirement coverage now being provided.
- **Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?**
- Insurance cost: only 4 in the audience did not know.
- Role of employer in reformed system:
- None for insurance unless paying into a universal health care system according to ability (number of employees or tax base).
  - Develop wellness and prevention including presenteeism programs (programs designed to address the problems faced when employees come to work in spite of illness).
  - Provide paid sick leave so employees will not come to work sick.
  - Need to maintain healthy working environment.
  - Retirement benefits need to be continued for those already receiving them. But with a good single payer system, would give up the retirement benefits.
  - In current system small businesses and the self employed are penalized. The employer system of insurance provision has changed over time, with coverage decreasing and cost increasing beyond cost of living advances.
  - Employers should support education for their local employees encouraging them to go into the health care professions.
  - Employee people with disabilities.
- **Below are examples of preventive services Americans should receive. Have you gotten the prevention you should have? If, not, how can public policy help?**
- Receiving preventive services:
- *Approximately 80% by hand vote* are getting preventive services. Some pay separately for preventive services. It was pointed out that this was a self-selected audience of concerned and empowered individuals.
  - Behavioral health screenings were omitted from the list provided.
  - "Screening" is misleading; screening and prevention are different. This question employs a medical (sickness vs wellness) model.
- Public policy comments:
- Expand the list of preventive procedures. Include dental screening.
  - Prevention should be integrated into the public school system.
  - Local health fairs have a role in both screening and prevention.
  - People have limited access to screening and early intervention for developmental disabilities.
  - Expand the public health system to include screening and treatment for obesity and drug abuse.
  - Establish understandable standards for medical screening.
  - Create no unfunded mandates.

## **How can public policy promote healthier lifestyles?**

- Must recognize the social determinants of health care. Everyone has the right to access.
- Shift economics from reactive to preventive. Incentivize prevention and wellness.
- Establish a tax on “bad things” like unhealthy foods. How can a balance between free-enterprise and the need to limit bad foods be established?
- Subsidies to producers of high fructose corn syrup and tobacco must be stopped.
- Stop mass advertising of pharmaceutical products. Stop advertising unhealthy foods on children’s programs.
- Teach psychological development in schools and prisons to prevent mental illness.
- Teach a public health perspective in our public schools.
- Women’s health care, including family planning and abortion, should be available in all facilities. Over population is the largest health problem facing our world. Legislation to require insurance plans to cover family planning would be a good idea.
- Poverty must be addressed to avoid cyclical health problems.
- Support the development of walkable, mixed use (whole built) communities with the infrastructure to accommodate them, including transit systems.
- There should not be an age-related system, or a disabled vs. able system.
- Replace the Department of Agriculture with a Department of Food.
- Health and fitness testing should be conducted in our public schools, especially in elementary school. Put Physical Education back in the school system.
- Foster behavioral change in all settings and among all age groups.
- The legal system needs to be managed/tort reform.
- Federal drug policy and right of individual redress on the state level.
- We have a great opportunity to expand our public health system nationally. It could be the venue that takes up the slack for the provider shortage. Public health programs could be integrated to get folks in for the appropriate type of care.
- Do away with the war on drugs and spend the \$30-\$50 billion on education and treatment.

## Stories Submitted by Attendees

From: Jody Furtney

My husband, Seth, was hit by an uninsured motorist in June of this year after we had just finished mountain biking Hermosa Creek Trail and were heading down the gravel road to our cars. I was the first one upon the scene and it was very scary. He had multiple broken bones, nerve and tendon damage, as well as a severe brain injury. We were lifeflighted to Denver Health where he had his operations. He then went into a Long Term Acute Care hospital (Kindred) and finally finished his rehabilitation at Craig Rehab in Englewood. All in all, we were 11 weeks as an inpatient in the hospitals in Denver this summer.

Needless to say, we experienced the gamut with regard to health care, for profit hospitals, not for profit hospitals, insurance, advocacy, medical errors, etc...And to top it off, my company, Indymac Bank under which we had our health insurance, was taken over by the FDIC in July. I was laid off (along with 3,400 other people). This was a hugely stressful experience on top of what was already happening and we were very worried about our health insurance. Seth was burning at least \$3K per day of medical expenses in the hospital and without insurance, we were at risk of bankruptcy. Luckily, my company reinstated me at the end of my severance period and we kept our insurance without having to go on Cobra which would have increased our premiums by about \$600 per month. The key here is that when we most needed medical insurance, it was at risk of going away or becoming very unaffordable.

We both want to help make America's system better and have come to an extreme appreciation that our current system is broken. While thankfully Seth is recovering 100% and we certainly appreciate the medical care he received, it came at a great cost along with a continual fight with the insurance company to make sure he got the care he needed. It shouldn't have to be that way. And I shudder to think of the people who are in our situation without insurance and who do not have a strong advocate.

I kept a daily blog of our experience from June 14th until we returned home in September. I am including this link for you as well.

<http://sethmonster.squarespace.com/>

We are really excited that our new administration is looking at these issues and taking community input. It is a new day in America and we really want to help however we can to steer America in the right direction with regard to this issue!

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From: Carole McWilliams

..... It's obscene that a one month's supply of the arthritis drug I take (Enbrel) costs \$1,550!!! No fooling. That's the cost for four pre-filled syringes. Does it actually cost that much to make this stuff? Or is the price jacked up because the company knows arthritis patients are desperate for something that really works? (If there is a generis version, I'd like to know.)

Yes, there's a company assistance program, and I was on it for four years before they decided my income was too high. But nowhere near high enough to pay \$18,000 a year for the drug. I cut costs by doing two injections a month instead of four. And with a recent price increase at the same time my income is going down, I now do the injections once every two and a half weeks. So the \$1,550 is spread over 10 weeks instead of four. The company might not want it getting out that I'm doing okay (I think) with that frequency, so probably other users could too.

Even so, with what I'm paying for this stuff, I can't afford to buy health insurance unless the price is capped really low, or maybe they'll pay for the Enbrel.

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From: Carol Joan Petersen Thomas  
John Alien Thomas

We feel that we are being discriminated against by reaching the age of 65 and having Medicare as our primary insurance. We do have a supplemental insurance with Blue Cross/Blue Shield and then we always have to pay whatever these two insurances do not cover. We have been unable to find a Physician for my husband John, who will be turning 73 January 8th of 2009. We have been turned down by various Physicians because they cannot exceed a level of 20% of Medicare patients. They cannot stay in practice if they exceed this pitiful percentage. We feel something must be done to correct this problem. Should we all be punished because we have managed to stay healthy and reach the age of 65!!! There must be changes made in the health care system to help alleviate this problem of the aging population and get them the medical help when needed.

We, as a family cannot continue to drive to Scottsdale, Arizona to go to the Mayo Clinic because they accept Medicare. What we really need is the opportunity for our Medicare health service to be available to us here in Durango.

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From: Carol and Larry House

My husband and I live in Durango, CO and work for ourselves. We have group insurance with he and I the only people on the insurance. We have gone from \$260 per month in 2000 for both of us with a \$1500 deductible, to our insurance costing us just a few dollars less than \$1000.00 per month with a \$5000.00 deductible in 2007. This company pays for nothing really until the \$5,000 is met - no medications, no office visits, no preventative tests. I got a preventative colonoscopy (first one in almost 59 years of age) and they wouldn't pay any of that. ....

I have written the Colorado Insurance Commission twice in the last few years. They sent a letter to our insurance company and the only thing our insurance company did was write us a letter saying that for everyone in our area, that's what insurance cost these days. .... My husband had a mitral valve replaced and though we've tried, we cannot get insurance anywhere else even though his heart is probably much healthier than the average 63 year old man. ....

Finally, in our city if you don't have a family doctor before you turn 65, you cannot get to see a primary care doctor for the doctors here can't afford to take any more medicare patients. Why isn't our government helping its citizens by increasing medicare reimbursements? .....

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From: Kathleen McInnis

My story is not one complaining of the expense of healthcare, but one of frustration at the lack of personal responsibility for one's own health. My husband and I own a small business in town. Since we only have three employees, we are not in a position to provide health insurance for our employees, but do offer other benefits. We pay for an individual health insurance plan for our family. Of course, this is very expensive and with three children ..... But we believe in taking personal responsibility for this and give up other luxuries ..... Instead, we have a lot of family time ..... We try our best to eat healthy most of the time.

We have had many employees over the years who chose not to purchase insurance because they believed they wouldn't get sick. They said they couldn't afford insurance, yet had season passes to the local ski area, owned fancy, high tech ski and mountain bike equipment, .....One story in particular sums it up: One morning before the shop opened, my husband was reading in the local newspaper about a young woman who had been drinking heavily with friends the day before and was hiking in the local wilderness area. While intoxicated, she fell on the trail and hit her head, falling down a hill. The Search and Rescue team had to be called and she had to be airlifted out of the wilderness and then taken to the emergency room. She had no insurance and would not be able to pay for the expensive rescue or the ER bill. When my husband's young employee walked into work with bruises all over her face, he knew what had happened. She joked about it. She did not see her responsibility in the situation. .... Choosing not to purchase insurance and then not paying for healthcare services received impacts all of us.

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From: Clover Greene, Welcome World, a 501(c)(3); Founder and Director.  
12-Step, Cognitive Development: A Crash Course in Growing Up, Curing Mental Illness;  
WelcomeWorld.org; EscapeFromPsychiatry.org

"I am one of the most blessed of people: I escaped psychiatry alive!"  
When I was young, healthy, and fearful, I had a chemical imbalance of feeling bad chemicals.  
Old, physically challenged, and joyful, I have a chemical imbalance of feeling good chemicals.  
Let us stop dehumanizing psychiatrizing. Let us teach joyful mental tools to all.  
A world without mental illness is a world without "superiors", "inferiors", crime and war.

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From: Pat Dworkin

*Ms. Dworkin submitted a copy of a bill from a local provider for a colonoscopy. The provider charged \$1,297. The Medicare adjustment was \$887.40; her supplemental insurance paid \$307.20 and she paid \$102.40.*

*She wrote on the copy of the bill:*

“The doctor & medical facility presently is not being paid adequately by medicare & supplemental insurance. We need to have a way to pay our providers or we won’t have young people going into the profession in the future.”

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From: Glenn and Missy Rodey

My husband is enrolled in Medicare and has a Medicare supplemental policy. When Part D, the prescription benefit, was introduced we thought the program was ill conceived with negotiations made primarily to favor the pharmaceutical companies at the expense of the enrollee and especially the tax payer. He did, however, enroll for the benefit and has used it for two years. We took advantage of the recent enrollment window to evaluate how the program was working for us financially. When we added up the costs of the program including monthly fees, co-pays, and the self pay during the coverage gap, then compared that cost to purchasing prescribed medications from a pharmacy in Canada, we found we will save a substantial amount by doing the later. We believe even more strongly that this program was poorly designed and benefits seniors less than pharmaceutical companies. The huge loser is the taxpayer. Hopefully the drug benefit of any health care reform plan will allow for negotiated prices with pharmaceutical companies and will not include a coverage gap.

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***(On the following page is the flyer that was sent with the invitations.)***

# JOIN US

## FOR A COMMUNITY DISCUSSION ON OUR FUTURE HEALTH CARE

### HAVE DIRECT INPUT TO SENATOR DASCHLE AND HIS TEAM

**WHEN:** 10 am TO 12, MONDAY, DECEMBER 29<sup>TH</sup>, 2008

**WHERE:** ANASAZI ROOM, LA PLATA COUNTY COURTHOUSE  
1060 E. 2<sup>ND</sup> AVE., DURANGO

Health care is a top priority for President-elect Obama, and he wants your help in reforming the system to provide quality, affordable health care for all Americans. That's why this holiday season, we're asking you to give us the gift of your ideas and input.

**Sponsored by:**

*La Plata County  
Mercy Regional Medical Center  
Health Services Steering Committee Citizens  
Health Advisory Council  
Southwest Colorado Mental Health Center  
League of Women Voters of La Plata County*

### *Of the People, By the People*

There is no more important resource for changing the direction of this country and defining the ideas that will transform America than the American people.

Tell us your ideas and be part of the change you're looking for.

**SUBMIT YOUR IDEAS**