

Report on the Howard County (Maryland) Health Care Reform Forum

December 2008

Site: Florence Bain Senior Center, 5470 Ruth Keeton Way, Columbia, MD 21044

Attendees: 202—with tremendous diversity of race, generation, profession and socioeconomic background; arranged in sixteen tables, each with own moderator and note taker

Press: Fox45 TV; Baltimore Sun, Johns Hopkins University Magazine, Columbia Flier, Howard County Times, Baltimore Business Journal

Elected Officials: County Executive Ken Ulman; Maryland State Delegates Shane Pendergrass, Guy Guzzone, Liz Bobo, Frank Turner; County Councilpersons Mary Kay Sigaty, Jen Terrasa

Responses to Questions:

1. What does the group perceive as the biggest problem in the health system?

- Overwhelmingly, the two top answers were **access and coverage**—with the two not necessarily always the same. There was virtually unanimous support for some type of system of universal, affordable health coverage.
- Second leading issue was concern over **availability of primary care providers**. Specifically there was concern expressed over inequitable reimbursement to primary care providers vs. specialists; concern expressed over the quality of care at some primary care providers due to need to see excessive number of patients per day to make ends meet; concern that there is too much spent on too many specialists; concern that more and more primary care providers will move to “retainer” or “concierge” medicine, leaving many who have insurance but don’t want to pay the retainer without access to primary care. Suggested solutions: governmental re-payment of medical school loans for graduates who go into primary care; increase re-imburement for primary care visits and decrease re-imburement of specialty services for budget neutrality; reduce barriers for nurse practitioners to practice more independently.
- A lot of discussion about how the entire health care system is **based on a failed business model** (i.e. profit-seeking by medical/insurance industry at expense of patient’s needs), and a lot of questioning of the logic of continuing with our system of employer-based insurance.
- Significant amount of interest in the **need for a much greater focus on prevention**, including suggestions to link payments to delivery of preventive

and wellness services, including evidence-based alternative/complementary medicine.

- **Relative lack of coverage of dental, mental health and substance abuse treatment.**
- The final very important problem recognized by the group was a **terrible lack of integration of care**. This includes a lack of communication between different components of the health system. There was overwhelming support for widespread use of Electronic Medical Records (perhaps mandating for those providers who wish to receive Medicare/Medicaid).

2.a. How do attendees choose a doctor or hospital?

- By far the most common answers were: a) **if covered by insurance plan**; b) **location**—i.e. proximity to residence or work; and c) by word of mouth from **friends** or other physicians

2.b. Where do attendees get information in making that decision?

- Virtually everyone mentioned that they **don't know** of such an authoritative source.

2.c. How should public policy promote quality health care providers?

- Many suggested having a **set of national standards** against which providers would be measured, with **results widely available via a public database** including a provider rating system.
- **More peer review** was suggested.
- Develop **better effectiveness studies of treatments and medications**, so as to better inform medical practice.
- **More effective coordination** of patient records via widespread use of EMRs.

3.a. Have attendees or their family members experienced difficulty paying medical bills?

- Yes. Since most attendees were insured, their **difficulties arose when insurance didn't cover certain things, including: medications, dental services, mental health services, procedures in hospital performed (unbeknownst to patient) by provider other than their own doctor who turns out to be out of network.**
- Yes, for the few who were not insured, they all had difficulty paying for medical bills, and had two other concerns: a) a recent **college graduate fell through the insurance cracks** between parental coverage and employer coverage; b) anger over paradox that **rates for care charged to uninsured are higher than for those insured.**

3.b. How can policy makers address this problem?

- **Universal, affordable health coverage.**
- **Empower consumers** to fight unfair bills, with better patient's bill of rights
- Encourage/require payors to **cover preventive services** in order to prevent more expensive conditions.
- Kudos to Howard County for implementing the **Healthy Howard Access Plan**, which provides comprehensive, affordable health and wellness services to the uninsured of the County.

4. In addition to employer-based coverage, would the group like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?

- **Overwhelmingly supportive of the offer of a public plan like Medicare**, for the following reasons: a) portability; b) much more efficient to administer than private insurance plans; c) the availability of this type of plan for all would foster more productive competition with private insurance.
- **Supportive of offering private insurance through an exchange, as long as the criteria** for being offered via the exchange **includes coverage for preventive services.**
- Many of the tables questioned the premise of the question, expressing **grave concern about continuing the current employer-based system of coverage.**
- Most very supportive of the exchange, **once the concept of the exchange was explained to them.**

5.a. Did attendees know how much they or their employer pays for health insurance?

- Vast majority answered affirmatively.

5.b. What should employers role be in a reformed health care system?

- **Tremendous support for getting the employer out of the health care system entirely**, except for helping to provide financial support for universal coverage (i.e. payroll tax).
- Lots of support for employment being **site of health and wellness programs, education efforts about healthy behavior**; fair amount of support for incentives to employees with healthy behaviors and some support for mandates for healthy behaviors (like stopping smoking).

6.a. Are attendees familiar with types of preventive services Americans should receive?

- Basically, yes.

6.b. Had attendees gotten the recommended prevention services?

- Not answered completely enough by most tables to provide conclusive answer.

6c. How can public policy help encourage preventive services?

- **Evidence-based preventive services should be covered by all insurance.**
- **Reimbursement to providers for time spent educating** patients about wellness and prevention.
- **Implement internet-based checklist** of recommended preventive services for easy access by consumers.
- **Incentivize consumers** (via modest tax breaks) to verify preventive services were obtained during the year.
- Concerns about current recommendations in current system included: a) if an uninsured individual screens positive for a condition at a health fair, how are they going to afford necessary follow up?; and b) cost of screens may not be covered by all insurers.

7. How can public policy promote healthier lifestyles?

- By far the most common response was to use the schools to promote healthy lifestyles, via: healthier food choices, increasing exercise/recess time, providing annual physicals, and health education.
- Interestingly, the second most common response, expressed at many tables, was the President should use his “bully pulpit” to encourage daily physical activity and healthier food choices—partly by leading by example. Also encourage that the President’s Council on Physical Fitness resume public service announcements about the same.
- Encourage livable/walk-able communities, and implement smart-growth policies.
- Include coverage for smoking cessation services and obesity treatments.
- Include coverage of evidence-based alternative/complementary medicine.