

# HEALTH SUMMIT

## Putting a Local Face on a National Issue

*2009 Public Opinion Survey on Health Care Reform*

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# Today's Objectives

Review Project Scope, Methodology and General Findings

Examine President Obama's Ten Point Plan for Healthcare Reform (09/09/09 remarks)

Explore "What Kansas Citizens think about Obama's Ten Point Plan for Health Care Reform"

Report Kansas Citizen's Opinions and Themes

Suggest "Call to Action" for Kansas City



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# Review Project Scope, Methodology and General Findings



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# Project Scope & Purpose

## This research ....

- Will serve as the Kansas City 'Opinion Source' to document viewpoints of Health Care Insiders and KC's General Public regarding: Public Option, Mandates, Funding, Underwriting and Personal Health Accountability/Prevention.
- Will identify Kansas City's personal and corporate perspectives on Health Care Reform and document desired next steps in reforming U.S. health care.
- Sponsored by: Blue Cross and Blue Shield of Kansas City and the Greater Kansas City Chamber of Commerce.



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# Project Methodology – Steps Taken

**PHASE I:** Development and Discovery Step 5/14

**PHASE II:** *Qualify* Opinion Research - Kansas City

- General Public 8/19 to 8/20

- Health Care Insiders 7/30 to 9/03

**PHASE III:** *Quantify* Opinion Research - Kansas City

-Public Survey 8/28 to 9/22

**PHASE IV:** Report / Presentation 10/07/09



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# Phase I: Development and Discovery

- Monitored Washington, D.C. legislative progress and proposed changes
- Worked to create a series of questions
- Sought consensus of questions from survey sponsors
- Tested survey instrument



# Phase II: Qualify opinions of Health Care Insiders and the General Public

## Focus Groups, One-on-One Interviews, Roundtable Discussions:

- **Kansas City Health Care Insiders (90) :**
  - Physicians (28)
  - Hospitals (10)
  - KC Small Businesses (10)
  - Brokers (6)
  - Health Council and Public Health (22)
  - KC Large Employers (14)
- **Kansas City General Public - Six County MSA (628):**
  - Platte, MO
  - Clay, MO
  - Jackson, MO
  - Cass, MO
  - Johnson, KS
  - Wyandotte, KS



# Kansas City Health Care Insiders

- **Brokers (N=6)**

- Bukaty
- CBIZ
- Financial Associates
- Hays
- Lockton Benefits
- Willis HRH

- **Large Firms (N=14)**

- Black & Veatch
- Blue Valley Schools
- Burns & McDonnell
- Commerce Bank
- Community America
- DST Systems
- J.E. Dunn
- Kansas City Southern
- Midwest Research Institute
- Rockhurst University
- Shook, Hardy & Bacon
- Trabon Consulting
- UMB Financial Corp
- Union Broadcasting 810

- **Small Business (N=10)**

- Barstow School
- Cartwright Company
- Dunn Bros. Coffee
- Faubion Tank Group
- Indian Creek Nursing Center
- IVY Animal Health
- MII Management
- Murray Company
- Roger the Plumber
- Scarbrough International



# Health Care Insiders (Cont'd)

- **Metro Med Physicians (N=18)**

- Stewart Babbott, MD
- James A. DiRenna, MD
- Sukumar Ethirajan, MD
- John Gianino, MD
- Lancer Gates, MD
- Robert T. Gibbons, MD
- John C. Hagan, MD
- Deborah Jantsch, MD
- James B. Kelly, MD
- Jeffrey Kramer, MD
- Bridget McCandless, MD
- Gary Pettett, MD
- Ann M. Romaker, MD
- Brian Robb, MD
- John Sheldon, MD
- J. Michael Waring MD

- **Blue Cross and Blue Shield of Kansas City Physician Committee Leaders (N=10)**

- Mary Redmon, MD
- Stephanie Revels, MD
- Larry Rues, MD
- James Wetzel, MD
- Henry Bishop, MD
- Carl Weiner, MD
- John Sheldon, MD
- Carla Braxton, MD
- Thomas Franey, MD
- Chuck Chambers
- Julie Rulon
- Cheryl Schwindt



# Health Care Insiders (Cont'd)

- **Hospitals (N=10)**

- Carondelet Health
- HCA Midwest
- Liberty Hospital
- North KC Hospital
- Olathe Health System
- Providence Medical Ctr.
- Saint Luke's Health System
- Shawnee Mission Medical Ctr.
- Truman Medical Centers
- University of Kansas Hospital

- **Chamber Health Council / Public Health Leaders (N=22)**

- Health Departments of: Kansas City, MO; Clay; Platte; Wyandotte/KCK; Johnson
- Greater KC Chamber of Commerce
- Medical Society of JO and WY Counties
- Metropolitan Community College
- Civic Council of Kansas City
- Center of Practical Bioethics
- KCADC
- MAST
- MARC
- UAW
- Kansas Health Institute
- Global Prairie
- Swope Community
- Univ. of Kansas Medical Ctr.



# Phase III: Quantify Kansas City Public Opinion

General Public Sample Comprises Two Audiences:

- |   |          |              |
|---|----------|--------------|
| 1) <b>KC Public- Online Panel:</b>  |          | <b>2,000</b> |
| 2) <b>Blue Cross and Blue Shield of Kansas City Members</b> (paper survey): | <b>+</b> | <b>2,165</b> |
| [Group Pay:1800 and Direct Pay:365]   |          |              |

**Total Sample: 4,165**

**Response Rate: 15.1%**

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**Total Returns 9/22/09 : 628 \***

**\* Represents 95% confidence +/- 3.9%**



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# Phase IV: Report Results

**Question: “Regarding Health Care Reform, how would you classify yourself and/or your business?”**

**Insiders** (83): Informed 30% Somewhat Informed 58% Confused 12%

**KC Public** (628): Informed 24% Somewhat Informed 48% Confused 26%

- *It's so undefined/changes every day.*
- *Lack of trust in leadership and not in layman's terms.*
- *Is it a 'right' or a 'privilege' to have health care?*
- *Who will qualify for coverage? Will I need to spend more money?*
- *How will this affect the bottom line of my business?*
- *Will I still be able to offer attractive benefit plans to recruit high level employees?*



## Question:

**“Considering the work of President Obama/Congress on Health Care Reform to date, how satisfied are you with the progress?”**

**Insiders: Very and/or Somewhat Poor - 75% Fair – 20%**

**KC Public: Very and/or Somewhat Poor - 49% Fair – 33%**

- *Moving too fast and not doing enough homework. Not talking to insiders. You can't bring about world peace in a few months.*
- *Not happy about it. There is not a lot of agreement. Complete lack of leadership and direction. No money. Lack of bipartisanship.*
- *Cost issues and tort reform are not being addressed.*



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## Question:

**“Several Health Care Reform plans are still being debated in DC. Please indicate your current level of support for.....”**

KC Opinion - National Healthcare Reform			
Several National Healthcare Reform plans are still being debated in Washington DC. Please indicate your "level of support" .....			
Strongly Agree / Agree 5/4s ( Top boxes)			
Answer Options	Overall	KC Insiders	KC Public
	718	90	628
a. Keep our current health care system - "Status Quo".	34.6%	53.5%	31.8%
b. Create government run Single Payer for all individuals.	23.1%	2.3%	26.1%
c. Create new "Public Option" (that would compete with private	42.9%	8.4%	47.7%
d. Create new state run health co-ops with federal guidelines.	30.4%	13.1%	35.2%



## Question:

# “How will Reform affect you personally? ... your business? What are your top worries and/or concerns?”

- **The Cost of Reform**
  - “How will we pay for it?”
- **Financial impact on brokers, small businesses, solo doctors, hospitals**
  - “Am I going to be out of business?”
  - Lower reimbursements, “We are under paid now by 10-25%”
  - Lack of tort reform, need malpractice relief.
  - Doctors may be forced to participate in a Public Option network.
- **Too much government**
  - Medicare, Medicaid and Social Security are struggling.
  - More burden of regulations.
- **Impact on delivery and quality of care**
  - Shortage of doctors, nurses, specialists.
  - Cut Senior care/end of life.
  - “Will care be timely?”
  - Less time/money for medical research
- **Impact on Staff**
  - Will I have a job and benefits?
  - Will I get a raise this year?



# Kansas City's Point of View on Health Care Reform:

## Desires

- Reform, with clear direction
- Mandates & Guaranteed Issue
- Subsidies for poor at poverty level
- To maintain current quality of care and choice of physicians
- A plan for stabilization of Medicare, Medicaid and Social Security

## Opposes

- Any creation of a new government-run program
- Any new taxes to fund reform
- Any additions to national debt
- Any change that would worsen current economic environment



# Kansas City Provider Views on Health Care Reform:

## Desires

- Tort Reform with caps on punitive damages
- Better reimbursement over Medicare rates ( Need +25%)
- Clinical pathways guided by professional specialty, not the government
- Relief from EMTALA (ER) and STARK laws
- The common use (required) of Electronic Medical Records
- Standardized payer credentialing and claims submissions

## Opposes

- Further government
- Additional government administrative guidelines
- Bundled payments
- Any additional transparency reporting
- MEDPAC change from advisor role into rate-setting role
- More Recovery Audit Contractors (RAC)



# Kansas City Business Views on Health Care Reform:

## Desires

- To continue providing health care benefits to employees
- To continue to use their broker/consultant
- Remove interstate barriers for insurance companies
- To hold employees responsible for their health
- Want employees to be prudent consumers of health care services
- Standardized processes/ forms to enroll and submit claims

## Opposes

- Any new taxes on benefits
- Further health care cost increases
- Further government involvement



**Question:**  
**“How will we know when we have achieved Health Care Reform and how will we measure success?”**

**• Insiders:**

- *When we have better life expectancy rates.*
- *When the number of uninsured declines year after year.*
- *When premiums are flat and stop rising more than inflation.*
- *When US Public Health Indicators are better than other countries.*
- *When outcomes fall in line with how much we spend.*
- *When quality scores go up.*
- ***Someone from Washington will tell us.***

***Question: Will we ever achieve it?***



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# **Examine President Obama's Ten Point Plan for Health Care Reform (09/09/09 remarks to a Joint Session of Congress)**



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# Obama's plan will:

1. Require individual mandates for “basic” coverage. *Insured today can keep current coverage.*

*“Nothing in this plan will require you or your employer to change the coverage or the doctor you have.”*

2. Create Public Plan Option for uninsured.  
No coverage for illegal immigrants

*Will be available to all, if private plans don't meet “coverage benchmarks, price targets, and market share thresholds.”*



# Obama's plan will:

3. Establish [tax credits](#) for those who need help.

*Will this include subsidies?*

4. Require [guaranteed insurance](#), regardless of pre-existing medical conditions.

*"As soon as I sign this bill, it will be against the law for insurance companies to drop your coverage when you get sick or water it down when you need it most."*



## Obama's plan will:

5. Require plans to remove benefit limits on Annual and Lifetime Max and require all plans to cover preventive medicine  
*Examples would include check-ups, mammograms, and colonoscopies.*
6. Create a Health Exchange to enroll and sell health insurance. *Would allow uninsured individuals / small business to shop for private / public plans.*



## Obama's plan will:

7. Require all employers to offer insurance or “chip in” to help cover workers (fine or tax?). In addition, offer the uninsured catastrophic insurance now.
8. Establish funding from “...savings within the health care system with focus on trimming waste and rooting out fraud.”  
*Initial focus will be on Patient Safety initiatives.*



# Obama's plan will:

9. Push for legislation that "[slows the growth of health care costs](#) for our families."
  
10. Authorize HHS to immediately start a series of test programs to check the impact of medical [malpractice](#) changes on health insurance costs. *Initial focus will be on Patient Safety initiatives.*



# Explore “What Kansas Citizens Think About Obama’s Ten Point Plan for Healthcare Reform”



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## Question:

**“How do you feel about the concept of mandated coverage with possible fines to individuals or employers for noncompliance?”**

<b><u>Insiders</u> (72):</b>	<b>Support 68%</b>	<b>Do Not Support 21%</b>
<b><u>KC Public</u> (628):</b>	<b>Support 49%</b>	<b>Do Not Support 28%</b>

- *All must be covered for the system to undergo true reform. We support the “play or pay” concept for employers, with appropriate exemptions for small businesses.*
- *At my core I'd say health care is not a right, it's a responsibility. Given where we are, what's the path forward? It's got to be individual mandates.*
- *Make everyone contribute to the risk pool. It will force them to be responsible and make a contribution.*
- *Underwriter in me says it will only increase health care costs. Don't favor without knowing specifics.*



## Question:

**“How do you feel about a Public Option plan that would compete with private health insurance plans?”**

**Insiders (57): Support 8% Do Not Support 61%**

**KC Public (628): Support 48% Do Not Support 23%**

- I have no faith in the government’s ability to run this.*
- Government-run programs tend to be duplicative and inefficient.*
- I don’t think physicians are very happy with Medicare. It could drive out competition to have a government program. There are unintended consequences we don’t know.*
- Everyone knows that Medicare does not pay the bill... We are afraid that the umbrella of uninsured insurance reimbursement will be so low that it will put us out of business. There needs to be an increase in the percentage of reimbursement rates. Doctors won’t practice. Medicare is not going to be there, Social Security is not going to be there, now they are afraid that health care is going to go down the drain. Unless there is incentive to fix Medicare and Social Security...why would anyone trust these officials to do Healthcare and health insurance?*



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## Question:

**“Do you support subsidies for low-income individuals (200-400% above FPL) and/or tax breaks for small businesses?”**

<b><u>Insiders</u> (63):</b>	<b>Support 73%</b>	<b>Do Not Support 5%</b>	<b>Don't Know 22%</b>
<b><u>KC Public</u> (628):</b>	<b>Support 50%</b>	<b>Do Not Support 22%</b>	

- **Most supported subsidies with a sliding scale based on income, like Medicaid.**
- **Many supported, but unsure about appropriate percentage of poverty levels.**  
*Maybe the band needs to be higher or lower. How will it relate the Medicaid? It should be individuals only. Families with income between 100 to 400 percent of FPL should have access to guaranteed issue private insurance coverage with premium subsidies set as a percent of income.*
- **Should focus on personal accountability requirements to receive subsidies.**  
*We're already subsidizing them when they go to the emergency room! You can't smoke and do drugs and continue with all of the bad behaviors and then get subsidies to take care of your (health) problems.*



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## Question:

**“If health insurance underwriting guidelines are changed to ignore preexisting conditions, is this a good idea and sustainable over time?”**

<b><u>Insiders</u> (53):</b>	<b>Support 79%</b>	<b>Do Not Support 17%</b>
<b><u>KC Public</u> (628):</b>	<b>Support 55%</b>	<b>Do Not Support 13%</b>

- **Most believe pre-existing conditions should be waived.**

*We support the creation of private insurance pooling mechanisms which guarantee issue and renewability and allow rating variation based only on age, tobacco use, family composition and geography - not health status. Mandates need to go hand in hand with guaranteed issue.*

*“Guaranteed issue and community rating...we are all in.”*

- **But personal responsibility is still important.**

*(I support it ), but smokers should pay more. It will let people off the hook who have led a bad lifestyle. People have to be responsible.*

*You need to be compliant with doctors orders. You have to be personally responsible and quit drinking or smoking or doing other things that hurt your condition.*



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**Question:**  
**“In your opinion, what is a fair basic level of coverage for the 47 million uninsured?”**

- **Many believe current uninsured should “pay to play.”**
  - Most believed a fair deductible is \$500 - \$1,000.
  - Most favored doctor co-pays of less than \$25 for doctor’s visits.
  - Most favored limited co-pay on Rx (often go without when have to pay)
  - Most favored a maximum out of pocket greater than \$2500
  - Most favored no lifetime maximum.
- **Many want incentives in place to encourage patients to seek preventive care, live a healthy lifestyle and to be responsible consumers.**
  - *I would want prevention covered on the first dollar.*
  - *Preventive care should be covered for a specific list of preventive care services.*
  - *If they can find money for cigarettes, they can find money for a doc visit (co-pay).*
  - *\$100 for non-emergent ER visits.*
- **Strict opt out penalties or no opt out.**



## Public Question:

**“President Obama has encouraged all US citizens to take better care of themselves. What are you willing to do over the next two months to improve your health?” <Strongly favor/will change>**

National Healthcare Reform - KC	a	b	c	d	e	f	g	h	i
Questions asked...	OVERALL	INSURED EMPL Sponcered plan	Gen X / Y (18-44)	Baby Boomer /Seniors (45+)	Income under \$40K	Females only	MO residents	BCBS only	Demo - crats
	N=628	N=368	N=290	N=336	N=232	N=397	N=391	N=281	N= 211
a. Lose 10 or more pounds.	37.6%	38.7%	39.0%	36.4%	32.3%	41.7%	39.0%	37.7%	40.9%
c. Exercise daily (at least 30 minutes).	34.1%	34.5%	37.6%	31.1%	29.3%	36.0%	34.1%	38.3%	35.3%
h. Annually take Health Risk Appraisal to help identify health risks.	31.3%	34.3%	23.8%	38.0%	22.3%	32.3%	28.7%	35.3%	36.2%
f. Limit fast food to 2 meals a week.	21.5%	21.1%	22.8%	20.4%	19.7%	23.0%	24.2%	17.9%	24.8%
d. Decrease or stop drinking sugar/high calorie drinks.	20.3%	21.0%	24.1%	16.9%	18.8%	20.7%	19.4%	18.9%	20.3%
g. Decrease work hours to improve Work/Life balance.	11.2%	11.5%	12.4%	10.1%	8.3%	11.1%	11.8%	9.6%	15.4%
b. Stop smoking.	9.9%	9.3%	11.7%	8.3%	10.9%	10.1%	11.7%	5.5%	13.9%
e. Decrease or stop alcohol consumption.	7.4%	6.6%	7.2%	7.6%	7.0%	5.8%	7.8%	5.1%	8.1%
Other personal health items that you will change. Please be specific.									



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## Question:

**“Should companies offer health and wellness programs, as well as hold employees responsible for their own personal health?”**

**Insiders (34): 88% Support      6% Do Not Support**

- *Offer incentives for people who don't smoke. Offer support system to overcome current poor health choices.*
- *Preventive care incentives for employees, like exercise programs, will save companies money in the long run.*
- *You can't dictate what people do with their money or health.*
- *Premiums could be higher (double) for people who don't take personal responsibility for their health.*



## Question:

**“Should a ‘Health Insurance Exchange’ be created for the uninsured to obtain individual / small group <25 health insurance?”**

**Insiders (39): Support 28% Do Not Support 21% Don't Know 51%**  
**KC Public (628): Support 40% Do Not Support 20%**

**Brokers are concerned that Exchange may have a negative impact on their business, if not put them out of business entirely.** *(In a connector model), there isn't any role (for us) at all. I've been in this a long time. Some younger agents will try to work in the market for a while. But the government will get in and take the next bigger employers. Agents move to Property/Casualty where there's more competition.*

**NEW ROLE of broker?** *I still think that we will be doing the same things if a connector came into play, i.e., getting quotes from all insurance cos. Quoting would be reduced, but service would increase because of consultation.*

**Businesses were not so pessimistic.** *We could save money, everyone knows how to shop. I would encourage it. The more we can put small employers on a level playing field with larger ones is better.*



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## Question:

“Some Health Care Reform proposals would give employers the option of either providing health insurance for their workers or paying a tax to fund health insurance for the unemployed. What would you choose & why?”

<u>Insiders</u> (16):	Whichever cheaper 81%	Support tax 13%
<u>KC Public</u> (628):	Support 55%	Not Support 26%

- **Would pick whichever option was least expensive.**

*I think if they opt for the (public plan), we don't need to be taxed on it. What are companies going to do? It depends on the cost of the fine. They are going to do whatever is lower. People work a lot for the benefits they have. A lot of times, that's why they stay someplace.*

- **Small Business:** *We frequently change plans anyway, in order to find the cheapest cost.*



## Question:

**“Would you favor or oppose the following to help pay for Health Care Reform?”**

KC Opinion - National Healthcare Reform			
Would you favor or oppose < _____ > to help pay for National Healthcare Reform and to provide coverage for the uninsured?		Worksheet A	
KC Opinion - National Healthcare Reform	Overall	KC Insiders	KC Public
MEAN using 5 point scale	774	146	628
j. Increasing <b>fraud and abuse auditing.</b>	3.9	3.1	4.1
a. Increasing <b>taxes on cigarettes.</b>	3.7	4.6	3.5
d. Capping Itemized Deduction for families <b>making over \$250k</b>	3.4	2.8	3.5
h. Medicare Drug <b>Part D</b> coverage gap.	3.1	3.4	3.1
f. Rich benefit plan offering, <b>tax benefits offered above \$\$.</b>	3.1	3.0	3.2
g. Increasing <b>taxes on unhealthy</b> snacks and drinks.	3.1	3.7	2.9
i. <b>Eliminating COBRA program,</b> moving individuals to Public	3.0	3.1	3.0
e. Cutting Federal payments to insurers operating <b>Medicare Adv</b>	2.9	3.3	2.8
k. Creating a <b>NEW private payor tax.</b>	2.5	2.6	2.5
c. Increasing income <b>taxes for "all individuals".</b>	2.2	2.6	2.1
b. <b>Paying taxes on all health benefits offered.</b>	2.2	2.3	2.2



## Question:

**“Currently, the government determines how much doctors and hospitals get paid to treat Medicare patients. Would you favor limiting payment increases to doctors and hospitals?”**

**Insiders (32): 9% Support 59% Do Not Support 31% Don't Know**

- *Other funding: tremendous waste in Washington, cut your own waste first.*
- *Lower reimbursement: already worrying about keeping physicians, this will keep doctors out.*
- *Strongly oppose. Rates can not fund this. It's managing demand.*
- *Hospital industry did that for \$150 Million, won't be as much of an increase over 10 years.*



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## Question:

**“Taxing individual insurance premium contributions of employer-paid health benefits is being discussed. What are the pros and cons of this new tax?”**

**Insiders (14): 14% Support      86% Do Not Support**

- **Overwhelming—No!** *If they taxed our (benefits), we would shift more of the burden to employees. If we pay more tax, that is how we would be able to fund the plan. There is no place else to shift it.*

*It's a terrible idea, it's totally unfair, it makes us less competitive in a more and more international business environment.*

*It will be a takeaway from employee paychecks and I don't want that. There is a real inequity between companies that offer the pretax option and those that don't. How will this affect HSA's?*



# Question: “What waste is happening that should be changed or eliminated?”

## Kansas City’s Top Ten Ideas...

1. Fix the CMS schedule. “Requires a re-alignment on how I’m paid. I think that needs to be outcome based instead of just fee for service.”
2. Standardize all applications for direct and group health insurance. Spending too much on enrolling people each year.
3. Tort Reform – Cap malpractice punitive damages. Doctors are forced to practice defensive medicine, running all kinds of tests, to reduce their risk of liability.
4. Make preventive care more affordable. Include preventive measures in all benefit plans.
5. Change how Insurers negotiate and charge. All fees for health service should be the similar regardless of the insurance company.



# Question: “What waste is happening that should be changed or eliminated?”

## Kansas City’s Top Ten Ideas...

6. Use of Nurse practitioners could be increased (ear infections, etc.). “Get doctors out of the way and reduce credentialing that nurse practitioners must have.” Also, standardize Plan provider credentialing.
7. Work to standardize Electronic Medical Records and make available to all providers. Have plans use computerized check-in (adopt 270/271 HIPPA subset)
8. Monitor more closely free clinic patients. Some who are using the clinic, can afford healthcare.
9. Tremendous waste in pharmaceutical advertising, samples, etc. Doctors need to make the choice. *Cost of advertising is built into every pill we take.*
10. Hold people personally responsible for their health.



## Question:

**“Will greater health care transparency (e.g. comparing number of procedures to costs and outcomes per specific provider and/or plan) improve health care delivery and cut costs?”**

**Insiders (26):      73% Support      19% Do Not Support**

- **Overwhelming – YES!**

- **Public/Small Business wants to know health care costs up front.**

*We'd like more transparency from insurers. Right now Plans are allowed to use whatever system they choose to rate doctors and hospitals. Providers should be able to tell you what it costs for a service. I think as much transparency as possible is good; costs and outcomes that can be analyzed by people making buying decisions.*

- **May help us develop pathways and improve ‘Quality of Care.’**

*We want to have doctors working together, and have access to others’ records. I (like) the Mayo clinic and their pathways and how they treat patients. Everything is under one roof and it isn't fee based. Everybody meets and works together. I*



## Question:

**“Would your practice/use national practice guidelines if you received better reimbursement or malpractice relief? Who should manage/direct these practice guidelines?”**

**Insiders (44): 75% Support 14% Do Not Support 11% Don't Know**

- **Generally favor practice guidelines, but want to practice the art of being a doctor. One standard treatment/guideline is not feasible.**

*“Bad stuff happens even when you do everything right.”*

- **Only physicians and specialty groups should help set and administer guidelines. Use American Medical Association/Cochrane Database—private and funded through ARC.**



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# Other Specific Questions on Healthcare Reform

KC Insider's preference...	N=90			
	Y	N	DK	N
Some worry that the <i>"Public Option" plan overtime will grow into a "Single Payer" plan.</i> Will this happen?	55%	18%	27%	44
Several U.S. associations (ie AHA, AMA, US Chamber,etc) are taking a "position" on National Heathcare Reform measures. <i>Does your "organization" agree with your industry stand?</i>	27%	37%	37%	30
The concept of "bundled payment" by episode of illness to providers has been discussed. <i>Will this work to cut delivery costs?</i>	32%	47%	21%	19
How do you feel about expanding the role of <i>MEDPAC (17) from 'Advisor' to 'Rate setting'?</i> Is this a good idea?	17%	83%	0%	12



## Question:

“What do you think will take place with reform within the next 6 to 12 months?”

KC Opinion - National Healthcare Reform			
In your opinion, what do you think will take place regarding National Healthcare Reform within the next 6 to 12 months? Please indicate your thoughts. (ALL)			
Strongly Agree / Agree 5/4s ( Top boxes)			
Answer Options	Overall	KC Insiders	KC Public
Response N=	718	90	628
a. No change, status quo.	21.9%	19.0%	22.3%
b. Limited change.	39.3%	42.9%	38.8%
c. New legislation, which takes place over time.	34.6%	32.1%	34.9%
d. New legislation, which takes place now.	4.2%	6.0%	4.0%

- The hope is that reform takes place over time, each year approving different parts of the plan.
- They can't insure everyone in a year. How will they pay for it?



**QUESTION.**

**“Several items have been discussed that could possibly slow and/or stop Health Care Reform legislation this year. What might do this....”**

<b>KC Opinion - National Healthcare Reform</b>			
Several items have been discussed that could possibly "slow and/or stop" National Healthcare Reform legislation this year. .... will "slow and/or stop" reform (ALL)			
<b>Strongly Agree / Agree 5/4s ( Top boxes)</b>			
<b>Answer Options</b>	<b>Overall</b>	<b>KC Insiders</b>	<b>KC Public</b>
<b>Respondents</b>	<b>769</b>	<b>141</b>	<b>628</b>
b. <b>Federal deficit</b> growth.	<b>73%</b>	<b>79%</b>	<b>72%</b>
a. <b>Weak economy</b> , high unemployment.	<b>69%</b>	<b>65%</b>	<b>70%</b>
h. Massive <b>lobbying</b> efforts.	<b>68%</b>	<b>84%</b>	<b>65%</b>
c. <b>Too big of GAPS</b> in House & Senate versions.	<b>64%</b>	<b>67%</b>	<b>63%</b>
d. Diff in how to handle <b>illegal immigrants</b> .	<b>53%</b>	<b>38%</b>	<b>56%</b>
f. Fear that <b>mandate will not cover</b> all uninsured.	<b>50%</b>	<b>48%</b>	<b>51%</b>
g. Lack of real <b>tort reform</b> .	<b>46%</b>	<b>46%</b>	<b>46%</b>
e. Concern with federal funds used for <b>abortions</b> .	<b>45%</b>	<b>35%</b>	<b>48%</b>
j. <b>State Politics/Rights</b> .	<b>45%</b>	<b>35%</b>	<b>47%</b>
i. Lack of <b>unique national patient ID. No SS</b>	<b>28%</b>	<b>16%</b>	<b>31%</b>



## Insider Question:

**“President Obama has stated that all parties will need to give & take to bring about reform. Rate each health care player's commitment in building public trust...”**

<b>KC Opinion - National Healthcare Reform</b>						
President Obama has stated that all parties will need to "give & take" to bring about reform. How would you rate each healthcare player's "commitment" in building public trust and effectively implementing National Healthcare reform solutions?						
<b>Mean Scores - RANK</b>						
Answer Options	KC Insiders	BROKE R	HC Leaders	Hospitals	KC firms	Doctors
MEAN using 5pt scale	139	6	24	10/ 44	24/37	28
j. Physicians	3.40	4.2	3.2	3.2	3.5	3.6
i. Hospitals	3.33	4.3	3.4	3.4	3.3	3.0
d. Blue KC	3.19	4.7	3.1	2.7	3.6	3.1
c. Aetna	2.78	4.6	2.7	2.5	3.1	2.5
f. Humana	2.72	4.5	2.7	2.4	3.2	2.3
e. CIGNA	2.71	4.5	2.6	2.5	3.1	2.3
b. State Governments	2.46	1.8	3.4	2.1	2.4	2.5
k. Brokers	2.45	4.0	2.1	2.3	2.8	2.3
a. Federal Government	2.44	1.3	3.8	2.0	2.4	2.3
g. United Healthcare	2.41	4.5	2.7	1.9	2.8	2.0
h. Pharmaceutical	2.39	4.2	2.5	2.0	2.5	2.4



# **Wrap up Observations and Themes *and* Call to Action for Kansas City Health Care Reform**



BlueCross BlueShield  
of Kansas City



THE CHAMBER  
Greater Kansas City Chamber of Commerce

VVV Research & Development, INC

# Wrap up Observations and Themes

## Kansas Citizens....

Are fearful of further unemployment, of rising costs for coverage and of losing their health insurance – *“We are currently one pink slip away from not having insurance.”*

Are worried about funding healthcare reform and do not want additional national debt and/or new taxes (*business or personal*).

Want Health Insurance reform that requires coverage mandates with guaranteed issue (waive pre-existing conditions)

Want subsidies for the poor @ 100% (initially) of poverty level, NOT 200-400%.

Are worried about a physician shortage compromising the delivery of quality of care.



# Wrap up Observations and Themes

**Kansas City Insiders are concerned Washington is “rushing to reform” and not focusing enough on details. They want more focus on stabilizing Medicare, Medicaid and Social Security.**

**KC Providers would like to see effective Tort Reform enacted to reduce malpractice expense & eliminate unnecessary tests and procedures. (Note: *Still a question as to whether it’s a National or State(s) issue.*)**

**Respondents cited many ways to reduce healthcare waste in order to reduce costs. These need to be explored before enacting new laws.**

**Much debate was given about the value of an Insurance Exchange (*if created*) and a new role for Brokers.**



# Call to Action for Kansas City Health Care Reform

- Request Kansas City payers work to standardize forms for credentialing of providers, filing and reporting claims, and member enrollment.
- Request state legislators from KS and MO align malpractice laws between states and adopt/establish fair cap limits. Need to find the best regulations from all states and build consensus with providers.



# Call to Action for Kansas City Health Care Reform

- Request Kansas City payers develop a common catastrophic insurance plan with standard benefits as suggested by President Obama. In addition, request Kansas City payers develop a standardized list of core preventive care services that would be covered in all plans.
- Request state (both KS and MO) legislators establish new state tax laws that would allow physicians to deduct uncompensated care provided to the uninsured.
- Request Kansas City physician leaders develop Comparative Effectiveness protocols for leading ten episodes of illness.



# Call to Action for Kansas City Health Care Reform

- Request an industry market study outlining the business impact of using Health Exchange services in Massachusetts. Share findings that outline a new role for Kansas City brokers.
- Communicate Kansas City Public Opinion Survey Findings and Call to Action statements to local, state and national congressional representatives. Continue dialog to reform healthcare.



# Questions?

Presentation available at  
[www.KCHealthCareReform.org](http://www.KCHealthCareReform.org)

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