



OBAMA-BIDEN TRANSITION PROJECT

PARTICIPANT GUIDE FOR HEALTH CARE COMMUNITY DISCUSSIONS

POLICY BACKGROUND AND KEY QUESTIONS

The President-elect believes that every American should have high quality and affordable health care, and to reach this goal, we must modernize our health care system in order to:

- Improve health care quality and cut costs;
- Expand coverage and access; and
- Increase the emphasis on primary care and prevention.

As we work to revamp our health care system, we need to hear from you. There is no problem that we cannot solve together—and it is out of our collective wisdom and experience that we will identify potential solutions to the many health care challenges that we face. We need to hear your ideas and your stories so that we can report them to the President-elect. What follows is brief background information to help you start a discussion and a set of key questions. Your answers to them will guide our collective effort to reform the U.S. health system.

I. OVERVIEW OF THE PROBLEM

The potential of health care in America is enormous and ever expanding. Diseases that once were life-threatening are now curable; conditions that once were devastating are now treatable. We have the knowledge to extend and improve lives.

But, as the stories of those who participated in the recent on-line discussion at www.change.gov testify, our system is flawed and fails to deliver affordable, high-quality health care to all Americans. Our system faces three interrelated problems.

First, health care costs are skyrocketing, hurting our families as well as our economy:

- Health insurance premiums have doubled in the past 8 years, accompanied by increasing co-pays and deductibles that threaten access to care.¹
- Large medical bills have contributed to half of bankruptcies and foreclosures.²
- Rising health care costs place a burden on American businesses, as they try to balance health benefit costs with job growth and competitiveness. American manufacturers are paying more than twice as much on health benefits as most of their foreign competitors (measured in cost per hour).³
- Problems with health care quality and administrative “waste” contribute to these costs:
 - Medical errors result in as many as 100,000 deaths per year in U.S. hospitals.⁴
 - On average, American adults received just 55 percent of recommended care for the leading causes of death and disability.⁵
- The U.S. spent \$412 per capita on health care administration and insurance in 2003—nearly 6 times as much as other developed countries.⁶

Second, over forty-five million Americans have no health insurance:

- Nearly 160 million Americans have job-based insurance, but many are just a pink slip away from joining the ranks of the uninsured. For every 1 percentage point increase in the unemployment rate, over one million people become uninsured.⁷
- Being uninsured leads to delayed care—late diagnoses for cancer when it is harder and more expensive to treat, and preventable complications due to untreated diabetes. It also leads to denied care—a child without health insurance is less likely to receive medical attention for recurrent ear infections or for asthma. Uninsured trauma victims are less likely to be admitted to the hospital and are 37 percent more likely to die of injuries.⁸
- Even people with coverage are increasingly finding that it is insufficient or simply not there when needed. Nearly one in five Americans either delay care or have unmet needs despite having health insurance.⁹

Third, our nation's investment in prevention and public health is inadequate, leading to rapid spread of chronic diseases, many of which could be prevented entirely or managed:

- One in 3 Americans—or 133 million—have a chronic condition,¹⁰ and 5 chronic diseases—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—cause over two-thirds of all deaths.¹¹
- Approximately 1 in 3 children born today will develop diabetes in their lifetime.¹²
- Only four cents out of every health care dollar is spent on prevention and public health.¹³

II. THE PRESIDENT-ELECT'S HEALTH CARE PLAN

President-elect Obama presented a framework for health reform to achieve three goals:

Modernize the Health Care System to Improve Quality and Reduce Costs:

- Invest in a national health information technology system that will allow us to coordinate care, measure quality, reduce medical errors, and save billions of dollars;
- Reward health providers that provide high quality care and coordinated care;
- Expand disease management programs and self-management training to help patients;
- Lower drug costs by increasing the use of generic drugs in public programs, and taking on drug companies that block cheaper generic medicines from the market;
- Require hospitals and providers to collect and report health care cost and quality data.

Expand Coverage to All Americans:

- Build upon and strengthen employer coverage;
- Allow people to keep the coverage that they have and maintain patients' choice of doctor;
- Establish a National Health Insurance Exchange that offers a range of private insurance options as well as a new public plan option;
- Require insurance companies to cover pre-existing conditions so all Americans regardless of their health status or history can get comprehensive benefits at fair and stable premiums;
- Expand Medicaid and SCHIP and provide sliding-scale premium assistance for low-income people.

Improve Prevention and Public Health:

- Require coverage of clinical preventive services such as tobacco cessation services and cancer screenings, in public programs and private health plans;
- Invest in community-based prevention that will lead to healthier schools, worksites, and communities;
- Tackle the health and public health workforce shortage and bolster the public health infrastructure.

III. QUESTIONS

1. Briefly, from your own experience, what do you perceive is the biggest problem in the health system?
2. How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?
3. Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?
4. 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?
5. 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?
6. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?
7. How can public policy promote healthier lifestyles?

EXAMPLES OF RECOMMENDED PREVENTIVE SCREENINGS

Screening Mammography:

- All of the major professional societies that make recommendations about breast cancer screening recommend that women by age 50 and older get a routine annual screening mammography for breast cancer. Many of these societies recommend that women should undergo such screening at age 40.¹⁴
- Yet, only 71.8 percent of women age 50-64 and 63.8 percent of women 65 or older received a screening mammogram in 2005.¹⁵

Flu Shots:

- The Centers for Disease Control and Prevention recommends that all adults over the age of 50 receive an annual vaccine against influenza.¹⁶
- Yet, in 2006, only 45.9 percent of adults over the age of 50 received a flu shot.¹⁷

Cholesterol Screening:

- The U.S. Preventive Services Task Force recommends that doctors routinely screen men ages 35 years and older and women ages 45 years and older for high cholesterol.¹⁸
- Yet, according to data from 2007, only 74.9 percent of adults in the U.S. had their cholesterol checked within the past five years.¹⁹

PARTICIPANT SURVEY FOR HEALTH CARE COMMUNITY DISCUSSION

(Please Give Your Survey To Your Host—Thank You!)

- 1. What do you perceive is the biggest problem in the health system?**
 - a. Cost of health insurance
 - b. Cost of health care services
 - c. Difficulty finding health insurance due to a pre-existing condition
 - d. Lack of emphasis on prevention
 - e. Quality of health care

- 2. What do you think is the best way for policy makers to develop a plan to address the health system problems?**
 - a. Community meetings like these
 - b. Traditional town hall meetings
 - c. Surveys that solicit ideas on reform
 - d. A White House Health Care Summit
 - e. Congressional hearings on C-SPAN

- 3. After this discussion, what additional input and information would best help you to continue to participate in this great debate?**
 - a. More background information on problems in the health system
 - b. More information on solutions for health reform
 - c. More stories on how the system affects real people
 - d. More opportunities to discuss the issues

References

- ¹ Kaiser Family Foundation and Health Research and Educational Trust, "Employer Health Benefits 2008" (Menlo Park, CA), Kaiser Family Foundation (2008), available at <http://ehbs.kff.org/pdf/7790.pdf>.
- ² C.T. Robertson, R. Egelhof, and M. Hoke, "Get Sick, Get Out: The Medical Causes of Home Foreclosures," *Health Matrix*, 18 (2008): 65-105, available at http://works.bepress.com/christopher_robertson/2.
- ³ Len M. Nichols and Sarah Axen, "Employer Health Costs in a Global Economy: A Competitive Disadvantage for U.S. Firms," New American Foundation (May 2008).
- ⁴ Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors; Committee on Quality of Health Care in America, Institute of Medicine, *To Err is Human*, Washington, DC: National Academy Press (2000).
- ⁵ Elizabeth A. McGlynn *et al.* "The Quality of Health Care Delivered to Adults in the United States," *NEJM* 348 (26): 2635-2645 (June 26, 2003).
- ⁶ McKinsey & Company, "Accounting for the Cost of Health Care in the United States" (January 2007).
- ⁷ Stan Dorn *et al.*, "Medicaid, SCHIP, and Economic Downturn: Policy Challenges and Policy Responses," Kaiser Commission on Medicaid and the Uninsured (April 2008), <http://www.kff.org/medicaid/upload/7770.pdf>.
- ⁸ Institute of Medicine, "Care Without Coverage: Too Little, Too Late - Report Brief," Washington, DC: National Academy Press (2002), available at <http://books.nap.edu/books/0309083435/html/73.html#pagetop>.
- ⁹ P.J. Cunningham, L.E. Felland, "Falling Behind: Americans' Access to Medical Care Deteriorates, 2003-07," Center for Studying Health System Change, Tracking Report No. 19 (June 2008).
- ¹⁰ Gerard Anderson, Robert Herbert, Timothy Zeffiro, and Nikia Johnson, "Chronic Conditions: Making the Case for Ongoing Care," Partnership for Solutions, Johns Hopkins and Robert Wood Johnson Foundation (2004).
- ¹¹ Center for Disease Control and Prevention, "Chronic Disease Overview," <http://www.cdc.gov/nccdphp/overview.htm>.
- ¹² Center for Disease Control and Prevention, "Preventing Chronic Diseases: Investing Wisely in Health," <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/pdf/diabetes.pdf>.
- ¹³ Jeanne M. Lambrew, "A Wellness Trust to Prioritize Disease Prevention," The Hamilton Project, Brookings Institution (2007), available at <http://www3.brookings.edu/views/papers/200704lambrew.pdf>.
- ¹⁴ Agency for Health Care Research and Quality, "Screening for Breast Cancer: US Preventive Services Task Force" (February 2002), available at <http://www.ahrq.gov/clinic/uspstf/uspstfbrca.htm>; American Academy of Family Physicians, "Periodic Health Examinations: Summary of AAFP Policy Recommendations & Age Charts," available at www.aafp.org/exam.xml; Feig, SA, D'Orsi, CJ, Hendrick, RE, *et al.*, "American College of Radiology Guidelines for Breast Cancer Screening," *American Journal Roentgenology*, 171:29, 1998; Amir Qaseem *et al.*, "Screening Mammography for Women 40 to 49 Years of Age: A Clinical Practice Guideline from the American College of Physicians," *Annals of Internal Medicine* (April 2007) Volume 146, Issue 7, Pages 511-515, available at <http://www.annals.org/cgi/content/full/146/7/511>.
- ¹⁵ National Center for Health Statistics, "National Health Interview Survey in Health, United States, 2007 with Chartbook on Trends in the Health of Americans," Table 87, available at [http://www.cdc.gov/nchs/data/07.pdf](http://www.cdc.gov/nchs/data/hus/07.pdf).
- ¹⁶ Centers for Disease Control and Prevention, "2008-09 Influenza Prevention and Control Recommendations," available at http://www.cdc.gov/flu/professionals/acip/flu_vax_adults0809.htm#box2.
- ¹⁷ National Center for Health Statistics, "National Health Interview Survey in Health, United States, 2007 with Chartbook on Trends in the Health of Americans," Table 85, available at <http://www.cdc.gov/nchs/data/07.pdf>.
- ¹⁸ Agency for Health Care Research and Quality, U.S. Preventive Services Task Force, "Guide to Clinical Preventive Services," (2008), available at www.ahrq.gov/clinic/prevnew.htm.
- ¹⁹ National Center for Chronic Disease Prevention & Health Promotion, "Behavioral Risk Factor Surveillance System: Cholesterol Awareness 2007," (2007), available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=CA&yr=2007&qkey=1487&state=All>.