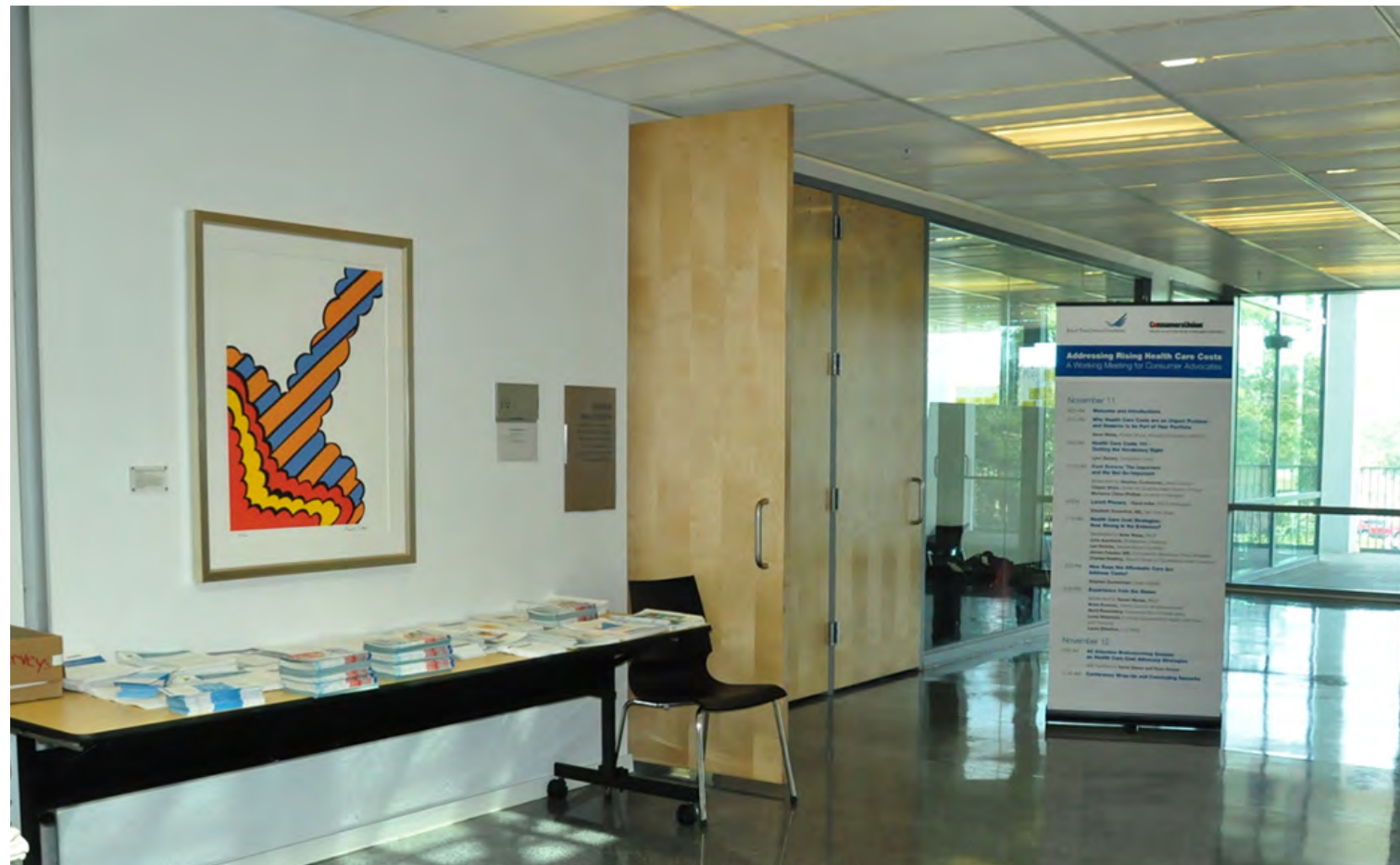


# Addressing Rising Health Care Costs

## A Visual Summary of a Meeting for Advocates

**Tulane University, New Orleans, November 11-12, 2013**



This report contains digital photographs of the graphic charts created by David Sibbet of The Grove Consultants International, graphic facilitator for the event. He includes photos of the speakers and work groups as a way for participants to remember the context in which the information was exchanged. Copies of the presenter slides are available on the Consumers Union web site. Please also see our conference report that provides some additional details about the discussion. All conference materials can be found on <https://sites.google.com/a/consumer.org/healthcostconference/>

Report by:

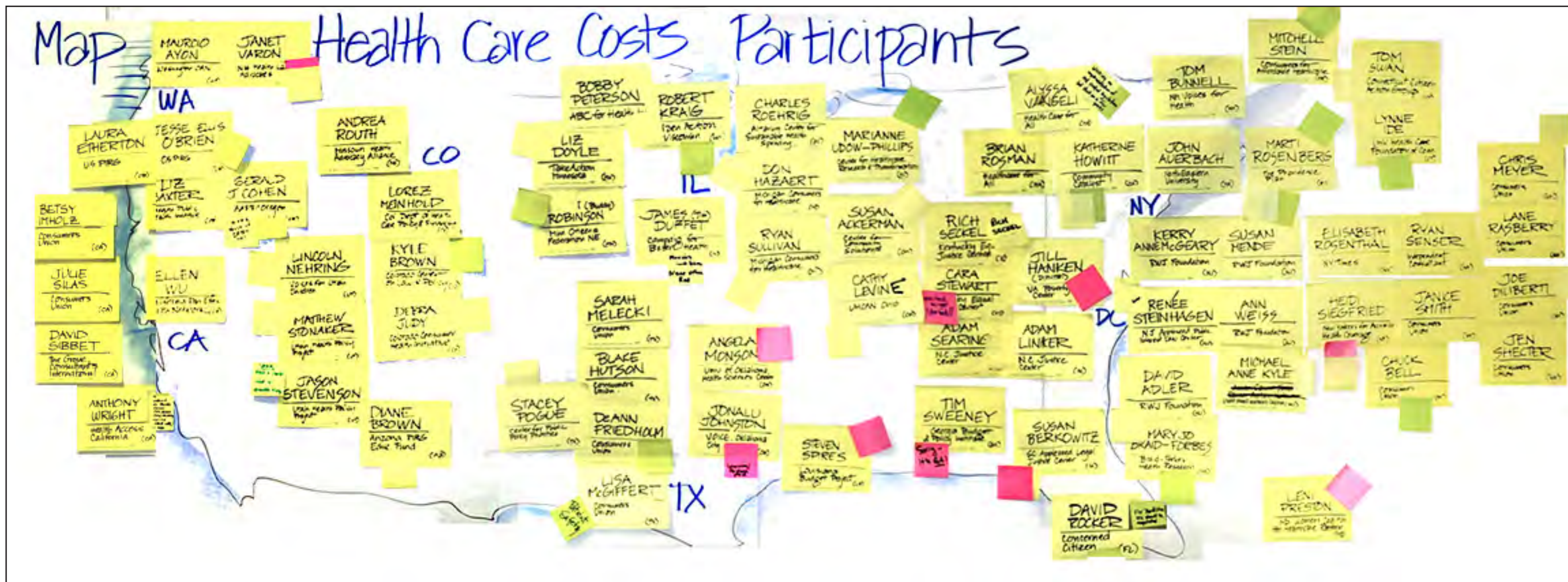
### November 11

- 9:00 AM **Welcome and Introductions**
- 9:15 AM **Why Health Care Costs are an Urgent Problem and Deserve to be Part of Your Portfolio**  
*Anne Weiss, Robert Wood Johnson Foundation (RWJF)*
- 9:30 AM **Health Care Costs 101 - Getting the Vocabulary Right**  
*Lynn Quincy, Consumers Union*
- 10:15 AM **Cost Drivers: The Important and the Not-So-Important**  
Moderated by **Stephen Zuckerman, Urban Institute**  
**Chapin White, Center for Studying Health System Change**  
**Marianne Udow-Phillips, University of Michigan**
- NOON **Lunch Plenary** – **David Adler, RWJF**, introduces  
**Elisabeth Rosenthal, MD, New York Times**
- 1:15 PM **Health Care Cost Strategies: How Strong Is the Evidence?**  
Moderated by **Anne Weiss, RWJF**  
**John Auerbach, Northeastern University**  
**Len Nichols, George Mason University**  
**James Fasules, MD, Consultant to Breakaway Policy Strategies**  
**Charles Roehrig, Altarum Center for Sustainable Health Spending**
- 3:00 PM **How Does the Affordable Care Act Address Costs?**  
**Stephen Zuckerman, Urban Institute**
- 3:30 PM **Experience from the States**  
Moderated by **Susan Mende, RWJF**  
**Brian Rosman, Health Care For All Massachusetts**  
**Marti Rosenberg, Providence Plan of Rhode Island**  
**Lorez Meinhold, Colorado Department of Health Care Policy and Financing**  
**Laura Etherton, U.S. PIRG**

### November 12

- 9:00 AM **All Attendee Brainstorming Session on Health Care Cost Advocacy Strategies**  
with Facilitators **David Sibbet and Ryan Senser**
- 11:45 AM **Conference Wrap-Up and Concluding Remarks**

# LOG-IN WALL OF PARTICIPANTS



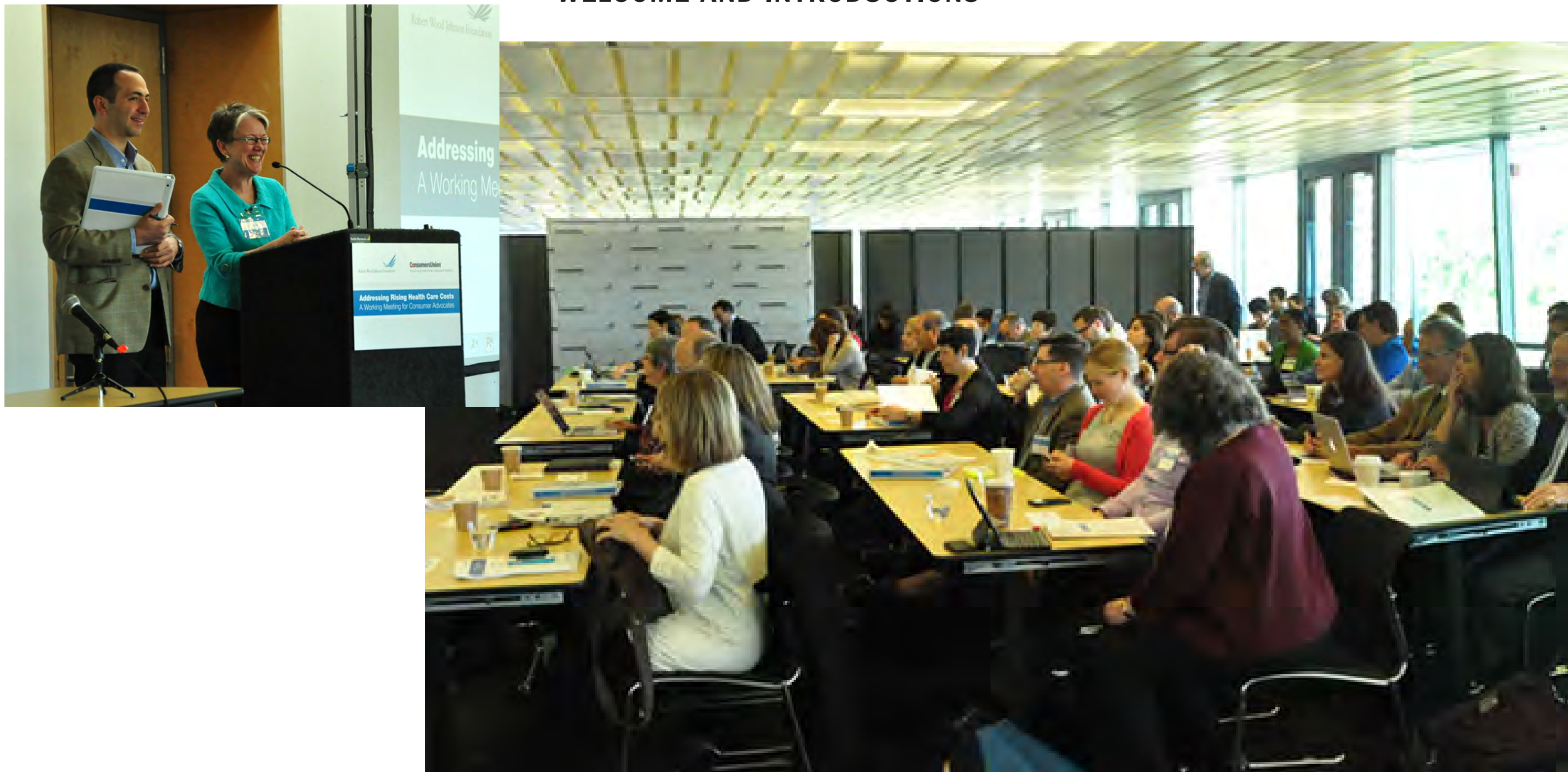
All the participants in the meeting were "logged-in" on a big cartoon map of the United States, posted in approximate areas where each lives and works. The colored stickies represent the degree to which each thinks that advocacy efforts are stalled (red), going a little (yellow), or well underway (green).

# GRAPHIC FACILITATION SETUP



This cluster includes all the people from Washington D.C. The photo to the right is the graphic facilitation and panel setup for the meeting as everyone arrived.

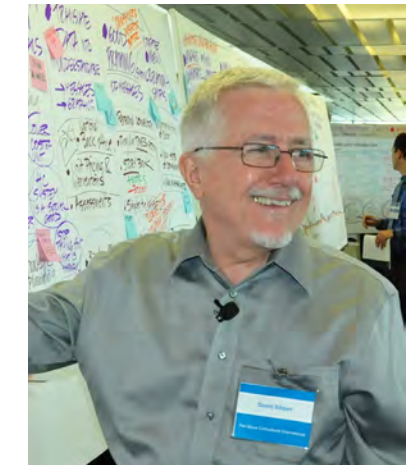
## WELCOME AND INTRODUCTIONS



David Adler from Robert Wood Johnson Foundation and Lynn Quincy from Consumers Union opened the conference and described the intentions and approach.



## PARTICIPANT and STAFF PICTURE



David Sibbet graphically recorded the meeting and facilitated Day Two. Jennifer Shecter, the lead staff for the meeting from Consumers Union, and Ryan Senser, co-facilitator are shown below.



# WELCOME NOTES AND WHY ARE COSTS AN URGENT PROBLEM

**Addressing Rising Healthcare Costs**  
 A working meeting for Consumer Advocates  
 Tulane Univ., New Orleans, 11-11-12-13

Robert Wood Johnson Foundation, ConsumersUnion®  
 POLICY ACTION FROM CONSUMER REPORTS

**WELCOME**

- Chris Meyer (cu) *excited!*
- Ann Weiss (RWJF) *long health care expertise.*
- Lynn Quincy (cu)
- David Adler (RWJF) *Thanks!*

Materials: COSTS BIBLE, Issue Briefs

Map: RED - stuck, YELLOW - some action, GREEN - could lead this

Facilitators: Ryan Sensor, David Sibbet, Janet/ Joe/ Jenn, Lane-Wikipedia

STAFF: Here to Learn

BE ACTIVE CONSUMER OF KNOWLEDGE

QUALITY vs COST! *scary*

WE ARE ALL INVOLVED  
 WANT CONSUMERS INVOLVED!

Spensible Income → Premiums Increase → Improve Quality & Quantity of Healthcare

trade-offs: Roads, Schools, Disaster prep

Women with coverage Elbow-ER? ...

SO much excess, not forced into dark choices

Thank

David Sibbet recorded the welcome remarks by Lynn and David, as well as Chris Meyer and Ann Weiss' reflections on why the health cost issue is an urgent problem.




# HEALTHCARE COSTS 101

## HEALTHCARE COSTS 101

10 THINGS YOU NEED TO KNOW

Lynn Quincy - CU.

1. THERE ARE MANY WAYS TO MEASURE HCC - SOME BETTER  
\$2.27 Trillion  Spend. per Capita
2. PREMIUMS AREN'T A GOOD SUBSTITUTE  
only a partial view  
Nat'l Health Expend. Accounts  
CMS: consumption (Personal Govt., Public Health), investment
3. LEVEL OF SPENDING VS TRENDS  
↑ Higher... <sup>Both</sup> ... it's important? KEEP RATE of GROWTH DOWN
4. WORRY ABOUT LONG RUN. NOT SHORT RUN
5. SPENDING & PRICES ARE DIFF. THINGS  
30K Changes Huge div. of prices  
15K paid.
6. NEITHER PRICE OR SPENDING CLARIFY UNDERLYING COSTS  
Some prices are WAY above costs.
7. REMEMBER TO ACCOUNT FOR VALUE  
Reduce spending / keep
8. QUALITY, HENCE VALUE ARE HARD TO MEASURE
9. BEWARE OF INTERVENTION THAT JUST SHIFT COSTS
10. BE FAMILIAR WITH HOW SPENDING IS SPREAD OVER MKT. SEGMENTS  


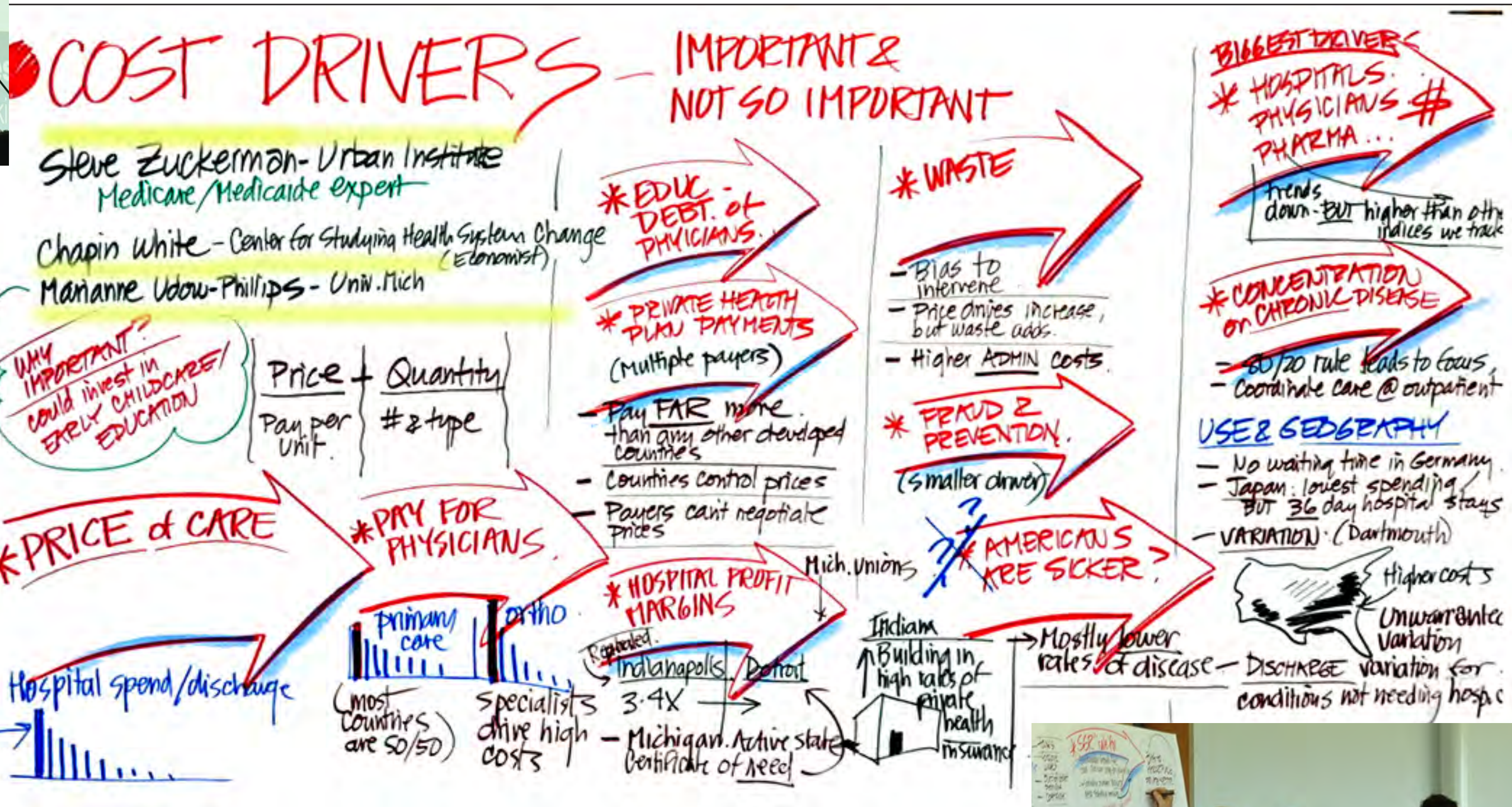
### Q&A... ALIGNING UNCOMPENSATED CARE

- Too Many C-Sections?
- PRICE & QUANTITY ... Utilization below other countries
- THINK OF HEALTH OUTSIDE HEALTHCARE SYSTEM?  
Important to improve underlying health.
- MOVE FROM COPAYS TO PREMIUMS - IMPACT on OUT-OF-POCKET?  
Depends... Can Reduce where it's cost effective.  
? Reduce cost sharing on Preventative - spend more.
- WHO IS TRYING TO REDUCE?  
→ Feds. - Medicare } doesn't match evidence  
→ States... Budgets
- ALL ABOUT LABOR? DRIVERS
- EQUITY ISSUE - who pays?
- BILLED CHARGES part of costs  
1. Govt operates short term  
2. - BUS/consumer common interests  
3. - Address Racial Ethnic disparities

Lynn Quincy from Consumers Union provided a succinct overview of 10 things everyone needs to know.



# COST DRIVERS

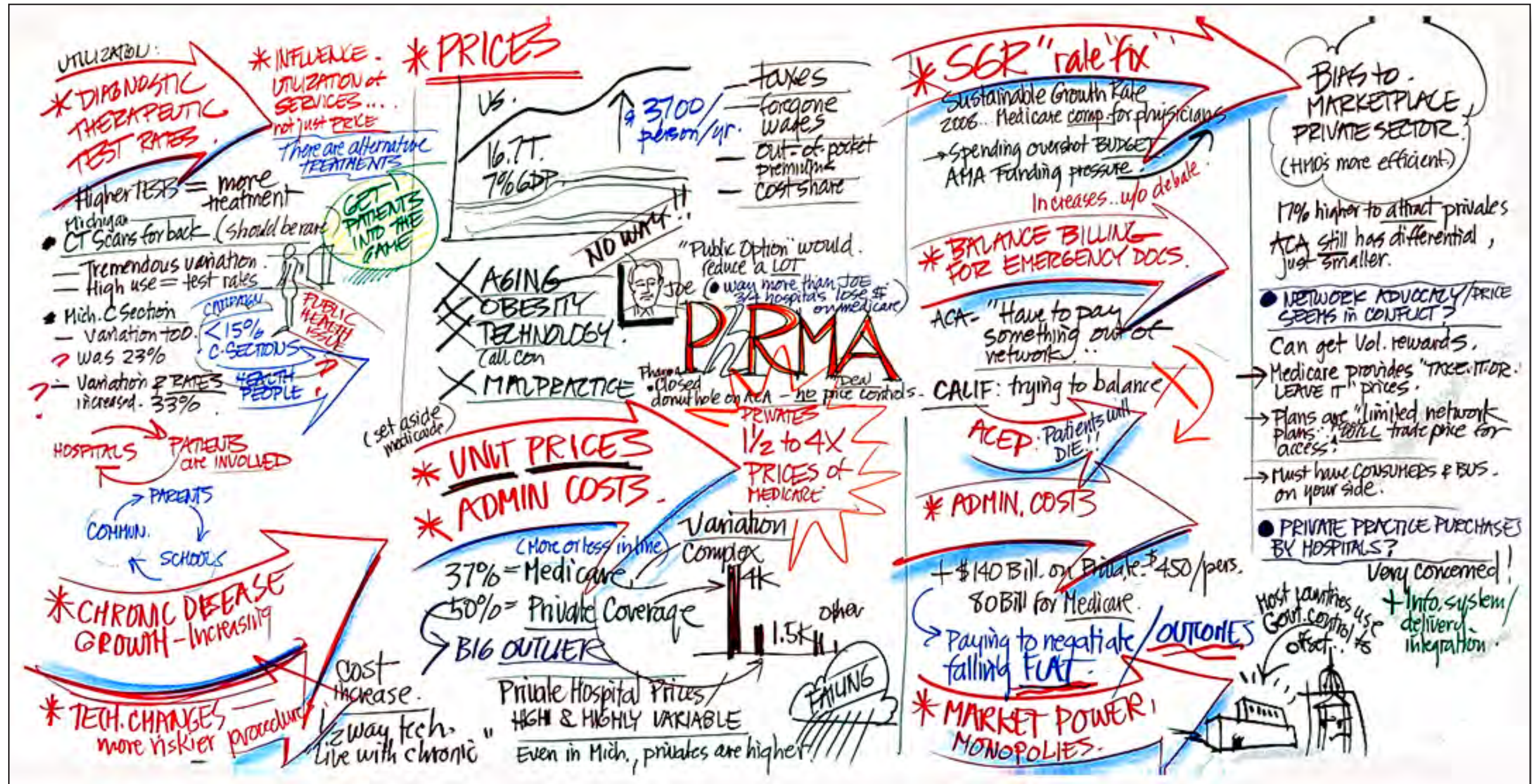


Steve Zuckerman, from the Urban Institute moderated a panel on Cost Drivers. Each driver is illustrated in an arrow, with particulars noted around it. Chapin White of the Center for Studying Health System Change and Marianne Udow-Phillips of the University of Michigan provided most of the content for this session.





### COST DRIVERS, continued



As the panel comments drew to a close, Steve invited the group as a whole to ask questions (illustrated on the far right of this chart).



# COST DRIVERS Q & A



## DRIVERS: Q&A

**GO BACK TO MARKET POWER** - look for regulators... **Environment**

**DOMINANT CARRIERS** - Enough choices? **Consolidation?** (could be solvency issues)

**IN OREGON** (HAS ROBUST regulator. WAIT ACA to work) - Competition brought down prices... Can 11 carriers bring down cost of care? **Work w/ REGULATORS**

**ALTERNATIVES BEYOND MORE DOCS TO INCREASE ACCESS?** - Are Scope-of-Practice Issues

**Can't Prescribe DRUGS** - **AMA dominated by SPECIALIST Physicians**

**TALK MORE ON ADMIN. COSTS** (can we look @ this?) - Admin. costs will be high

Room to improve. **BRDKERS OPPOSE ACA.** **multiple plans** **multiple providers CONTRACTS**

**shame to give up on STANDARDIZATION** - over 1 million options for benefits.

**WHY DOESN'T H.C. MET. CORRECT ITSELF?** - i.e. overbuilding in Indianapolis

H.C. has natural Monopoly tendency. **one BIG one** - not efficient **Level 1 trauma**

**Govt contracts w/ AMA** - **Don't touch SPECIALISTS**

**Insurers move to scale as well.** **Physicians operate cartels**

**1/6th. economy. LOTS of LOBBYS.**

**WHY IS LARGEST BUYER SO INEFFECTUAL ON PHARMA COSTS?** - **Pharma lobbies STRONG**

**LOWER ADMIN on MEDICARE.** Maybe **Should spend more, be more effective.**

**WHERE ARE INDIANAPOLIS EMPLOYERS?** - CEOs on Hospital Boards. Consumers can call them out. **Friends.**

**NEED TO GET AWAY FROM FEAR MONGERING w/ SENIORS** - Lift the ROCK

**CAREER COMPENSATION IN EQUITIES? EDUC. DEBT? Systemic?**

**COLORADO PRICE CONTROL** - WHY - Role of Transparency.

**MYTHS!** - "DEATH PANELS"

**PRIVATE PAYERS DON'T PUSH DOWN COSTS** - Mich... not all competition is good. Madison competition on COST/SUMRITY.

**HOW DO YOU SET UP COMPETITION?**

Consumers should look @ Consolidation of providers.

**DISTINGUISH LEVEL of COSTS & RATE of GROWTH OVER TIME?** (Suspect it's more about Levels)

**PATHWAY FORWARD**

**COSTS MEANS REDISTRIB of INCOME.** This is tough. **Winners** **Losers**

**HARD**

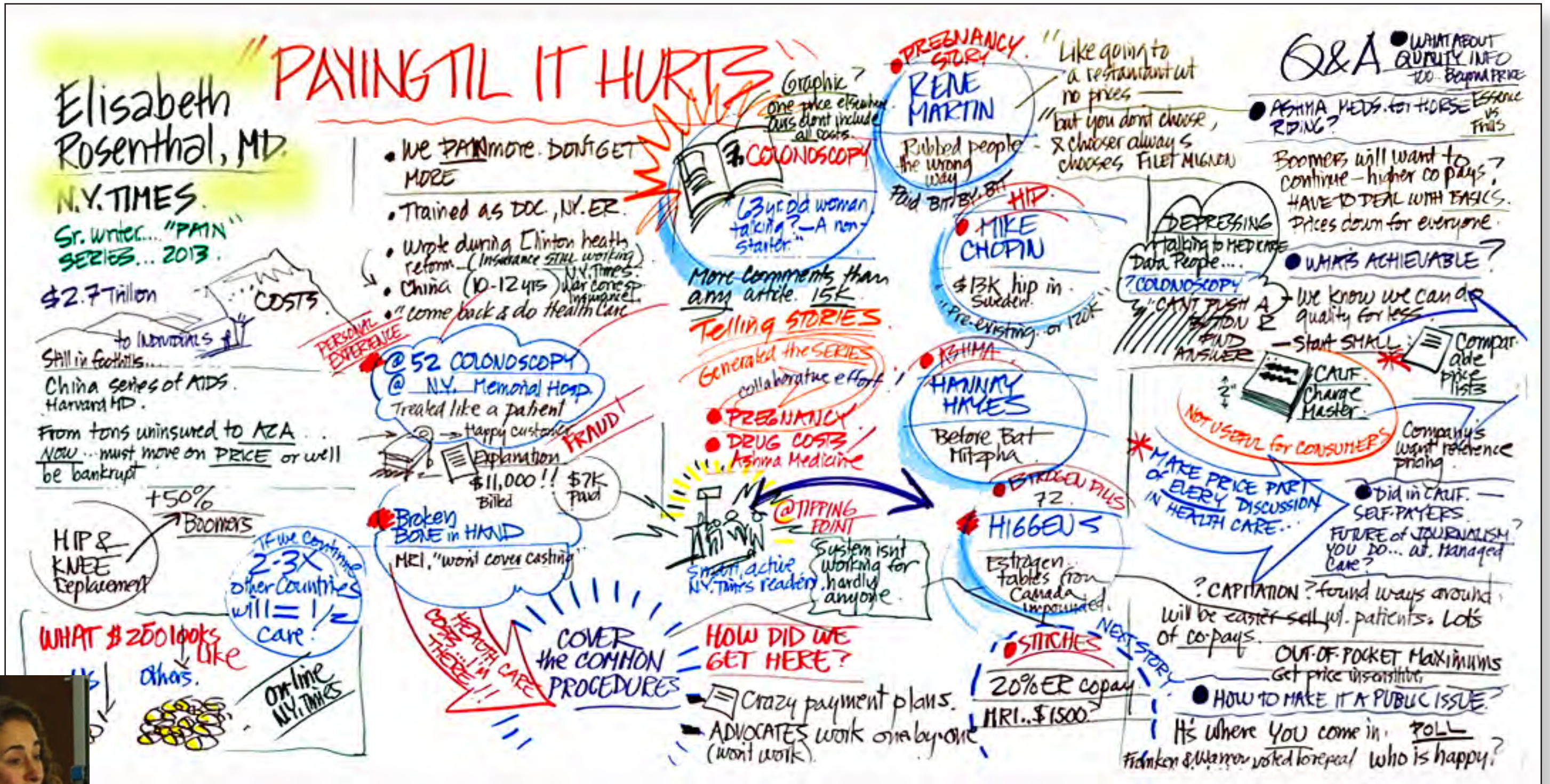
**HC WORKERS Largest employers** - **Rate of increase comparable to other Countries.** **Vol. growth varies by specialty. Cue to over. price.**

**Don't take away STOP new bad things.**

**Work WITH REGULATORS**

All questions in this report are recorded in purple with bullets, with answers in black, green, and brown.

# AFTER LUNCH KEYNOTE



After lunch Elisabeth Rosenthal, MD, shared the story of her health cost series for the NY Times, the first one of which on colonoscopies got more comments than any previous article—some 15 thousand in all.

# HEALTH CARE COST STRATEGIES

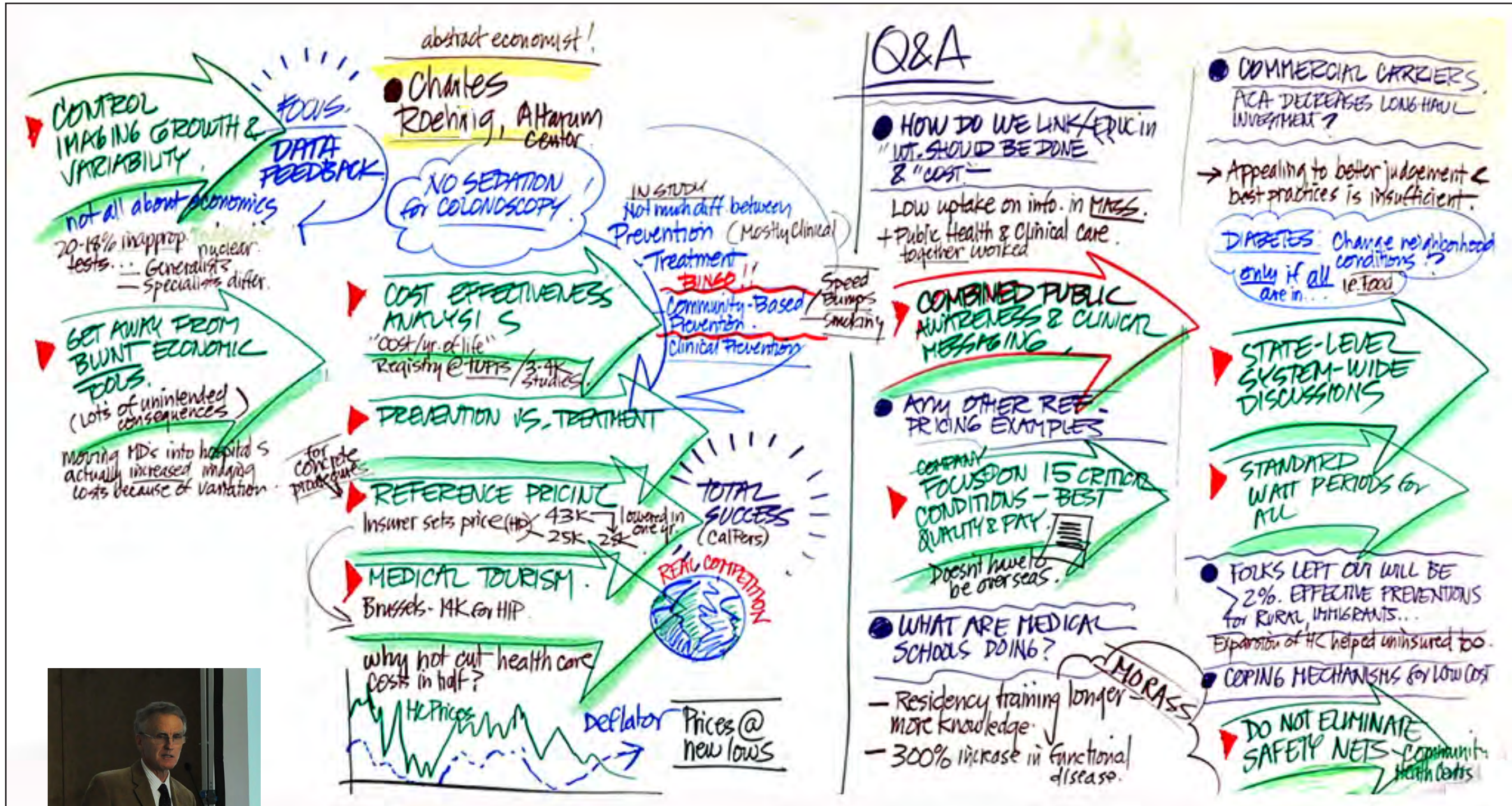


Anne Weiss moderated a strategy panel starting with John Auerbach from NE University talking about prevention, then Len Nichols from George Mason University talking about cost sharing and value-based insurance design.



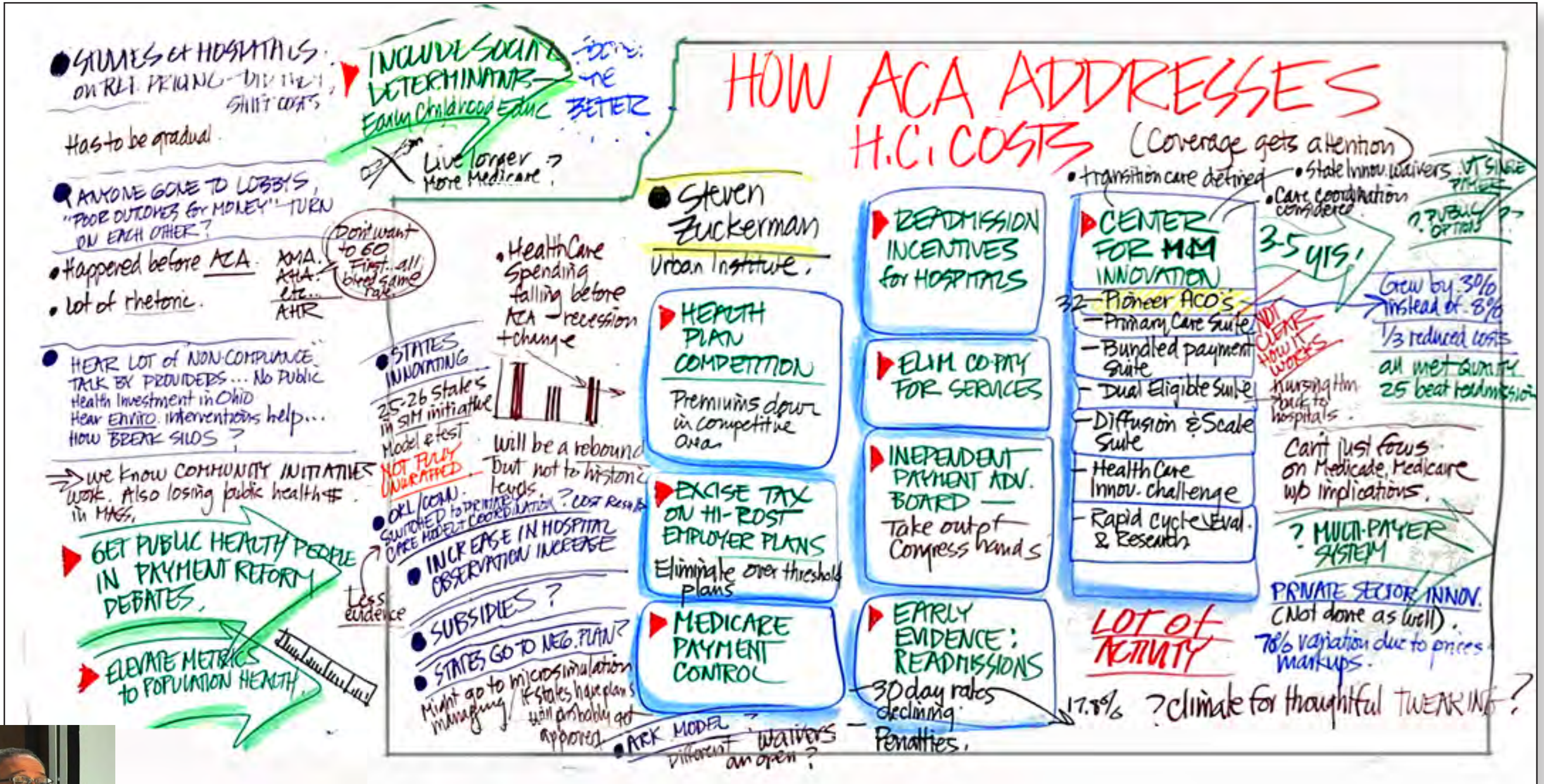
Next was James Fasules, MD, explaining physician directed strategies. They are shown here in reverse order.

# HEALTH COST STRATEGIES, Continued



Charles Roehrig of the Altarum Center for Sustainable Health Spending anchored the panel. More strategies were identified in the Q&A session moderated by Anne. All strategies are indicated by green arrows.

# HOW ACA ADDRESSES HEALTHCARE COSTS



Steve Zuckerman of the Urban Institute provided an overview of how the Affordable Care Act will address cost issues. The different policies that address cost are shown as blue squares above.

# HEALTHCARE FOR ALL MASSACHUSETTS

# PROVIDENCE PLAN FOR R.I.



Brian Rosman shared about the Coalition Campaign for Better Care in Massachusetts, that resulted in freezing rates and getting a bill passed.

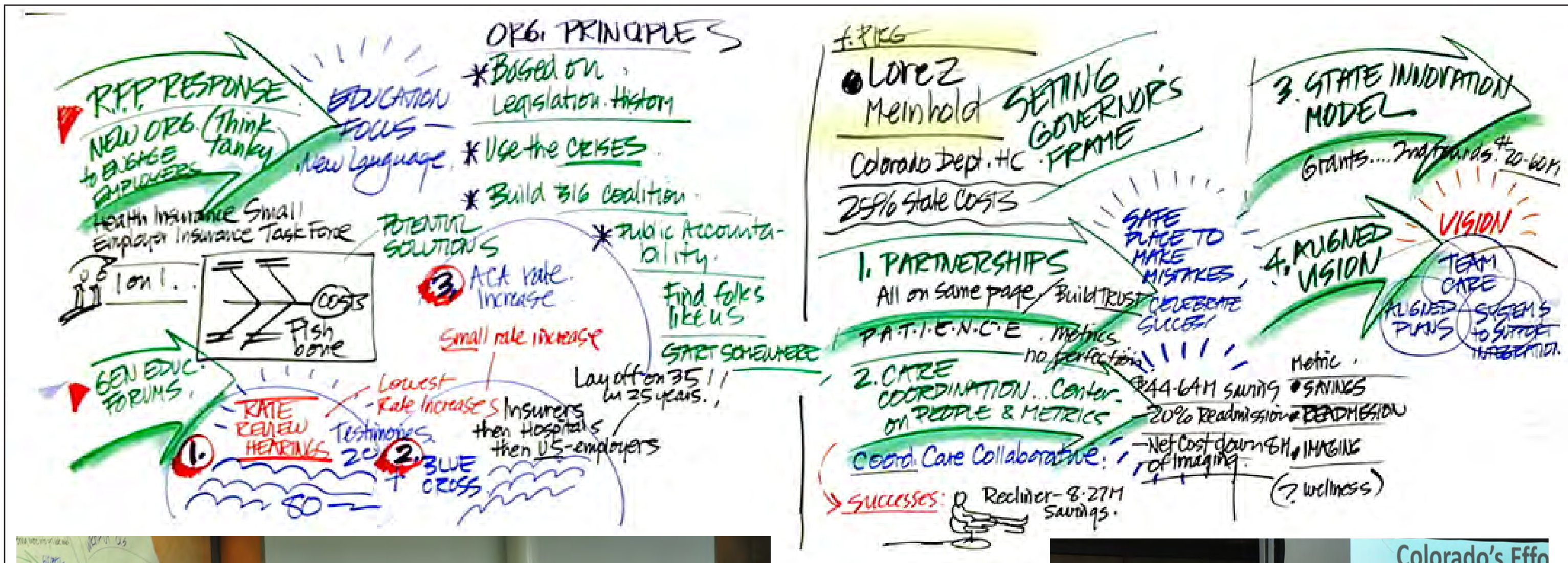


Marti Rosenberg told the story of how the Providence Plan of Rhode Island was passed and what it contained.



### PROVIDENCE PLAN, continued

### COLORADO DEPARTMENT OF HEALTH CARE



Lorez Meinhold told the story about how the Colorado Department of Healthcare successfully shaped the governor's frame healthcare issues—developing partnerships, a care coordination center, a state innovation model and an aligned vision.





# ADVANCING ACCOUNTABILITY - US PIRG

**Laura Etherton**  
**US P.I.R.G.**  
 23 State Public Interest Research Group  
 17 years at OSPIRG

**ADVANCING ACCOUNTABILITY**  
 Cutting Waste & Improving Care in Oregon

**STAY TUNED TO WHERE PUBLIC IS AT.**  
 Overcome obstacles

**HEALTH INSURANCE RATE REVIEW**  
 Gets results / Greater going forward

**DOOR-TO-DOOR ORASSING**

**2005** \*Rate Review Program  
**2007** \*GOT TRANSPARENCY  
**2009** \*STRENGTHENED RATE REVIEW

**2009** \*222 Rate Filings Research  
 30M cut before → 80M after  
 Slight trim → 17% reduction  
 → Less Admin. process  
 → 64M cut out

**MEDICAIDE TRANSFORMATION**  
 ER / Hospital Admissions  
 Primary Care  
 Quality Metrics  
 Global Payments

**RESULTS**  
 Bring more into private mkt.

**WRAP-UP Q's**  
**JUST START SOMEWHERE**  
 How do we shift how we think about H.C. PROVISION.

**COLORADO DATA CENTER**  
 How to get real-time Data to Providers...  
 Health Info Tech.  
 • Data  
 • Admin costs  
 • Collab

**ONCE YOU HAVE SIM... ANY REASON TO GO BACK?**  
 - Go where you can go, Not sure there is a strategy  
 - Work with ALL... large Payers too

**NEED GOV.'S OFFICE LEADERSHIP. NOT BOTTOM-UP**  
 Has to come from Some where!  
 Best in RI. had Gov. But always someone  
 Exchange Commissioner, Medicaid Dir.  
 Every Governor is interested in cost contain

**our heroes**  
**NEED CHAMPIONS**

1. Based on "reasonable admin expenses"  
 2. Insurers progress toward cost containment

**RATE HIKES**  
 26% largest



Laura Etherton concluded the panel describing how the US PIRG has been advancing accountability by staying tuned to where the public is, conducting health insurance rate reviews, and working to get global payments and quality metrics in place.

## RECEPTION AND DINNER



Participants in the conference enjoyed conversation and music in another part of the Tulane Student Center.



## TUESDAY MORNING SESSION



**DIALOGUE  
FOR POSSIBILITIES**

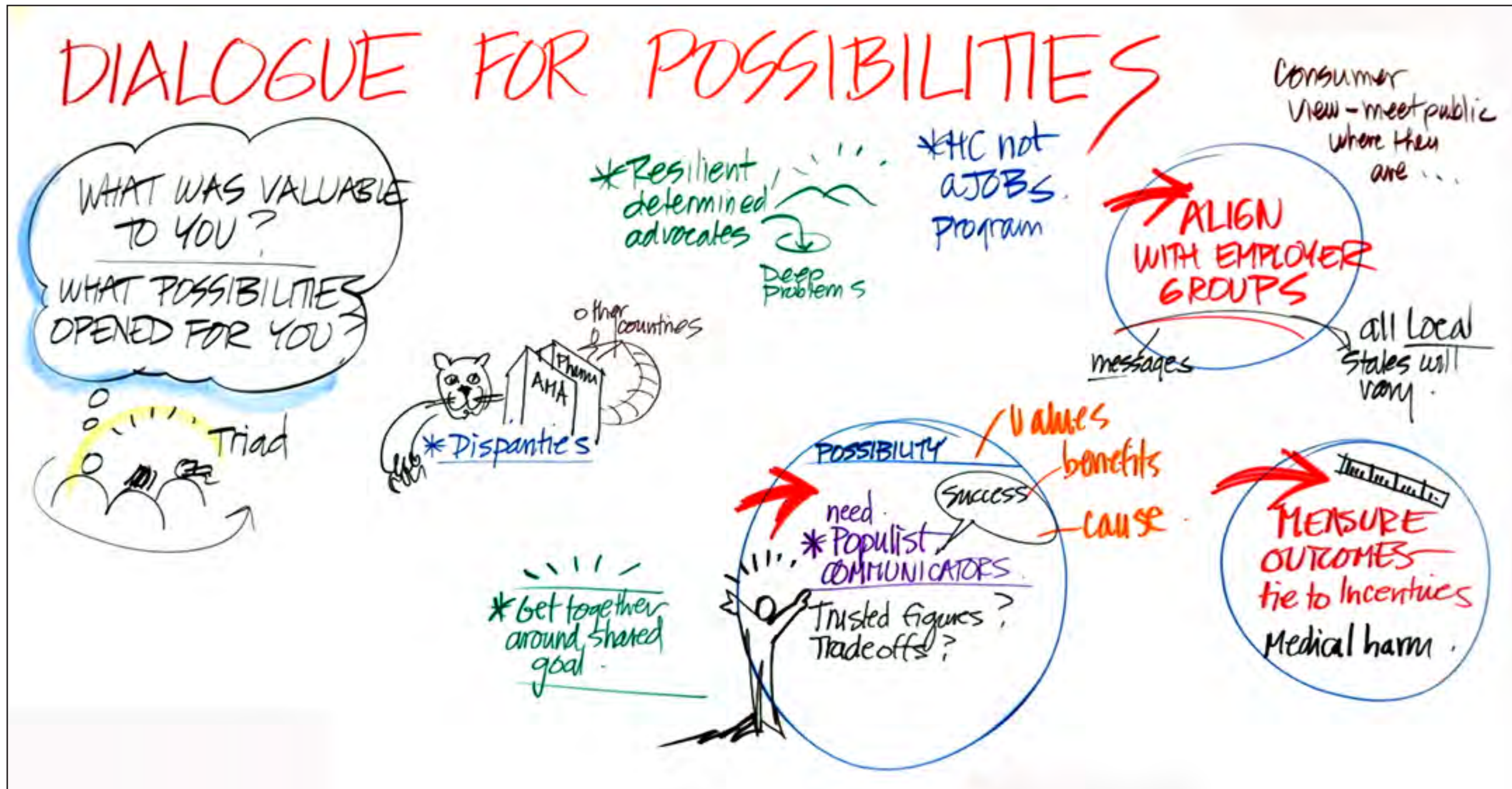
WHAT WAS VALUABLE  
TO YOU?

WHAT POSSIBILITIES  
OPENED FOR YOU?

Triad

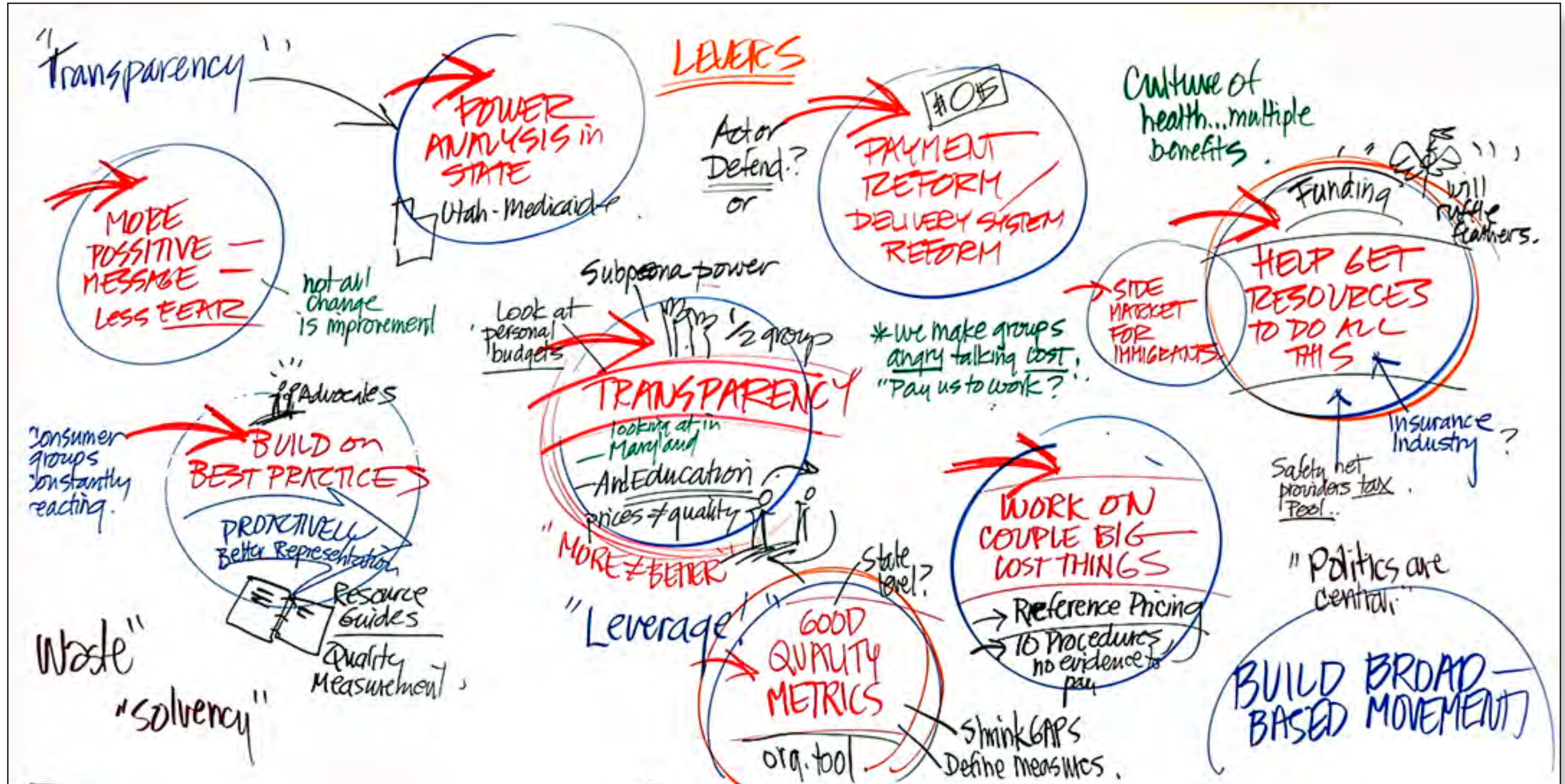
David Adler opened the second day with some reflections, and then turned the meeting over to David Sibbet and Ryan Senser, who would lead a morning of interaction and dialogue. Everyone was asked to turn to a couple of neighbors and answer the questions on the chart to the left—“What was valuable to you?” and “What possibilities opened for you?” These conversations would then support an open dialogue with the group as a whole to see what resonated from the day before.

# DIALOGUE FOR POSSIBILITIES



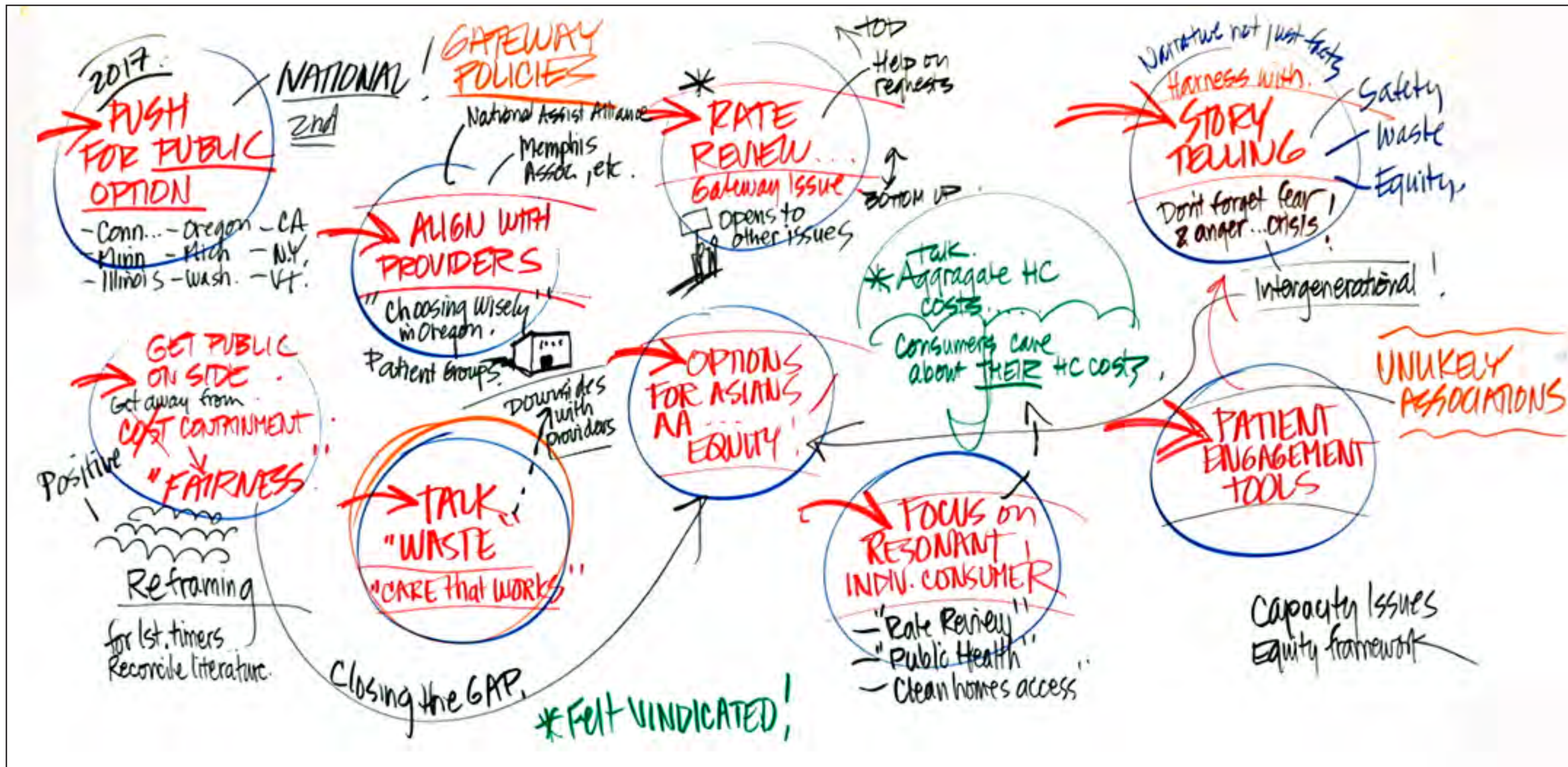
Participants offered both reflections (without circles) and suggestion for possible actions (in the circles). David and Ryan encouraged the group to build on the different ideas, which resulted in the additional comments clustered around the main idea in the circle.

### DIALOGUE FOR POSSIBILITIES, continued



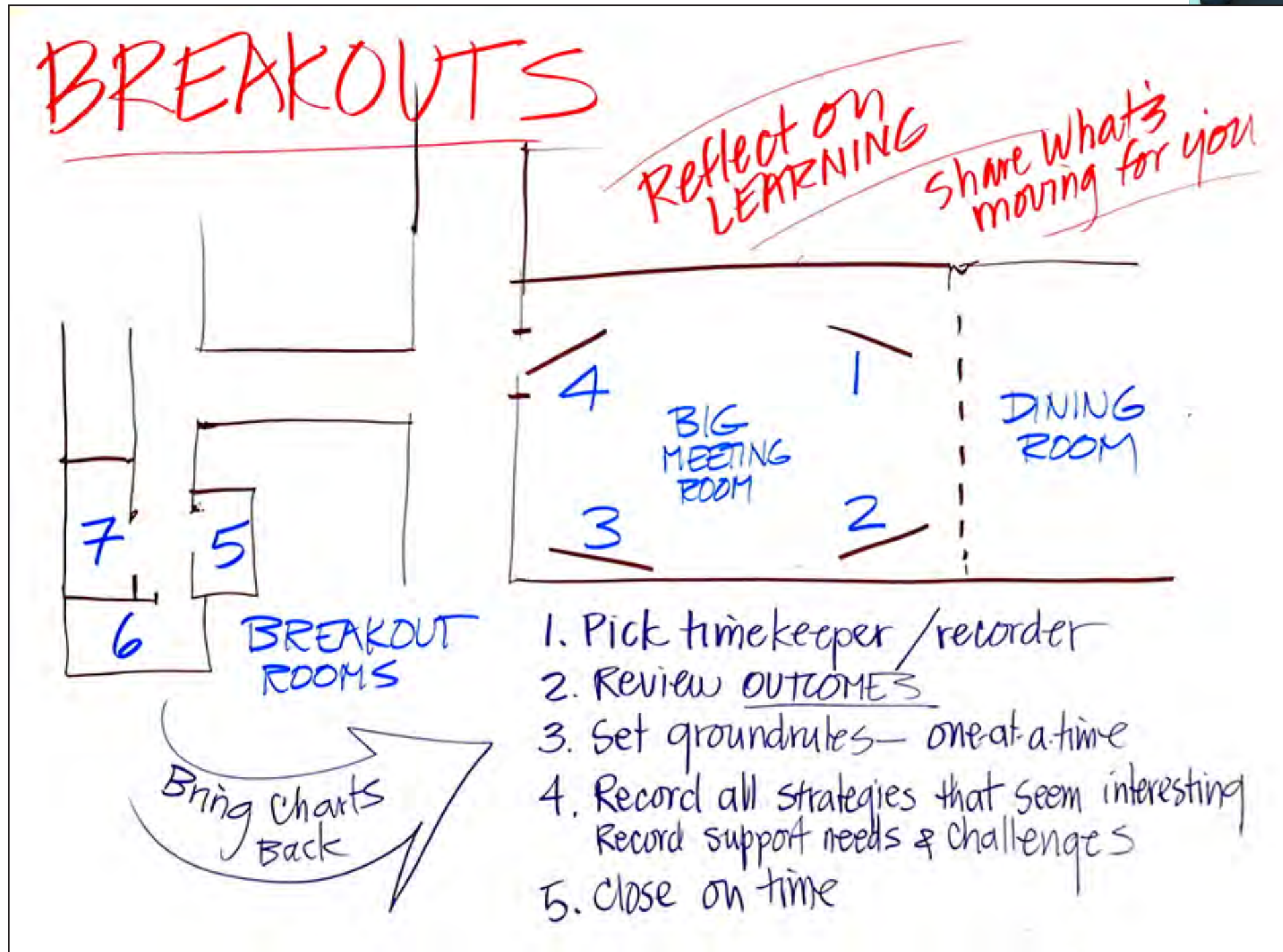
The ideas were captured across three boards in front of the room. This was the middle one.

### DIALOGUE FOR POSSIBILITIES, continued



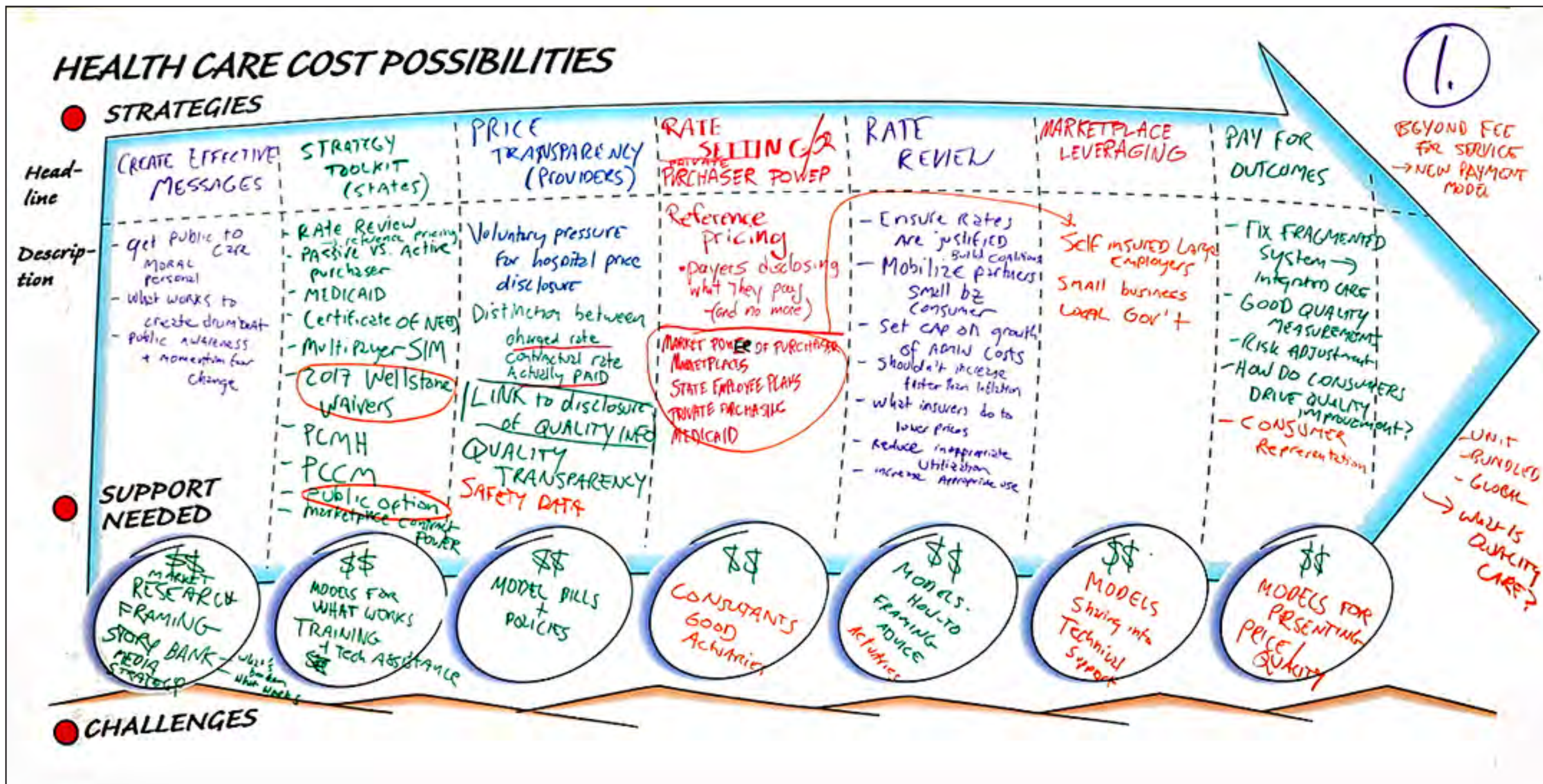
Here is another range of ideas. There was no effort to prioritize or evaluate at this point. The goal was to hear from as many people as possible about what was possible.

## BREAKOUT SESSIONS ON STRATEGY



Following the morning dialogue, David and Ryan oriented everyone to the agenda for the breakout group sessions. The participants who had indicated they were already in motion on various advocacy projects counted off into three groups (Group One is shown above). The others broke into four groups. Each was provided with a large graphic template for recording strategies, things needed for support, and challenges. The recorders and facilitators volunteered from the groups.

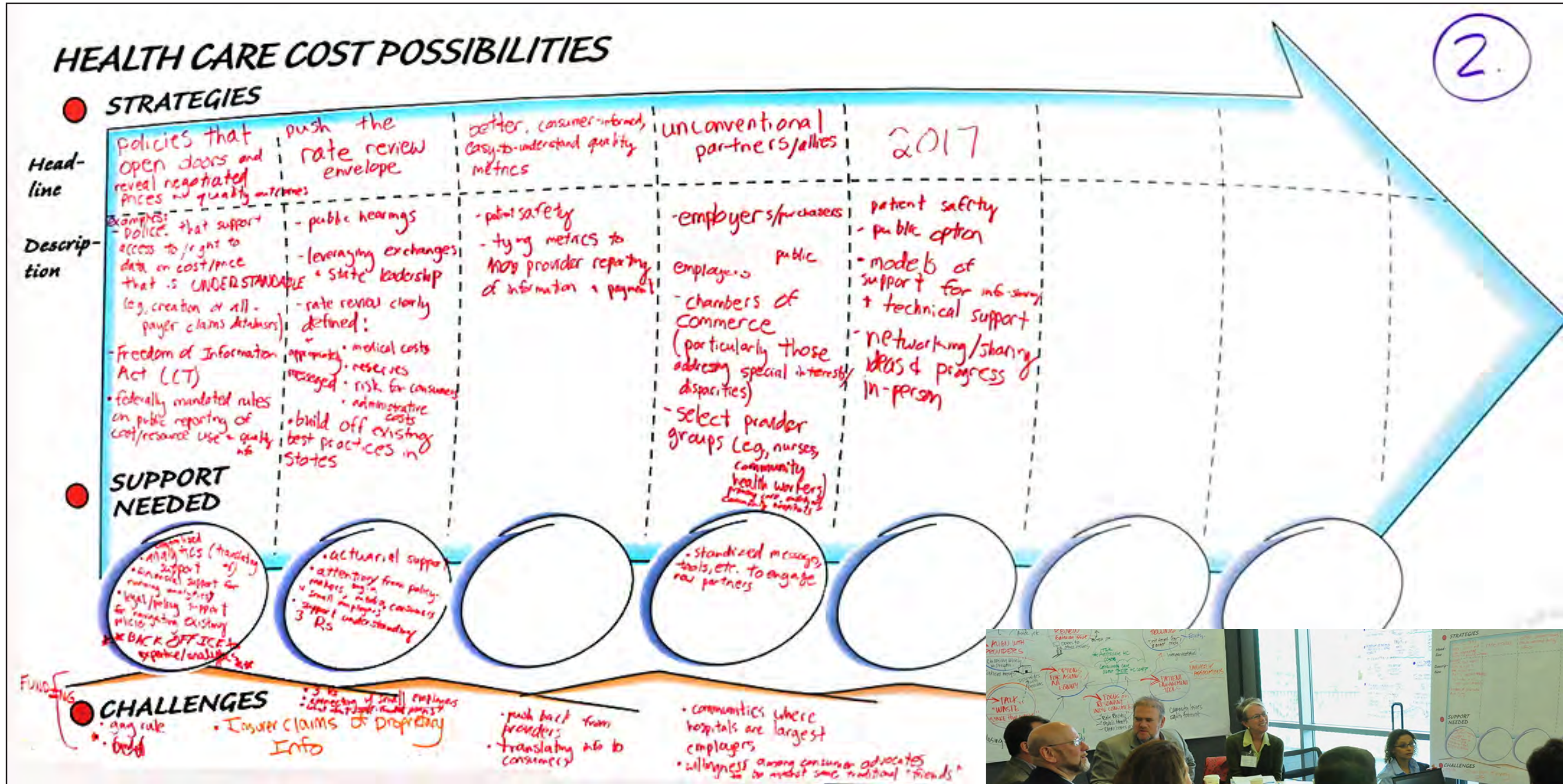
## GROUP ONE POSSIBILITIES



Group one's picture is on the preceding page. This group was one of the ones that indicated it was already in action.



# GROUP TWO POSSIBILITIES

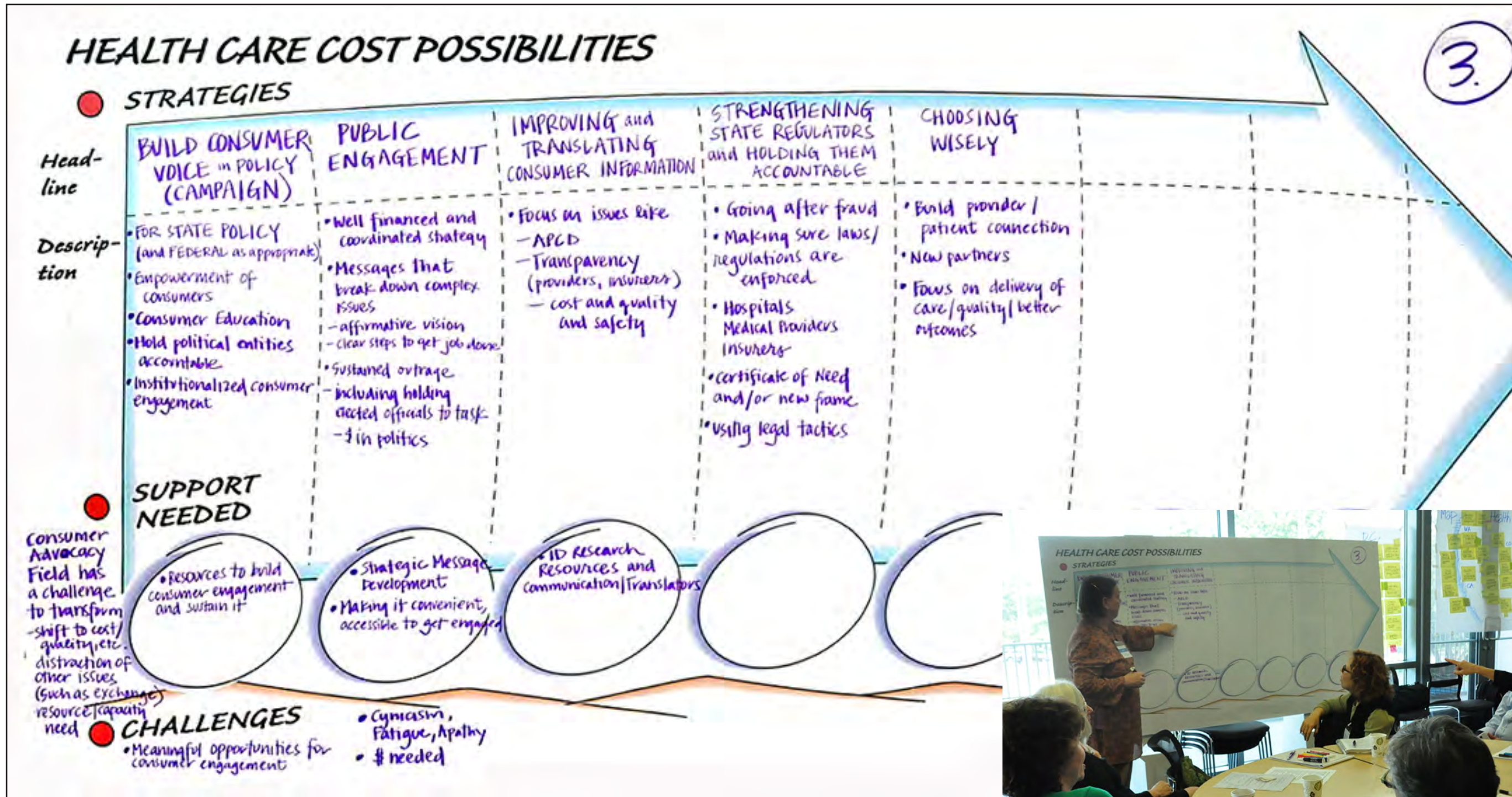


Group Two is shown here with the ideas that they generated. They were one of the groups that indicated they were in action already.



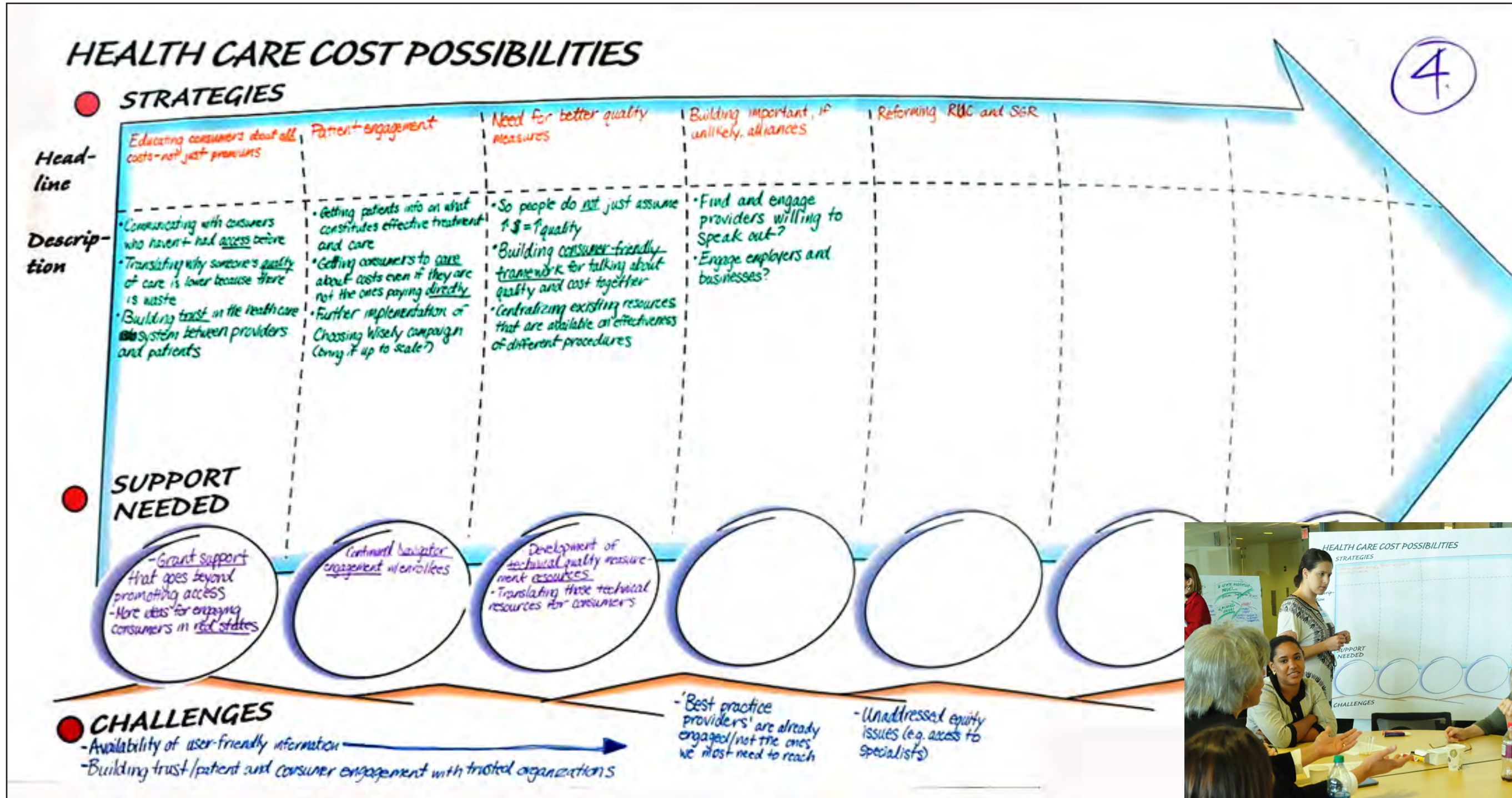


# GROUP THREE POSSIBILITIES



Group Three is shown here with their ideas. They were some of the people who indicated they were already underway with some action.

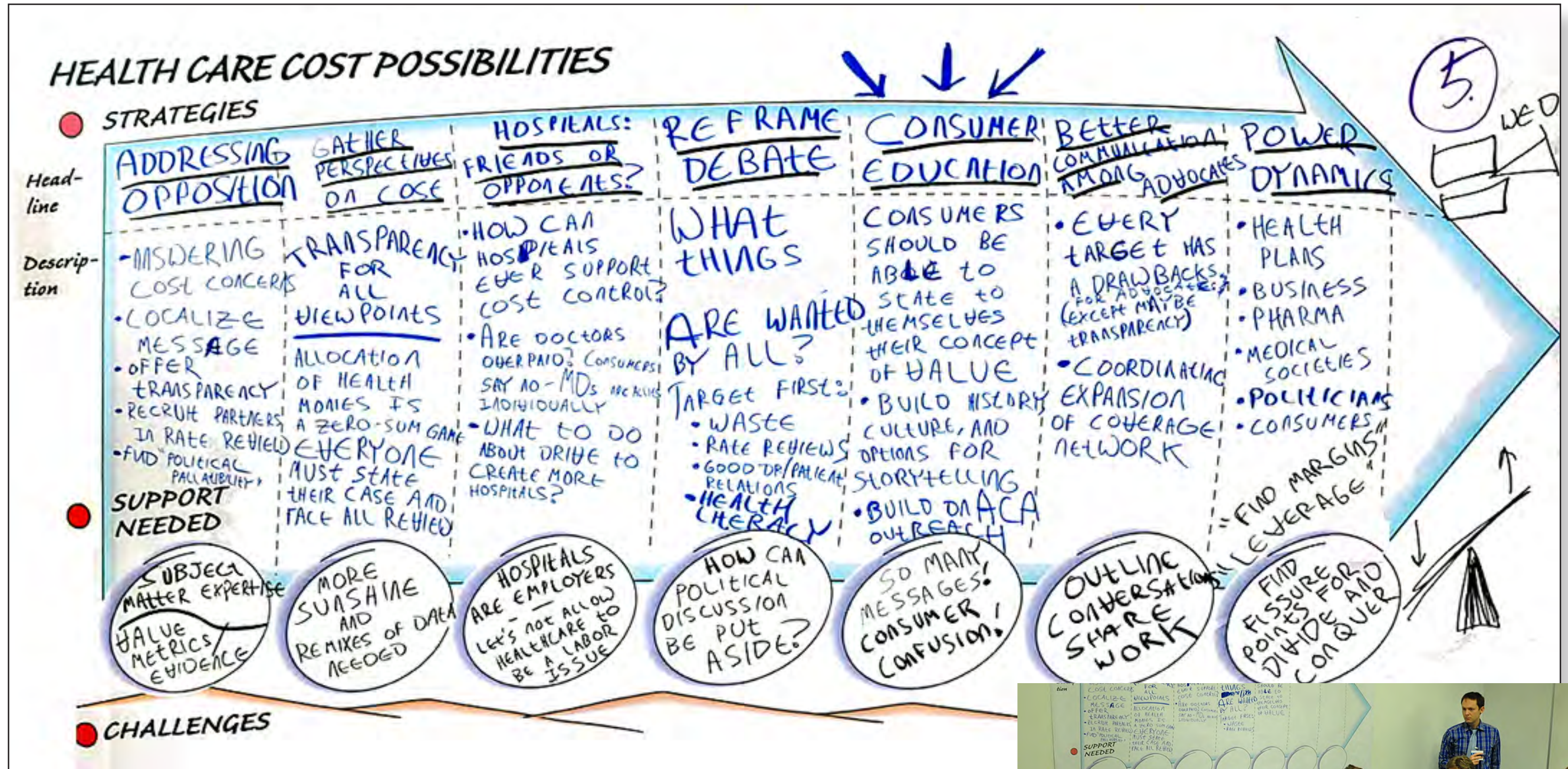
## GROUP FOUR POSSIBILITIES



Group Four also met in the big room. This and the following groups were persons who said they are moving toward action, and shared ideas about what was possible and what support they needed and what challenges they foresaw.



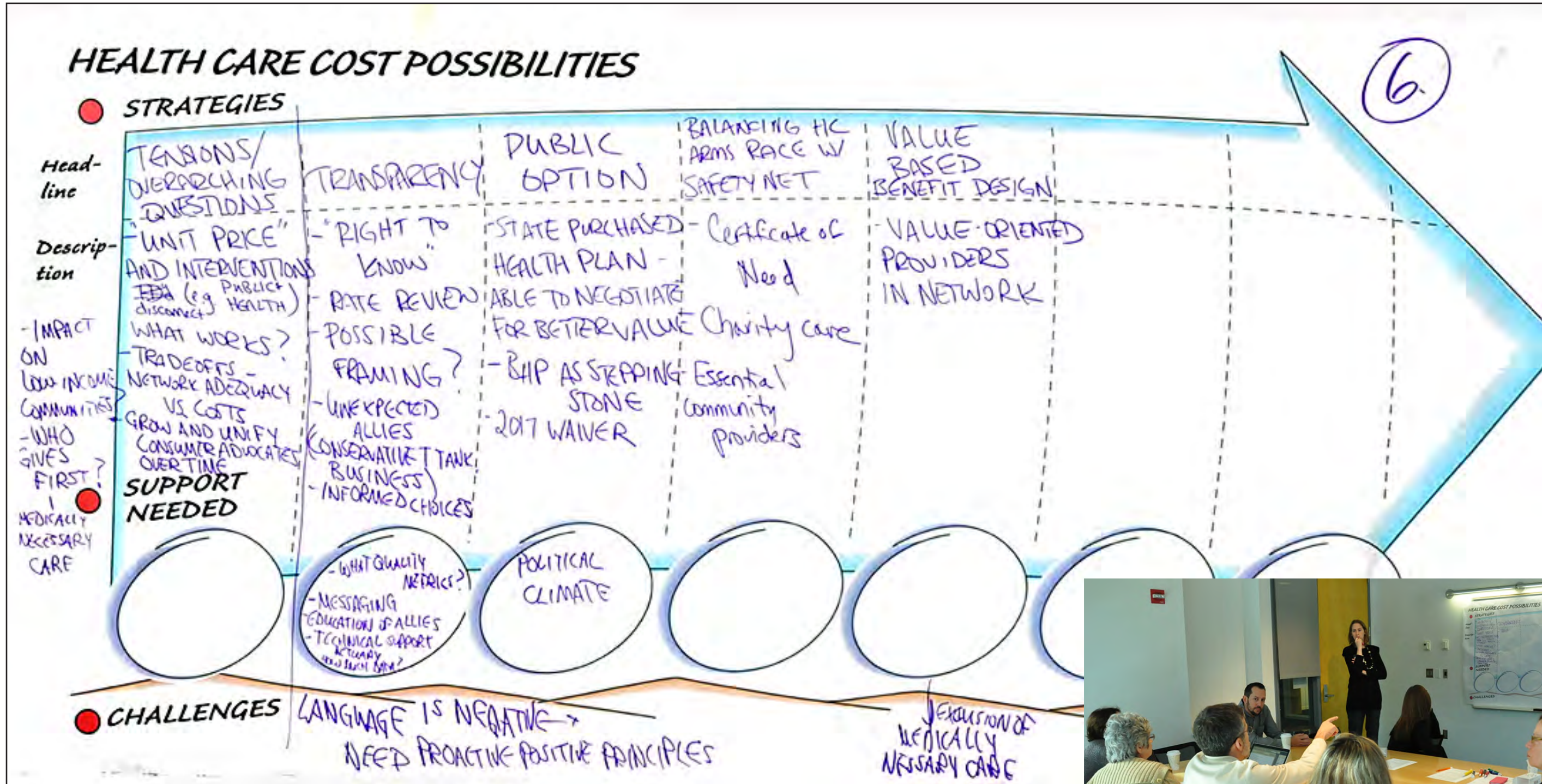
# GROUP FIVE POSSIBILITIES



Here is group five's work.



### GROUP SIX POSSIBILITIES

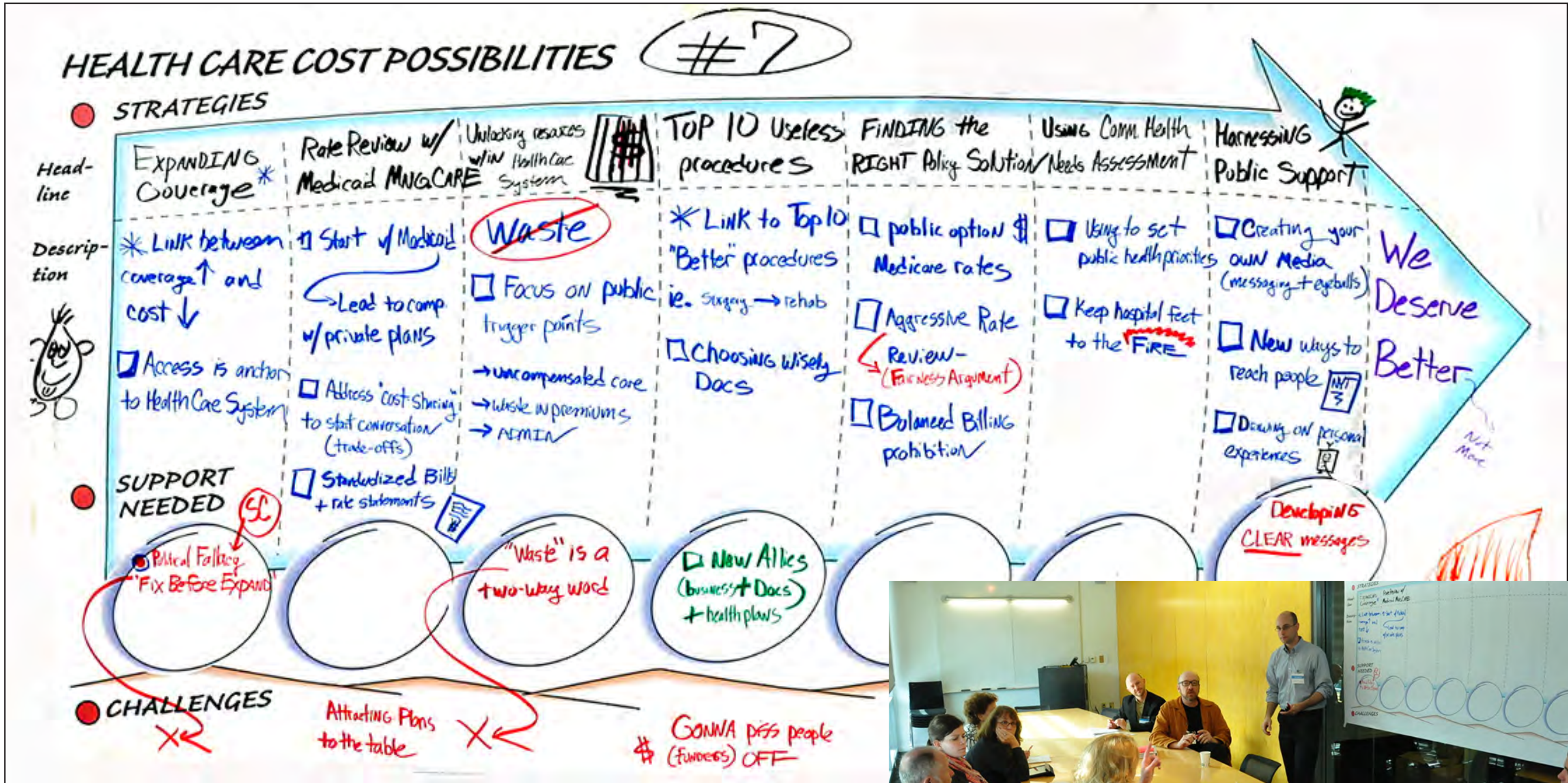


Group Six is shown here along with their work.





# GROUP SEVEN POSSIBILITIES



Group Seven is shown here along with their ideas.



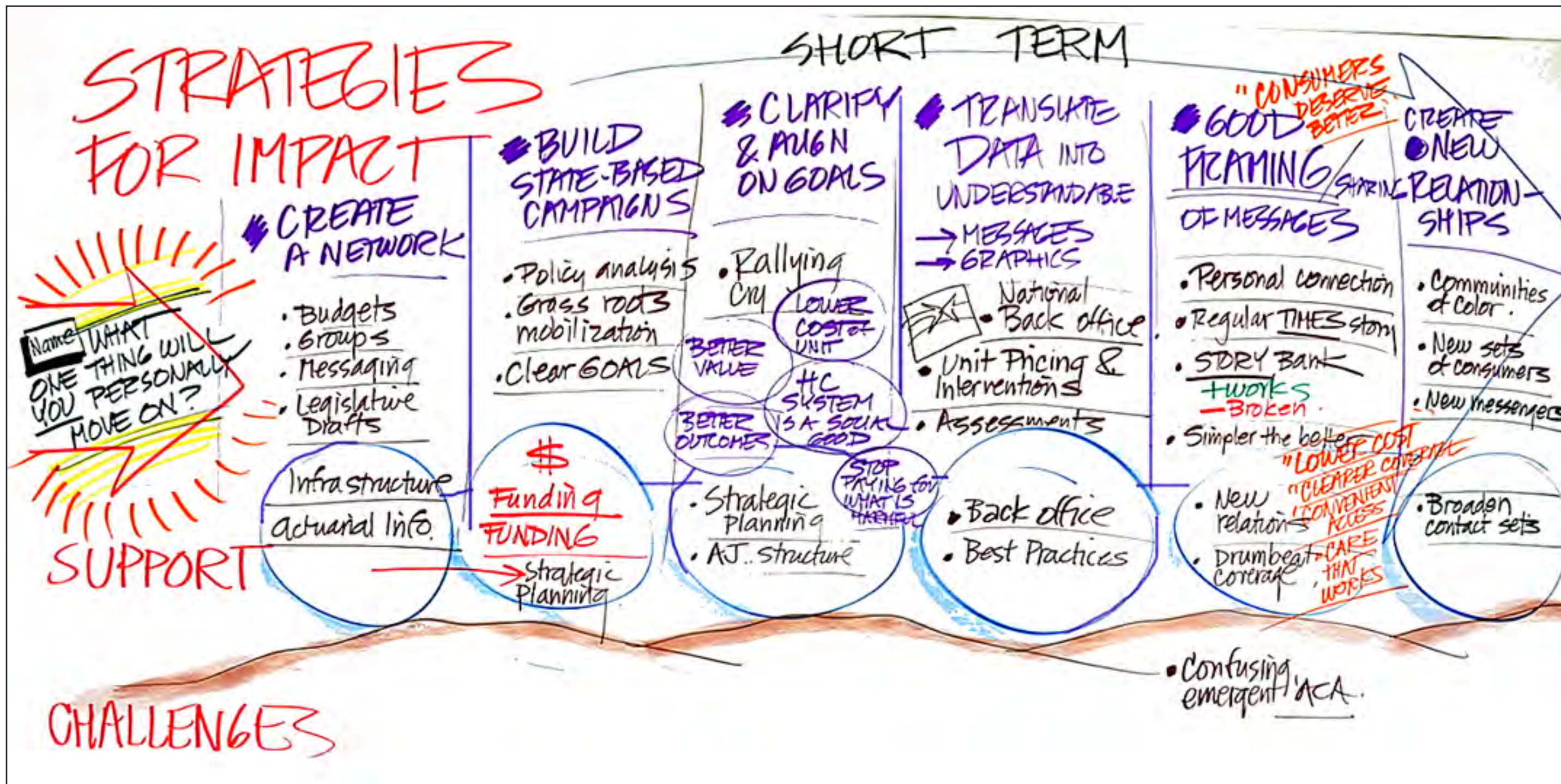
## GALLERY WALK AND FINAL SESSION



The groups all brought the graphic templates to the big room and spent some time looking for themes. Here is David welcoming people back and Ryan coaching everyone what to look for.



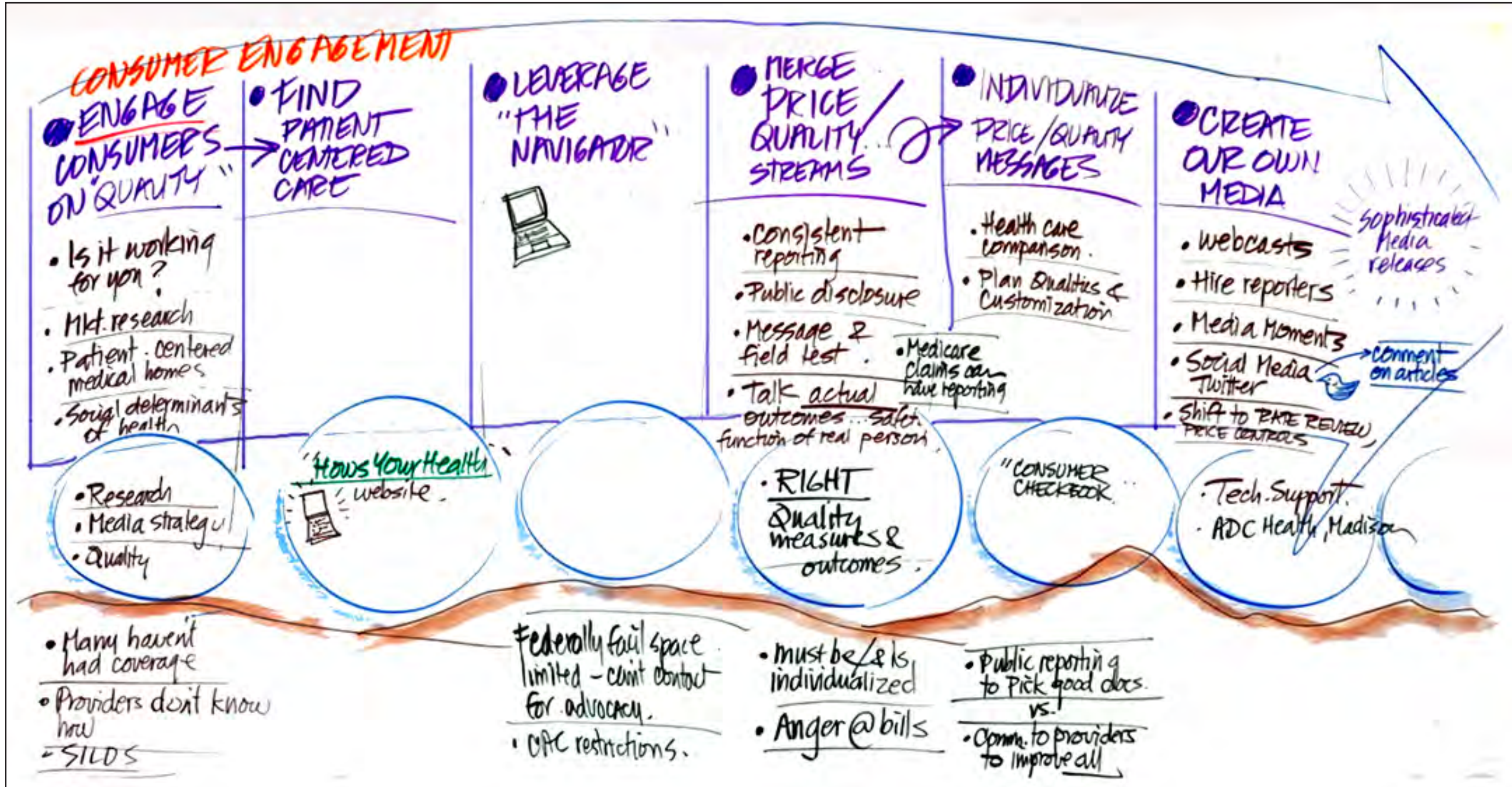
## STRATEGIES FOR IMPACT



The group as a whole offered up these short term strategies in the general session. Support items are recorded in the circles. Challenges are posted along the bottom. The conversation was one for understanding and insight. No attempt was made to have the group converge or prioritize at this point.

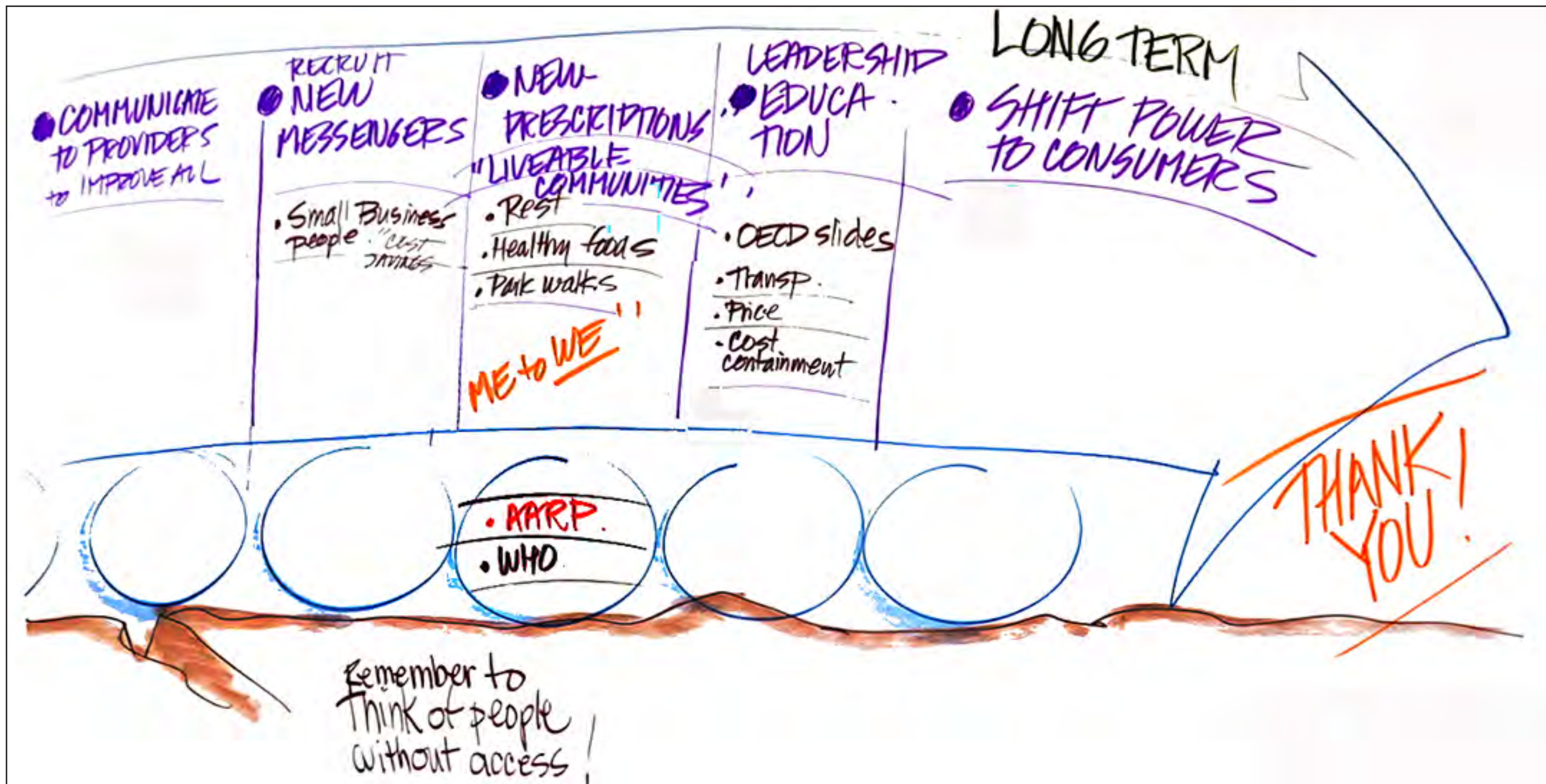


## STRATEGIES FOR IMPACT, continued



Here are more of the strategies that surfaced, along with a few more challenges.

### STRATEGIES FOR IMPACT, continued



These are some of the longer term strategies. At the end of this session Ryan got everyone to use small stickies and indicate which of the strategies he or she was planning on moving to action. These are not reflected on these charts, since these will be posted publicly.

# PERSONAL COMMITMENTS



As Ryan invited everyone to indicate the one thing her or she would personally move on, David wrote the invitation and everyone came forward to post their commitments.

## CLOSING AND ACKNOWLEDGEMENTS



The David Adler closed the event with thanks and acknowledgements. The Consumers Union team, led by Lynn Quincy and Jennifer Shecter, worked very hard to make all this possible.

### **BOTTOM LINE FROM THE CONFERENCE**

This conference demonstrated that consumer advocates are ready to work on this tough policy issue.

Attendees told us the information provided at the conference and the opportunity to network filled an important need.

Advocates were highly engaged and ready to tackle the tough issues surrounding policy solutions.

Consumer advocates are ready to work on this issue but they need resources to do so.

Bottom line: they are ready to follow the advice of one speaker: ***“Just Start.”*** Marti Rosenberg