

REPORT

Huntington Area Health Care Discussion
Cabell Huntington Library
Huntington, WV 25701
December 27, 2008 ~ 10:30 AM – 1:00 PM

The Huntington Area Health Care Discussion brought people together from various walks of life. Some might be called “average citizens” with personal stories to share, while others represented organizations that either provide health-care services or offer advocacy services to people who are attempting to cope with the current system. Many thanks to all who participated! Special thanks to Dr. Rodney Thompson, for taking photographs, and to Ms. Laura Dice for her assistance on the day of the meeting and with the subsequent drafting of this report. Since the meeting, I have contacted each of the attendees by phone and/or email in an effort to accurately reflect their concerns. Unfortunately, time and the press of the holidays did not permit the circulation of a draft report to all participants for more feedback. The responsibility for the final form of this report is my own. Attendees will be provided with a URL where they can submit additional concerns to the *Transition Health Policy Team at Change.Gov*.

Most attendees expressed dissatisfaction with our current health care system. They stated their concerns in a thoughtful manner in hopes that the new administration will take their input into consideration as new policies are formulated and implemented. The overwhelming sentiment expressed seemed to be frustration. The attendees-- or those with/for whom they work --have had to struggle to access adequate health care because of lack of coverage, cost of coverage, bureaucratic roadblocks, insurance negotiations, and/or a lack of quality care from hospitals and doctors. If there was a consensus at our meeting, it may have been this: *Our nation's health care system is not really a system at all. It is a patchwork of government programs and private entities working independently of-- and often at cross purposes with --one another.*

~ Wayne Ferguson, Moderator

Attendees & Organizations Represented:

Betty McMurry
Colleen Triska
Doug Sheils -- Cabell Huntington Hospital
Gabrielle Corey -- Alzheimer's Association, WV Chapter
Kelly Levy – Hospice of Huntington
Laura Dice
Marcia Daoust
Marilyn Howells
Nicole Franklin -- Juvenile Diabetes Research Foundation, WV Branch
Sue Hovemeyer
Victoria Baker
Wayne Ferguson

The Following Issues/Problems Were Discussed During Meeting:

A. Costs

- Rising Premiums/Co-Pays (with Erosion of Benefits).
- Government sponsored nursing homes more costly than private care.
- Uninsured are often charged more than insured.
- Prescription Drug Company business practices drive up costs unnecessarily.
- Patients sometimes need to be able to get a referral or authorization for lab work without having to see their primary care physician first (this would save patients time and money).

B. Lack of Coverage

- Includes uninsured and underinsured – the cost of caring for these groups is assumed by those already insured (making premiums more expensive)
- Access -- general:
 - Insurance should be portable so that it is not dependent on job.
 - The problem of pre-existing conditions needs to be address
- Access -- for those facing financial hardships:
 - Medicaid & Medicare Disability waiting process is too long...
 - Applicants should not be allowed to go deeply in debt and possibly into bankruptcy before being helped.

C. Prevention

- We need a cost/benefit analyses for prevention vs. treatment. This needs to be highlighted as an economic issue.
- Prevention includes both diet and lifestyle choices and routine check-ups/health screenings.
- Hospitals and clinics may not be doing their best to emphasize prevention because their bottom line is dependent on the status quo.

D. Quality

- Doctors accept/maintain patients for who they may not really be qualified to care.
- Nursing homes understaffed
- Quality of care varies widely
- Difficulty in communicating with Doctors and office staff (access to doctors through internet communication would help to avoid unnecessary office visits).
- Doctors need to give more time per patient. There is not enough time during a routine visit to treat patient as whole person.

E. Transparency

- Making information available to the public:
 - Regarding Insurance Coverage
 - Regarding Costs & Billing
- We need uniform standards of transparency nation-wide

F. Inequality

- Cost of uninsured absorbed by those who are insured.
- Different billing structures depending on insurance carrier or other factors
- Uninsured billed differently (often for higher amounts) than insured.
- Medicare (and/or Medicaid?) only pays 84%. Other costs shifted to those with insurance.
- Cost of treatment or care should not be dependent on insurance.
- ‘Usual and Customary’ rates should apply to everyone.
- Companies providing health benefits (e.g. domestic auto companies) have a hard time competing with companies that aren’t responsible for providing such benefits (e.g. foreign automobile companies).
- Access to healthcare too dependent on income.
- Need standardization of care and costs
- Standardization of malpractice - malpractice should be the same throughout the USA, not different laws for different states

G. Patient Choice

- “Word of mouth” is the most trusted source of information on health care providers
- Some online and library sources are good...
- Choice is currently limited by what doctors and services are covered by particular insurance companies/policies
- Insurance coverage is usually tied to an employer.
- We need evidenced based guidelines on screening recommendations – should be told pros and cons then be allowed to decide
- Laws on mandatory vaccines – should be universal throughout the U.S.

NOTE: The following are some sources of information on health care providers that were mentioned:

- Health Source Directory: herald-dispatch.com/healthsource
- www.HospitalCompare.hhs.gov
- CabellHuntington.org
- HealthGrades.Com
- Angieslist.com (is beginning to provide information on doctors)
- Reference librarian (can connect people with multiple resources, e.g. malpractice web-sites)
- “Family Circle” was also mentioned as a resource for information on hospital infection rates (see Parents.Com online)

INDIVIDUAL PERSPECTIVES

The following information reflects the individual perspectives expressed during the meeting. Keep in mind that some of the items expressed by each person reflect their

own, deeply held concerns, while others may have been made in response to the special concerns expressed by others. Because there was not time to let each person review all the details of this report and explain the context of all their remarks, the names of the attendees have not been associated with the individual perspectives presented here. Think of each of these perspectives as “snap-shots” of the meeting as a whole. Each snapshot is taken from a different angle and probably does not perfectly mirror the perspective it is attempting to represent. Considered together, however, they accurately reflect the discussion as a whole.

******* PERSPECTIVE *******

- Uninsured and Underinsured pose the biggest problem...
- Doctors don't listen... They don't treat patients as individuals...
- We need better standards of care.
- Inequality of access is a scary problem—we should be able to provide good health care to everyone.
- Rights and responsibilities need to be emphasized.
- Universal health care would reduce costs.

******* PERSPECTIVE *******

- Access is a problem across the board...
- Access to Medicare nursing homes provide a good example of this.
 - Long Application Process
 - Long Waiting Process (End the two year wait!)
- In addition to *access*, both *costs* and *quality of care* is a problem:
 - Because of financial constraints, husbands and wife sometimes have to choose who gets proper care and who goes without.
 - Family care physicians don't always recognize when a specialist should be consulted (e.g. early-onset Alzheimer's).
- Also, generally speaking, the choice of doctors is often restricted by the limitations of insurance coverage (primary care vs. specialist).
- Cost savings and reduced risk of disease can be achieved through prevention and common-sense life-style choices.
- More research is needed—investing in research now will result in savings later on.

******* PERSPECTIVE *******

- Hospitals and Doctors subsidize uncompensated care into the millions.
- Need a cost benefits analysis on “prevention” (vs. conventional treatments and acute care after conditions arise -- e.g. angioplasty vs. diet and exercise).

******* PERSPECTIVE *******

- . ER used as primary care is a big problem.
- . Need to ensure that there are consistent standards, nationwide, regarding hospital transparency (i.e. making costs and quality information readily available to the public that allow consumers to make accurate and meaningful comparisons between facilities).
- . policy makers must:
 - o properly fund government programs like Medicare and Medicaid (when funding is cut it puts increased burden on healthcare facilities and further worsens the problem of cost-shifting).
 - o put more emphasis on primary care and preventative care (which would lesson the need for less cost effective acute care).
 - o address tort reform and mal-practice issues (WV has made a lot of progress in this area).

******* PERSPECTIVE *******

- . Quality of care is problematic (doctors not always competent to care for patients they accept).
- . Costs are exorbitant (the uninsured are often charged more than people with insurance).
- . Insurance is inadequate (even with “good insurance”).
- . Need safety net for all children and people with disabilities (not just some special groups).

******* PERSPECTIVE *******

- . the current system “piecemeal”...
- . Benefit erosion: insurance companies, legislators, and advisory boards are taking away benefits that people have earned and planned for... (e.g. PEIA)
 - o “Unfunded Liability” laws used as a pretext for cutting benefits
 - o Retirees forced into “Medicare Advantage” (a private insurance which offers a similar coverage supposedly at a savings, but which is not really to the retiree’s advantage in the long-run)
- . Premiums and/co-pays are too high...
- . Insurance should be portable—not tied to employer...
- . We need universal health-care—save money by dumping the middle men (i.e. the insurance companies)
- . too many drugs are not covered... (Prescription drug profits are the problem (they are building on older research—don’t deserve such huge profits).
- . If we don’t have universal health care, we should at least have more choice—employees shouldn’t be forced to take the company plan...
- . Choice & Preventative Care need to be emphasized

***** PERSPECTIVE *****

- The system is the problem.
- The US system (private, piece-meal system) vs. the world (European model/universal healthcare).
- Solution(s) must address dental, vision, substance abuse, and mental health care.

***** PERSPECTIVE *****

- Access to the system for people facing hardships takes too much time and is demoralizing.
- People forced to sell tools and equipment in order to qualify for food stamps and medical care for kids.
- People should not be allowed to go deeply in debt and possibly into bankruptcy before being helped.
- Policy makers need more input from real people—the people who need the services.

***** PERSPECTIVE *****

- Preventative Health is best for the patient and saves money, too.
- Nutritional counseling makes babies healthy, ultra-sounds don't.
- Midwives can offer safer, more cost effective services to expectant mothers, but are sometimes restricted by a system that favors doctors and hospitals. People should have the choice to utilize the services of a midwife.
- Access to fitness centers would be good.

***** PERSPECTIVE *****

Premiums & Co-Pays are rising (always had good insurance but seems to be getting more billed for more services since husband retired)

***** PERSPECTIVE *****

- The best preventative care is good diet and lifestyle choices.
- Nutritional excellence can prevent and reverse many diseases.
- If we really encouraged this type of preventative “self-care” (culturally & systemically) we could save 200 billion per year that is currently being spent on drugs, surgeries, etc.
- For more information, read: *The China Study*, by T. Colin Campbell, *Eat To Live*, by Dr. Joel Fuhman, and *Overdosed America*, by John Abramson.

===== END OF REPORT =====