



Citizens Forum on Healthcare, October 29, 2005

Executive Summary and Survey Results

Southwestern Pennsylvania Program for Deliberative Democracy

The Southwestern Pennsylvania Program for Deliberative Democracy is a joint project by Carnegie Library of Pittsburgh and Carnegie Mellon University that strives to improve regional decision-making through informed citizen deliberations. Among other forms of democratic dialogue, the Program utilizes the protocols of Jim Fishkin's Deliberative Poll® in order to indicate what the population of Southwestern Pennsylvania would think about a particular issue if it had time to become involved in an informed conversation about that issue.

Deliberative Polling

A deliberative poll gathers a representative sample of the community to discuss and respond to questions on pressing local, regional or national issues. While traditional public opinion polls solicit intuitive responses from people who are not informed on the topic, a deliberative poll represents "what the electorate would think if, hypothetically, it could be immersed in an intensive deliberation process" (James Fishkin, Democracy and Deliberation). The sampled individuals receive background information on the issues and then gather in small groups to discuss and deliberate the topic amongst themselves and with experts. At the end of session, participants complete a detailed survey (i.e., a scientific poll).

What is emerging from deliberative polling is nothing less than the development of a new democratic decision-making process capable of articulating the informed voice of the people and potentially raising that voice to the level of "consulting power" as a consequence of those deliberations.

Participants in the Citizens Forum on Healthcare

Participants in the Citizens Forum on Healthcare were recruited from a random sample of Allegheny County residents identified for a forum on National Security held here in October, 2004. Of the 598 residents in this pool who were re-sampled for the Citizens Forum on Healthcare, 107 indicated that they would likely or most likely attend. About half of these actually did attend.

Random selection is a powerful tool for creating representative samples – even a relatively small randomly selected sample will give much more reliable results than a

larger sample culled by non-random techniques such as bulk mailings or call-in opportunities. However, if those who participate differ from those who are in the pool but do not participate, then the sample, and hence the results, may not be representative of the total population.

Several available demographic characteristics differ between our sample and the adult population of Allegheny County and could be associated with opinions about healthcare. Those who participated in the 2005 deliberations were more likely to be female, older, and more educated than adults in the county. On the other hand, the distribution of race in the sample closely matched that of the county.

Our survey results discussed below have been ‘weighted’ so that the gender, age, and educational status of the sample *match the county*. One caveat is that there were no participants who were younger than 30 and so if the 18-29 year old age group has different views on healthcare, our results cannot represent these views.

What Can We Learn from the Citizens Forum on Healthcare?

Regional Topic 1: Reducing Costs by Raising Quality of Care

When asked a general question about the problems the healthcare system in the United States faces, medical *errors or mistakes* and *quality of healthcare* were not high on the choices of survey participants. However, after discussing the link between a specific medical error (viz., hospital-acquired infection) and the high cost of hospital care, participants had strong opinions. A full 70% of participants indicated that they or someone they know had acquired an in-hospital infection.

When asked, “Do you think that hospital-acquired infections during the course of patient treatment is a significant contributor to the cost of hospital care?”, 78% answered “yes” after deliberation.

When asked if hospitals should be required to report these infections and these reports be made public, 85% answered “yes” after deliberation. The survey questions left undetermined whether these published reports should be in the form of general statistics or linked to particular hospital incidents.

Another cost cutting measure came up through the exchanges with the Expert Panel. Andy Dick of RAND pointed out that Medicaid patients suffering from more than two chronic illnesses do not have their cases managed in a systematic way. This lack of 'managed care' leads to far more medical problems and expenses than need be. While survey questions did not address this issue directly, it was discussed quite a bit in the small group sessions afterwards.

Finally, Judith Lave, in discussions prior to this event, pointed out the importance of good health education and practice as well as ongoing healthcare in lowering overall Medicaid costs. This important point, while relevant to the topic, was not explicitly part of the deliberations.

Regional Topic 2: Managing Medicaid Costs in Pennsylvania

Participants agreed with much of the nation that the *cost of health insurance* and *number of Americans without health insurance* are the two most important problems that our Healthcare system faces.

Throughout the deliberation, participants seemed to grow in their respect for the complexity of the healthcare funding issue and the need for all to share the burden of health costs, specifically the costs and coverage of Medicaid recipients in the state. A full 100% indicated that the small group discussions helped them clarify their positions on issues in healthcare and 98% felt the responses of the expert panel were valuable to very valuable. Subtle shifts within categories show the impact of these interactions.

Some shifts seem not so subtle, however. When asked, “Would you be willing to pay more than you do now for healthcare if this meant that many more Americans would have health insurance coverage?”, 53% after deliberation indicated that they would be willing to pay at least slightly more. Only 19% had been willing to do so at the start of deliberations. We interpret this as an indicator of the intensity of feeling with regard to supporting those who are uninsured or underinsured.

When it came to the question of increasing Pennsylvania state taxes to cover the increases in the costs of Medicaid, there were some interesting shifts. While after deliberation, 47% agreed (46%) or strongly agreed (1%) that they did not want to see taxes raised, 44% did agree (39%) or strongly agree (5%) that they could tolerate a raise in taxes to accommodate those costs. This was up from 29% who agreed prior to deliberations. Again, we interpret this as indicating concern for the well-being for those on Medicaid.

When considering *six specific areas* in which changes in coverage could reduce costs, participants again had strong opinions.

There appears to be *sufficient support* for incremental increases in costs to Medicaid recipients (co-pays for drugs, co-pays for Medicaid recipients, charge parents of disabled on sliding scale).

When asked if you think the State should:

1. *Raise the co-pay for brand name drugs from \$1 to \$3.* After discussion, 89% agreed that co-pays for prescription drugs should be raised.
2. *Charge the parents of mentally or physically disabled children whose income is 200% above the federal poverty level (approx. \$40,000 for a family of 4) a monthly premium based on a sliding scale.* After discussion, 76% answered “yes” or “probably yes” to this.

There appears to be *insufficient support* for placing limits on specific services (e.g., limiting hospital stays, admission for rehab, drug prescription coverage).

When asked if the State should:

1. *Limit hospital admissions to two per year.* After discussion, 90% felt that hospital visits should *not* be limited to 2 visits per year.
2. *Limit admissions for rehabilitation services to one visit per year.* After discussion, 89% felt that rehabilitation visits should *not* be limited to 1 visit per year.
3. *Provide a \$5,000 maximum per year for medical equipment (e.g. wheelchairs, oxygen tanks).* After discussion, 70% felt these services should *not* be so limited.
4. *Limit drug coverage to six prescriptions per month.* After discussion, 64% felt this coverage should *not* be so limited.