

Citizens' Health Care Working Group Background Information

The U.S. Congress created the Citizens' Health Care Working Group as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Working Group is charged with engaging the American public in a dialogue that will help find solutions to the shortcomings in the current health care system. This legislation also charges the President and Congress to respond to the recommendations that the Working Group will make after hearing from the American public. Five congressional committees with jurisdiction in this matter will hold hearings on the recommendations.

On February 28, 2005 the U.S. Comptroller General announced the appointment of 14 individuals to the nonpartisan federal commission (see list below). Since that time, the Working Group has heard expert testimony in public hearings in Virginia, Mississippi, Utah, Texas, Massachusetts, and Oregon. In October, it published a Report to the American People that summarizes what is known about how much is spent on health care in the US, where that money comes from, where it goes, and what it pays for. This report laid the ground work for the next phase of the commission's work—engaging the American public in an informed national public debate about the services and coverage, how to improve the U.S. health system, and how or what they are willing to pay.

In the next 6 months, the Working Group will hear from millions of Americans through several venues, including community meetings (virtual and actual), interviews, on-line surveys and free phone access. The commission's final task will be to report its recommendations to the President and the U.S. Congress.

Appointed Members of the Citizens' Health Care Working Group

- Frank J. Baumeister, Jr. (OR), physician specializing in gastroenterology
- Dorothy A. Bazos (NH), registered nurse, adjunct professor, Dartmouth College
- Montye S. Conlan (FL), consumer advocate
- Richard G. Frank (MA), professor of health economics, Harvard Medical School
- Joseph T. Hansen (MD), President, United Food and Commercial Workers International Union
- Therese A. Hughes (CA), government relations and legislative analyst at the Venice Family Clinic
- Brent C. James (UT) , physician and vice president of Intermountain Health Care
- Randall L. Johnson (IL), Chair, Director of Human Resources Strategic Initiatives, Motorola
- Catherine G. McLaughlin (MI), professor of health economics at the University of Michigan
- Patricia A. Maryland (IN), president of St. Vincent Hospitals and Health Services, Inc
- Rosario Perez (TX), registered nurse and president of St. Vincent Hospitals and Health Services, Inc
- Aaron Shirley (MS), physician and an associate professor in pediatrics at the University of Mississippi Medical Center
- Deborah R. Stehr (IA), health care advocate and is a full-time care giver
- Christine L. Wright (SD), registered nurse

NATIONAL HOTSPOT PARTNER NIGHT
sponsored by the Big Ten Conference and
the Association of Schools of Public Health

On Wednesday evening March 22, 2006, from 5-8pm CST, Wisconsin will participate in a multi-site actual and virtual community meeting. Other sites include each member of the Big Ten conference and each School of Public Health (SPH). The University of Michigan, which is convening the event, will host a 3-4 person panel of national Working Group members and webcast the event, while the individual universities will hook up to the webcast via satellite.

The panel of national Working Group members in Ann Arbor can answer questions about the material presented in their report. They, along with local faculty at the participating sites, will answer questions from members of the audiences. Questions can also be submitted by phone or in real time via the internet.

During that 3 hour block of time, we would hope that people would come to the sites to engage in a discussion with each other about some subset of the questions the Working Group is charged with addressing: the services they want covered, what health care coverage they want, and how they are willing to pay for coverage. During this multisite "virtual" community meeting, participants can hear questions and comments from participants all over the country.

Staff at the Ann Arbor site will review submitted questions and comments, screen them for appropriateness, then pass to the facilitator representative questions and comments that will advance the discussion. For example, the process could play out as follows: "Sam from Iowa wants to know whether information technology would reduce access problems in rural areas" or "Susie from Berkeley wants the Working Group to recommend universal coverage for preventive care," both of which would lead to a discussion among the panel and audience members.

While all questions may not be answered during the time allotted, Working Group staff will compile the questions, group them according to category, and then answer them on the website during the following 2 or 3 weeks. Individuals viewing the website can read more of the Working Group materials and may participate in the online survey.

Questions:

Why an educational environment? A primary goal of the Working Group is to engage in an *informed* public dialogue. Both sides need to be educated—the public needs to know the facts about how much is spent for what by whom, and the Working Group needs to know more about what the citizens want from the system and what they are willing to trade to get what they want. Educational institutions are the natural place for this kind of dialogue and members of these institutions are seen as honest brokers between stakeholders, policymakers, and the American public. Most universities have close connections with their local communities, and have the capability to advertise the event locally to the surrounding neighborhoods.

In addition, those aged 18-35 often do not attend community meetings, are disproportionately represented in the group without insurance coverage, and yet are those whose future earnings and access to health care are most threatened by the trends in the current system.

Why the Big Ten? Having meetings in Iowa, Indiana, Michigan, Minnesota, Wisconsin, Illinois, Ohio, and Pennsylvania go a long way to filling in that big middle section in the map of the US. UM's president, Dr. MarySue Coleman, has a strong interest in health care reform, kindled by her role as the Co-Chair of the Institute of Medicine's Committee on the Consequences of Uninsurance. One of the Working Group members, Dr. Catherine McLaughlin, is on the faculty at UM. Several members of the 5 Congressional committees charged with holding hearings live in these states. The Big Ten conference generates a lot of press interest, with hundreds of thousands of alumnae and parents all over the country. Alumni associations at these universities will send an email to their list serves with a link, date and time for the live web event and invite them to participate. Most of these schools have programs in health care policy, enabling the participation of one or more faculty members to help facilitate the meetings.

Why Schools of Public Health? Health care costs, quality, and access are key subjects taught and studied in Schools of Public Health (SPH). There is a natural fit between their educational mission and the Working Group's mission. There is solid geographical distribution across the US (see attached list). The American Public Health Association is one of the organizations that have agreed to be a partner and could help us with advertisement and outreach. Most SPH student organizations have experience organizing community events and could be included in the outreach effort. While several other organizations in "the health care field" have also agreed to be partners, provider and payer groups are also viewed as major stakeholders in any health care reform discussion and may not, therefore, be seen as honest brokers in any informed dialogue.

Partial List of Partners

American Assoc of Critical Care Nurses
American College of Nurse Midwives
American College of Nurse Practitioners
American Hospice Foundation
American Medical Women's Association
American Osteopathic Association
American Public Health Association
Catholic Health Association
Federation of American Hospitals
Health Care Leadership Council

Natl. Assoc. of Community Health Centers
National Association of Counties
National Association of Realtors
National Governors Association
Natl. Federation of Independent Businesses
National League of Cities
National Rural Health Association
Open Door Health Center
United Food & Commercial Workers Union