

Documented Consensus on National Health Care Reform



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Briefing Summary

This packet includes an introduction to CodeBlueNow!, our market research findings from Iowa and Washington State in relation to national health care policy, other surveys we have conducted, and supplementary materials about this work. There is also a description of our network and approach.

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Organization

CodeBlueNow! is a national, nonpartisan, grassroots, 501(c)3 nonprofit organization based in Seattle, WA. We are dedicated to building consensus on national health care reform by engaging the American public. We use a survey tool called the Pulse[®] to learn the public's attitudes and preferences.

The national policy implications of our ongoing work were summarized by Lab Business Week:

“Conventional wisdom has been turned upside down by new research that finds significant common ground instead of bitter partisan divisiveness when it comes to health care reform.”

Lab Business Week/ NewsRx.com

March 23rd, 2008

Using our Pulse[®] data, we have created the *Voters' Health Care Platform*, a template for state and national reform, which outlines how our system can be sustainable, affordable, safe and fair. We aim to have this platform in the hands of every governor, state and federal senator and representative by 2009, for action in 2009 or 2010 at the latest.

Platform Rationale and Abstract

By creating a platform derived from our market survey data of 1,200 respondents and from another 6,800 additional individual survey respondents, CodeBlueNow! has a platform that reflects the views of the public. We differ from other groups because we started by asking what the public wants and would support, rather than leading with a specific solution. The platform elements, therefore, are based on statistically valid quantitative data, as well as qualitative data.

The *Voters' Health Care Platform* outlines how health care reform legislation can appeal to Independents and moderates in both parties who crave new solutions. It takes the choice and business friendly approach of a market system and blends it with the administrative savings of a single payer system. It maintains the role of the employer and the shared responsibility that exists in our current system, while changing elements of the delivery system and the financing and management structures.

This platform outlines an equitable, affordable, and accountable system that prioritizes preventive care, patient choice, and access to information.

Key Findings: State Surveys

The Pulse® was used in market research in two very demographically different states to provide statistically valid data: Iowa, surveyed 601 voters between August 23rd and September 13th 2007, and Washington, surveyed 600 voters between November 11th and December 26th, 2007.

Methods: The Gilmore Research Group conducted the Pulse® survey by telephone of voters registered as Democrat, Republican, or Independent. The maximum margin of error of ± 4.0 percentage points at the 95% level of confidence. Each survey took 14 minutes.

State Comparison: The responses were virtually identical between these two states. There was only one issue where state responses differed by more than 4%.*

Significance for National Policy: During data analysis CodeBlueNow! asked about the implications of having virtually identical responses from these two states. Gilmore Research answered: *“In the absence of action from our political leaders, this shows the American public has thought about this issue for a long time and has come to some very solid conclusions.”*

The data suggests that Democrats, Republicans, and Independents agree more on health care than indicated by the parties or the press. It can be concluded that strong consensus exists on key elements of health care reform that the public would support if the options are presented in clear language.

Percent Who Strongly Agree/Agree with Health Care Issue Statements by Voting Record

Survey Question	Washington			Iowa		
	R	D	I	R	D	I
Health care professionals should be required to give patients information about costs and benefits of treatments and service so people can make good decisions.	85	87	85	84	85	82
We need the same kind of public reporting and accountability in health care that we have in public companies, such as water and power companies, so we know where the money comes from, how the money is spent, and why.	63	85	77	69	81	77
Basic health care benefits should include coverage for any licensed health care professional as long as they are licensed by their profession and the State. *	66	81	72	70	81	77
We need to have Uniform standards and guidelines that health care professionals can use to make sure we receive the most effective care.	64	81	70	70	81	70
We must make sure that every person in America has coverage to assure affordable access to the health care services they need.	45	90	66	54	86	73
Health care services should stress preventing diseases rather than relying on high technology cures.	58	77	67	65	74	70
Health insurance should be a shared responsibility of individuals, employers, and government.	43	69	62	54	72	60
We should have one set of basic health benefits for all our people.	30	71	46	34	66	57
We must let the public have a larger role in designing and managing a new health care system.	59	68	58	53	72	57
Employers should continue to play the major role in providing health insurance for their employees.	64	50	60	56	63	57
There is enough money already going into the U.S health care system to provide quality care for everyone. We just need to make sure the money is used effectively and efficiently.	62	57	62	59	65	61

In questions where no consensus existed among Republicans, Democrats, and Independents, the respondents' views were more neutral towards the issue than polarized:

There should be one organization that oversees all our nation's health care and evaluates the effectiveness of all health care services, rather than having the numerous agencies that now exist.

	Agree	Neutral	Disagree	R	D	I
Washington	40	25	29	26	53	37
Iowa	42	24	30	34	57	33

Health insurance should be paid for with tax dollars and managed by local, state, or federal government.

	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	R	D	I
Washington	31	26	40	14	47	24
Iowa	26	27	42	12	40	23

Health care should be a personal responsibility like automobile insurance.

	Agree	Neutral	Disagree	R	D	I
Washington	35	25	39	54	18	41
Iowa	41	22	35	58	30	34

Key Findings: The Pulse[®] and Opinionnaire[®]

The Pulse[®] is designed to report on areas of common ground by measuring how strongly people feel on a range of issues including delivery system, financing, and management. CodeBlueNow! created the survey questions for the Pulse[®] in conjunction with a foundation and other nonprofit partners as part of our “Road Map for Change” pilot project in Oregon in 2006. Since that time, individuals have taken the survey online and we have partnered with other nonpartisan nonprofits to gather responses from a wide range of organizations that send the Pulse[®] to their members. CodeBlueNow! then provides these partners with data showing what their members value and compare it to our baseline market research data to see if there are any significant differences. To date, there have been no significant differences.

CodeBlueNow! maintains a diverse and growing network. * indicates Pulse Partners

National

Faithful Reform in Health Care*
National Coalition on Health Care*
Franciscan Health System*

U.S. Women's Chamber of Commerce*

Washington/Local

Artist Trust*
Cancer Lifeline*
Cityclub
Fremont Chamber of Commerce*
King County Executive Alliance*
King County Medical Society
Leadership Tomorrow*
League of Women Voters of Oregon

Northwest Physicians Network
Seattle Human Services Coalition*
The Seattle Foundation
Washington Artist Health Insurance Project*
Washington Medical Group Managers Association*
Washington Restaurant Association
Washington State Arts Alliance
Washington State Grange*

To date the Pulse[®] has yielded 4,001 total responses from these groups. We have an additional 2,800 from an earlier survey tool, called the Opinionnaire[®], which is nearly identical to the Pulse[®]. This gives us a total of 6,801 responses in addition to the 1,201 responses from the market research survey of Iowa and Washington.

Methods and Limitations. The data from the Opinionnaire[®] and the online Pulse[®] responses are voluntary, self selected and not collected by random sample. However, surveys completed by Pulse[®] partner members as well as individuals are significant when considering policy reform research and gathering public support through preexisting networks. The Pulse[®] data also reflect the findings of the market research data from Washington and Iowa.

Results: *We are finding no major significant differences between our market research findings and our Pulse[®] partner findings or online individual responses. No matter who we ask, we find the same consensus on these issues.*

Significance: *This demonstrates that solid consensus exists on key elements of health care reform, reflected in our Voters' Health Care Platform.*

Voters' Health Care Platform

This *Voters' Health Care Platform* is based on five years of research and dialog with thousands of Americans across the country. It draws on the ideas and wishes of Americans who describe themselves as Democrats, Independents, Republicans, and those who did not wish to declare a party preference. These ideas come from rural, urban and suburban communities. This platform is based on statistically valid quantitative market research as well as qualitative self-selected data.

Part I: Principles and Values

The following elements are essential to any systemic reform:

Equitability: All Americans must be covered and have access to a core set of health care benefits. Without universal coverage, providers will continue to shift the cost of care, and that cost shift causes out of control cost increases.

- Having one set of core benefits for everyone would simplify administration.
- Universal coverage and a core benefit package would reduce the need for all the current eligibility, authorization and referral management. This administrative simplicity would reduce cost and free funds for patient care.
- A standard core benefit package for all would assure greater personal freedom by having complete portability of health coverage, so individuals could move between jobs and income brackets with less red tape and gaps in coverage than is currently the case.
- Individuals, employers and various levels of government will all contribute to insurance costs to varying degrees.
- With everyone having access to the same benefits and premiums based on a sliding fee scale, the need for separate and expensive public programs such as Medicaid could be restructured, thus reducing expenditures of federal and state tax dollars, which can be redirected toward patient care.

Supporting Data:

We must make sure every person in America has health coverage to assure affordable access to the health care services they need.

	WA	IA
	%	%
Strongly Agree/Agree	69	71
Neutral	14	13
Strongly Disagree/Disagree	15	14
Don't Know/Not Sure	1	2
Refused	0	0
Total	100	100

Affordability: New financial incentives need to be created to reward providers for health promotion, wellness and chronic disease prevention. Administrative simplicity would lower costs for employers and individuals.

- Premiums will be based on a sliding fee scale for individuals, families and businesses.
- Elimination or reduction of insurance eligibility, authorization, referral rules and regulations, and other fact checking administrative tasks, would reduce administrative costs and waste. This would reduce the cost of providing care, especially in facilities with high-uninsured usage rates, such as emergency rooms.

- Additionally, by having one benefit package for everyone, patients would be able to see a health provider without worrying about costs, and thereby reduce pressure on emergency rooms for the uninsured. It also reduces the paperwork complexity that currently adds cost and no value.
- To reduce malpractice costs, all malpractice claims will go to mediation first. Patients retain the right to go to court should they dispute the mediation findings.

Supporting Data:

There is enough money already going into US health care to provide quality care for all our people. We just need to make sure the money is used more effectively and efficiently.

	WA	IA
	%	%
Strongly Agree/Agree	60	63
Neutral	19	17
Strongly Disagree/Disagree	18	16
Don't Know/Not Sure	3	5
Refused	0	0
Total	100	100

Preventive Medicine and Health Promotion: The health care delivery system will focus on and emphasize health promotion and disease prevention benefits and programs.

- Providers will receive financial incentives for working with patients to keep them healthy and reduce unnecessary surgical interventions.
- Patients may be subject to incentives regarding personal responsibility for their health. Some employers currently have policies that reward people with healthy behaviors, such as not smoking, with lower premiums and they may continue to hold such policies.

Supporting Data:

Health care services should stress preventing disease rather than relying on high technology cures.

	WA	IA
	%	%
Strongly Agree/Agree	68	69
Neutral	23	20
Strongly Disagree/Disagree	7	7
Don't Know/Not Sure	3	3
Refused	0	0
Total	100	100

Accountability: The health care system needs to be accountable to the payers in terms of patient health outcomes, billing, and precise expenditure of funds received, using methods that are in line with the transparency of information necessary for the market based elements of this platform.

- Health interventions should be based on known medical outcomes and/or follow the care guidelines of professional health care societies.
- The offices of Health Information Technology and the Medicare Coverage Advisory Commission in the Department of Health and Human Services that currently analyze the cost/benefit of new technologies will continue to make recommendations on the efficacy of new technologies and IT infrastructure.

Supporting Data:

We need the same kind of public reporting and accountability in health care that we have in public companies, such as water and power companies, so we know where the money comes from, how the money is spent, and why.

	WA	IA
	%	%
Strongly Agree/Agree	76	75
Neutral	13	14
Strongly Disagree/Disagree	9	9
Don't Know/Not Sure	2	2
Refused	1	0
Total	100	100

Choice: Individuals and families will have their choice of health care providers as long as the providers are licensed by their profession and by the state.

- Given that nearly one-third of all Americans have non-physician primary care providers, the core benefit package will include access to the Complementary and Alternative Medicine (CAM) professions as well as medical providers.
- Employers and individuals will have the same core set of benefits, but both may add more benefits for their employees and/or for themselves.
- Individuals and families will continue to have their choice of provider.
- Large employers may continue to self-fund their employee health care benefits.

Supporting Data:

Basic health benefits should include coverage for any licensed health care professional, such as naturopaths, midwives, acupuncturists and chiropractors, as long as they are certified and licensed by the state and by their profession.

	WA	IA
	%	%
Strongly Agree/Agree	75	69
Neutral	14	19
Strongly Disagree/Disagree	10	11
Don't Know/Not Sure	1	1
Refused	0	0
Total	100	100

Information: Patients need access to reliable, convenient and easy to understand care guidelines, and treatment cost/benefit options. Many care guidelines already exist, and should be shared widely with patients.

- It will be the responsibility of the provider to present treatment options to the patient. This can be in the form of face to face meetings or referral of the patient to online decision-tree functionalities.
- The guidelines should be readily available and in easy to understand terminology.

Supporting Data:

Health care professionals should be required to give patients information about the costs and benefits of treatments and services so people can make good choices.

	WA	IA
	%	%
Strongly Agree/Agree	87	72
Neutral	10	12
Strongly Disagree/Disagree	4	3
Don't Know/Not Sure	1	1
Refused	0	0
Total	100	100

Part II. Delivery System, Management and Financing

Introduction/Background

Platform Part II is an attempt to apply the principles from Part I to more complex issues. These issues need further refinement and consensus building among the public, health economists, health care professionals and others with technical expertise. While this platform is not cast in concrete, it has, however, emerged from the values and principles the people have said are important to them. This part of the *Voters' Health Care Platform* is offered as a starting point for further bi-partisan discussion and refinement.

The principles of Part I of the Voters' Health Care Platform of: equitability; affordability; prevention and health promotion; accountability; choice, information and shared responsibility; are the underpinnings which dictate the following consideration for a new system.

The overriding intent is to work as much as possible with existing agencies and programs, and design a complete system that meets the care needs of the poor and vulnerable while simplifying administration and management of the system as a whole.

I. Delivery System

The current delivery system has few rewards for either patients or health care professional to promote the health of patient and rewards procedures which may result in over treatment and/or inappropriate treatments. Given that data show the public values prevention over high tech cures; wants choice of providers; and treatment based on known outcomes and clear care guidelines, we use those ideas to address changes below:

1. Reward Performance/Outcomes

A. Create incentives that reward individual and family health and reward providers for promoting health: Possible rewards could include:

- Assure patient access to reliable screening systems and reward practices for early detection and management of chronic diseases.
- Reward insurance companies and businesses for insurance coverage that focuses on health promotion and disease prevention.

2. Revise Provider Compensation

- Reward and promote primary care
- Reward provider groups for maintaining healthy patients

3. Promote Care Coordination

- Encourage systematic improvements based on care coordination and continuity of care.
- Assure a neutral place for second opinions on major care decisions, such as surgery. Use something like ‘decision-tree technology’ or other neutral approaches.
- Include CAM professionals in new compensation guidelines.

II. Benefit Management: Central Standards, Private, state-based management

Assuming that the reform package will have one core set of benefits for all Americans, this could lead to a new benefit management structure. Our data indicate compellingly that the public does not want a government, tax-based health care system; nor a system based completely on personal responsibility. Thus the health care system will remain a shared responsibility of employers, employees and government, using private insurers, but with greater nonpartisan oversight, similar to the Federal Reserve Board and the Federal Employees Health Benefit Plan (FEHBP). This assures accountability will be built into the system.

A. Use the Federal Employee Health Benefit Plan (FEHBP) as a management model

- Benefits would be specified nationally, but managed at the State level.
- Self-insured companies and labor unions would continue to self-fund, as long as they offer the minimum core set of benefits.
- The FEHBP is offered as the management model because of its years of proven experience in providing benefits and in using the administration and profit analysis factor criteria. Recognizing the complexity of the care needs of our Veterans, the Veterans Administration shall continue to remain a separate care system.

B. Provider Rates

- Provider rates would be negotiated at the state level, because salaries and prices vary significantly between states and within states. These rates would be determined by a formula at the federal level to be applied at the state level.
- The rate structure would be decided in conjunction with Office of the Insurance Commissioner; state health care professional associations; state health insurance association; and consumer representatives.

C. Regulatory Oversight and Appeals

- These functions would remain at the state level because those structures are already in place in Insurance Commissioners offices.

D. Insurance Pools and Benefit Design

- Develop a series of benefit packages for individuals and employers to select from, much like Medicare Part B options to assure choice and reduce administrative complexity.
- Assure one core benefit package to offer administrative simplicity and reduce waste and save costs.
- Expand the functions of SHIBA (Senior Health Insurance Benefit Advisor) and/or work with state insurance broker association to advise individuals and employers on their respective choices.

E. Medicaid

- With a core benefit package guaranteed for everyone, the need for totally separate public care systems would be significantly reduced, with the exception of long term care, and care for the disabled and chronically mentally ill.
- Those needing financial assistance can apply through the state, as is currently the case, and the state and federal government will subsidize insurance on a sliding fee scale, much like the current Medicaid program.

- This eliminates the need for a separate rate structures for low income patients
- Groups that specialize in providing care for low income patients, such as neighborhood clinics and community and migrant health centers, would continue to provide that care and their providers would be reimbursed at the state designated rates.

III. Financing

Extensive research findings indicate the public wants the financing of health care to remain a shared responsibility of individuals, government, and employers. They also want standards, intelligible information and choices.

1. Retain Private Market and Add Performance Accountability

- Employers and individuals will continue to purchase health insurance from private insurers.
- Benefit packages will be sent out to bid to state insurers, who will be subject to the same administrative and profit analysis factors of the FEHBP. This assures the continuation of a private health insurance market, but regulates the market and sets performance standards, much like the Federal Reserve Board regulates the banking and investment industries.

2. Subsidize Low Income Individuals and Small Employers

- Low income individuals and small employers will have their premiums subsidized based on a sliding fee scale.
- The GAO will conduct research and make recommendations on the most equitable approach, such as tax credits; tax deductions; premium subsidies, etc.

3. Promote Personal Responsibility and Long-term Care Savings: Health Savings Accounts

- Individuals and families will retain the option of having a health savings account for each individual or family, much like the current 401(k) retirement plans.
- These plans would be used for both health care and long-term care. These benefits could also be transferred as part of an estate.
- The funds would be taxed heavily if they are used for anything other than health care or long-term care.

4. Promote Equity: Tax Reform

- The tax code must be changed so that everyone—individual and employers—have the same ability to deduct their health care premiums and costs.

Conclusion

Many of these elements need further work and refinement. It is important to remember that the elements of this Platform are derived from the people. These ideas emerged from a national contest in 2003, have been tested in a pilot project, and validated with market research. We have worked with numerous organizations across the country. No matter whom we approach or who answers the questions, we keep finding the same solid conclusions reflected in this Platform. While this Platform is not cast in concrete, it does however, chart a clear course of what could be possible for a new health care system if we listen to the views of the public. We offer this Platform not as an iron clad solution, but rather as a ray of light and an invitation to collaborate with others to refine a more complete solution.

Kathleen O'Connor and CodeBlueNow! Board of Directors
September 10, 2008

CodeBlueNow! Strategic Assets and Experience

CodeBlueNow! is the only national, nonpartisan, nonprofit 501(c)3 dedicated to engaging the public to find common ground and build consensus on health care reform. We couple civic engagement with other nonpartisan nonprofits, with statistically valid market research data to arrive at our conclusions.

Our work is supported by data as well as by mission and personal conviction. No other advocacy organization or political party uses broad based statistically valid data to create their principles and platforms.

CodeBlueNow! is five years old in October 2008. We have grown, matured and accumulated strategic experiences and research materials. Specifically:

- 2003: Challenged the American people to design a health care system
 - Received 109 proposals reviewed by nine independent judges
- 2004: Recruited a Board of Directors, an Honorary Board and announced the resulting core principles in our *Declaration for the Health of America*
 - Launched the first annual American Health Care Congress with Loma Linda School of Public Health
- 2005: Continued to build infrastructure and
 - Published a 10 consecutive week series of op-eds, The CodeBlueNow! Papers in The Seattle Post Intelligencer
 - Concluded year with a standing room only Town Hall
- 2006: Conducted a year-long pilot project in Oregon to test our organizing plans and principles
 - Engaged a public will building consulting firm, The Metropolitan Group, to work on messaging
 - Conducted focus groups on messaging and developed joint messaging with other health care reform organizations in Oregon
 - Published op-eds around the state and worked with other health care reform organizations to promote a common reform agenda
 - Formulated our strategy toward national and online work
 - Started our first online survey work with partner organizations
- 2007: Conducted two market research surveys in Iowa and Washington to collect statistically valid data
 - Demonstrated solid consensus of the public on core issues and values
 - Documented consensus across party lines and Red and Blue state lines
 - Used consensus to attract other partners to complete surveys
- 2008: Recruited more nonpartisan nonprofits to complete the market research survey online—findings remain the same among all groups
 - Used these validated findings to draft a Voters' Health Care Platform, based on changes the public will support
 - Hosting a Town Meeting on September 18, in Seattle with two former governors—Republican and Democrat—to launch our Voters' Health Care Platform
 - Sending this bipartisan *Voters' Platform* to every new governor, Senator and Representative in November, post election as well as to the media and other advocacy coalitions immediately following Town Hall.

To summarize, we have conducted the research, examined the data and identified the elements necessary to conduct a successful campaign for health care reform. These elements include our understanding of areas of strong public trust; the most important health care values held; and ways to compel public will toward legislative action.

No other group has consistently talked with the public, used statistically valid and known research techniques or used a consensus building approach to develop their health care platforms. All other groups are using self-selected data; limited surveys; and have reached out only to their members, some form weak coalitions but show no deeply driven data or substance. CodeBlueNow! is recognized as unique in this regard.

Our work over the past five years represents a financial investment of \$1.1 million.

Personal Donations:	\$741,565
Grants:	\$180,000
In-kind Contributions:	\$245,000.

Our investment has resulted in:

- A bipartisan Platform with a core set of principles and elements the public would support
- Research on messaging to assure that the reform message resonates with what the public values
- Data to support these assertions
- A network of organizations, opinion leaders, the press, bloggers and individuals as advocates.

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Grants Received

2004-2006

North West Health Foundation,	\$170,000
W.K. Kellogg Foundation	\$10,000