

CHAPTER 7

WHERE TO FROM HERE? IT'S TIME TO TALK

THE LITANY

THE UNITED STATES IS THE WORLD'S RICHEST ECONOMY, YET WE ARE THE ONLY MAJOR ECONOMY THAT FORCES ITS RESIDENTS TO:

face medical bankruptcy—600,000 people per year, nearly the population of Seattle live in fear of being unable to afford health care services or prescription drugs

have health care benefits depend on where we work

have health care premiums tied to our age, sex, or health history

WE ARE THE WORLD'S RICHEST ECONOMY, YET:

Forty-three million hard working people who fuel this economy live in fear of being ill or in an accident because they cannot afford private insurance and can't qualify for public programs;

We let health care services be the virtually exclusive domain of businesses, whose goals are to make a profit, not to assure the health of the nation;

We invest in stocks, bonds, products, services and inventions, but we fail to invest in our most important asset—our people;

We are the only country in the Economic Group of Eight in which health care institutions literally give patients fundraising packages so they can raise money from their community, families and friends to pay for their health care treatments if they are uninsured or underinsured;

We are the only major economy, with the exception of Russia, that does not cover the care needs of our elders, whether it is prescription drugs or long-term care or even doctor office visits;

We punish people for being sick, frail and vulnerable, rather than protect them;

We are the only nation that lets the health care industry decide what will and will not work for health care and pits the health care industry against the people it theoretically serves.

ENOUGH IS ENOUGH

We must change our health care system so it sustains the health and well-being of all of us who

participate in this economy as well as protects those who are not able to help themselves.

It is up to Congress, however, to make the changes. While many politicians are beholden to special interest groups that donate to their campaigns, there is only one group that elected officials listen to more than donors—voters!

Donors can come from anywhere, but voters are the only ones that can send them back to DC. They may live in DC, but they sure pay attention to their local newspapers to judge the temperature of their constituents.

If there is any group in America that can change the health care system, it is you, me, and all our families and friends who vote. It is really up to us to speak up for ourselves. Now, with the Internet, it is easier to find others who share similar views and to let Congress and the President know what we think. So, read on.

Congress needs to know we care about health care and that we will vote. So, if you and I are going to make a difference, here is what we must do!

A HEALTH CARE MAGNA CARTA

Before we had a Bill of Rights, we had the Magna Carta. The Magna Carta set forth the basic principals upon which our Bill of Rights was founded and outlined the rights people had as citizens of the state. Its premises were: equality, equity, dignity, responsibility so, we can have a level playing field.

We have always gone astray in health care when we have led with solutions. Instead, we need to lead with basic principles as guides to create a health care system that supports and sustains our health and the health of our nation.

The Magna Carta, our earliest Bill of Rights, not only outlined our rights as citizens, but it also acknowledged our responsibilities. What we need now is a Health Care Magna Carta to frame all our health care rights and responsibilities. We must craft a national dialog on how to develop a rational system of health care founded on these fundamental principals. The Magna Carta was the foundation for social change and democracy and set the stage for our Bill of Rights. We need the same foundation now for our system of health care.

Our Health Care Magna Carta must assure that we, as individuals and as businesses, are treated with dignity and decency and that all the participants in the health care system— individuals, business owners, government, providers, vendors and others—understand and accept these rights and responsibilities. So, for a start, I offer:

**THE HEALTH CARE MAGNA CARTA
OF RIGHTS AND RESPONSIBILITIES**

1) We believe we all must participate in health care decisions and that health care is too personal and too important to be left to someone else. Just as war is too important to be left to the generals, our health care is too important to be left to the industry and employers.

2) We believe everyone who participates in the health care system should pay for it—individuals, businesses, and government. If we all benefit, we all must participate and support it. No one gets services without paying for them, at least in part.

3) We believe all people should have access to a common set of health care services that promote the health and well-being of our nation, including access to preventive services, full maternity and well-child care, childhood immunizations, and full dental and mental health care services for children, as well as comprehensive health care services for seniors.

4) We believe no person should face bankruptcy because of catastrophic health care costs and needs.

5) We believe in the freedom of employers to offer more than the common set of health care services; but, in return, large employers should not oppose the needs of small businesses to offer at least a common set of benefits, so people don't live in fear of insufficient insurance.

6) We believe we should all be in the same risk pool rather than separate our society into smaller and smaller segments.

7) We believe we all need clear and succinct information about health care services and benefits and that information about services and benefits should be written for the average reader, not just for lawyers, physicians, and government employees.

8) We believe we need central standards and management of health care financing and services, just as we have central standards and management for the banking industry. We need an independent national board, but we also need local flexibility to meet the specific health care needs of our communities.

9) We believe funds for health care services should not be dictated by the specific health care categories as we have now, so we can be more flexible in meeting the wide range of needs of clients vs. the compartmentalized requirements of each separate system we now have.

10) We believe we must hold a structured national dialog so we can define the goals of a health care system that can sustain the health and well being of our nation and our people.

WHY NOW?

The economy is slowing down and health care costs are going up—as much as 10-20 percent and even more for small employers—a sure predictor

of increases in the number of uninsured or underinsured and reduced employee benefits.

Also, for the first time, there may be a slight division between the industry and leadership. The George W. Bush administration wants to move to more individual responsibility, but the insurance industry does not like marketing to individuals because it is a very expensive way to get people to buy insurance.

The compromise between individual responsibility and group sales may be “defined contribution health plans.” These let the employer keep their pre-tax deduction, which they do not want to lose, yet give employee participate more in choices and costs.

“Defined contributions” can have a range of appearances. They are designed to give the employee more choices in their health care benefits and more cost-sharing. Some employers give employees a flat amount of money and let them choose their deductible levels; others let them make the choice of hospitals and doctors. While few employers have started down this road, the fact of the matter is that they want the employee to participate more in the cost of health care. Some employers want to wash their hands of the whole health care benefit mess and let employees participate more in their health care choices and costs instead—as long as they can keep their pre-tax deduction advantage.

This defined contribution approach lets the employer keep that advantage. For the employee who may have their personal health care account, this account does not work like vacation and sick leave. The premium contribution remains in the plan, which means the employee does not get any savings back when she leaves the company. The money is owned by the plan, not the person.

Because major changes are afoot, we all need to participate in shaping these changes so we don't make the same mistake we have in the past: leading with a so-called solution before we defined the problem.

Medicare reform is the current major reform mantra. It is exactly this reform that needs national discussion. Medicare reform sparks fear in the industry. Why? Because Medicare is the template for the rest of the system. When Medicare went pre-paid, commercial insurance went pre-paid. As goes Medicare, so goes the nation.

We don't need another study. Here's what we can and should do to find the answer together.

A NATIONAL DIALOG: IT'S UP TO US

The health care industry and employers have largely defined the rules of the game. Like the aristocracy of old, employers and the industry have told us what we need and want without asking us what we think. They say we, the people, have no rights in this discussion, because they, not us, are paying for it.

We'll they're wrong. We're all paying for it one way or the other.

It is time we—in our communities around the country—have common, structured dialogs so we can shape where we are going and create a health care system that serves us all.

I think we have reached a tipping point with our health care system and are ready for change. We must now proclaim our Health Care Magna Carta and start a national dialog.

SHAPING THE DIALOG

We must start from the bottom up. All politics is local and all health care is local. We must as a nation do what the state of Oregon did in the 1980s when it made a commitment as a state to have a community dialog. This time, however, we must structure the dialog differently, asking more fundamental questions and ask people what they are thinking about health care. We need to ask:

What should a health care system should do?

What would it look like?

What would you want for you and your family?

What do they want to see in your community?

How could this work?

How would the pieces fit together?

What resources do we have in our community?

How would the resources be organized?

Who should be involved in management and how?

Most importantly, we must let everyone tell us what he or she is thinking about and what is important to him or her. Asking questions alone only

shows us what is on our mind, not theirs. We must ask people what they are thinking and what is of concern to them, otherwise we risk leading with the solution again rather than listening to each other about what does and does not work for us and our families.

Models exist for just such structured community dialogs. The Kettering Foundation has a long tradition of fostering community discussions with their deliberative forums designed to find common ground on a variety of issues, including health care.

HERE'S HOW THIS WOULD WORK.

We must call for our elected officials to start a national health care dialog organized at the state level. We will need a small independent group of consumers, businesses and providers to serve as a steering committee to:

- 1) Contract with a market research firms in each state and nationally to work with representative focus groups in each state and promote a dialog on their concerns about and interests in the health care system, using the Kettering Foundation model.

- 2) From these meetings, the various points of view would be summarized into a discussion guide that lays out the range of concerns, assuring that all the voices are heard and that future participants will recognize and hear their point

of view presented. These guides will also outline the values underlying the various points of view and why people hold these views. They also describe the opposing views and why people with opposing views have come to those conclusions. This assures everyone has heard the range of points of view, heard the values behind the viewpoint, and helps to chart areas of mutual understanding and common ground. The process is driven by shared values rather than the bottom line.

It also serves to depersonalize the discussion so the participants are not put in the position of advocating or defending their point of view.

3) Steering committees will be appointed in each state to lead in planning the community discussions which would all use the same discussion guides that emerge out of the focus groups outlined above. This means each state would have the same discussion as every other state. Results of these discussions would be summarized and compiled and presented back to the communities. Finally, telephone surveys would be conducted to assure that the findings were reviewed by a representative demographic and economic sample of the state, not just interest groups.

4) The findings from each state will then be organized and compiled into one document which will not only reflect our rights and responsibilities,

but also outline the goal of our health care system, explaining how each of us can participate and pinpointing the resources—current or new—we will need to get to where we want to go and why.

WHY THIS APPROACH?

1) Accountability. We need accountability. This dialog would demonstrate to our elected officials that we know what we want when they start making reform decisions and that they are accountable to us for the decisions they make.

2) Common Ground. I believe we will find we all want many of the same things for ourselves, our families, and our friends: well-child care and immunizations, good prenatal care, so we have healthy babies. True prevention programs, with early diagnosis and treatment. Respect from and time with our doctors. We will find common ground when it comes to our health and the health of our communities, whether we are teachers, lawyers, doctors, insurance executives, cab drivers, housewives, or mechanics.

3) Starts with Defining the Problem vs. Leading with THE Solution. When we lead with health care solutions, we fail. The landscape is littered with failed solutions: single-payer, pay or play, managed competition, and managed care. We have always led with solutions in health care and we have always failed. We must try a new approach that defines the problem and then find ways to

fix it so that it works for all involved. We work best as a society when we work together to solve a problem.

WHO'S GOING TO PAY FOR THIS?

If this were to be a national priority, funding could be found to accomplish this from corporations, government, individuals and private foundations.

WILL THIS WORK?

Who knows? But, so far, nothing else has. And, we have never had such a national dialog. I think history has shown, you don't get democracy without guiding principles and public discussion. Sometimes you simply have to storm the gates to get people's attention. So, we must storm the gates and have this national dialog. Why now?

Ask yourself: Are you pleased with the health care you are getting? The time and attention you have with your doctor? Or, as an individual or a business, are you paying more and getting less? Do you trust our current health care system? Let's talk.

RETURN TO THE ART OF THE POSSIBLE

Once, as a society, we said we wanted to go to the moon. We decided that was what we wanted to do and we did it. Getting there meant changing school curriculums, organizing resources, and making a plan. But we did it because it was important to us to do it.

We must do the same for something vastly more important—the health and well-being of our families and our nation.

We have a choice. We can let Congress, the President, employers and the health care industry decide what is best for us, or we can demand that we be included in that discussion. Polls are not a substitute for discussion and dialog.

We can find ways to work together and find common ground in all our separate interests, or we can continue to play game-and-blame, a tactic that will slowly but surely kill us off.

So, let's get going. Call your legislator, write your papers, call talk shows—tell your friends. Engage your community, your civic organizations, and your places of worship to call for this discussion. Act now! Here are their web sites: (www.senate.gov and www.house.gov)

BECAUSE, IF WE DON'T SHAPE THESE DISCUSSION AND DECISIONS, SOMEONE ELSE WILL DO IT FOR US.

Until we have a goal of what a system of health care should do and have clear roles and responsibilities within a system of care, the health care game and blame battlefield will only get worse and the buck will never stop anywhere, ever.

It's our choice.