



## FACILITATION GUIDE FOR PROGRAM 6

### **CONDITION: CRITICAL HEALTH CARE IN THE UNITED STATES**

#### **A Series of Education Programs on Health Care Ethics**

#### **Ethics Program 6: Access to Healthcare: “The Patient’s Perspective”**

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Narrative Video with Expert Commentary

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## SECTION I

### Narrative Video with Expert Commentary

#### NARRATIVE VIDEO

The 30-minute video examines ethical dilemmas from the patient's perspective that arise with regard to access to health care. The video presents the problem of the uninsured in America and examines the issues of rationing, universal access to health care and the difficult matter of reigning in the costs of health care. The ethical debate in the video is presented in four sections:

1. The uninsured in America
2. Rationing: a lesson from Medicaid
3. Universal health care: a lesson from Medicare
4. Reigning in the costs of health care

#### EXPERT COMMENTARY

The video includes expert commentary by internationally recognized figures on the ethical dilemmas that arise with regard to access to health care, including: Mark Hall, Uwe Reinhardt and E. Haavi Morreim.

#### LEARNING OBJECTIVES

The 30-minute video enables participants to foster discussion at the end of each section as well as at the end of the program. Participants will be able to:

- understand dilemmas about the uninsured in the United States
- understand dilemmas about rationing of healthcare in the United States
- understand dilemmas about providing universal health care in the United States
- understand dilemmas about reigning in costs of health care in the United States

#### STRUCTURE OF THE EDUCATION SESSION

The facilitator should explain the learning objectives, show the video, and then engage the participants in discussion and/or assign follow-up projects.



## SECTION II

### Discussion Questions for the Program

#### I THE UNINSURED IN AMERICA

- How many typically have no healthcare insurance in the United States and for how long are they uninsured?
- Do the uninsured typically come from one segment of the population, such as the unemployed?

##### Answers

#### II RATIONING: A LESSON FROM MEDICAID

- What is Medicaid and who are eligible for healthcare insurance via Medicaid?
- How does the Oregon Health Plan showcase the problem of rationing in health care?

##### Answers

#### III UNIVERSAL HEALTH CARE: A LESSON FROM MEDICARE

- What is Medicare and how well does Medicare work for those covered?
- What hopes are there for establishing a single payer system to provide universal health care in the United States?

##### Answers

#### IV REIGNING IN THE COSTS OF HEALTHCARE

- What are some of the contributing influences that tend to cause health care to rise or decrease?
- How feasible is it to reduce administrative costs in order to provide better healthcare coverage?

##### Answers



## SECTION III

### Project or Assignments for the Program

These projects or assignments could be distributed among participants for them to expand on the answers in the discussion section by further review of the video.

#### I RATIONING: A LESSON FROM MEDICAID

- Explain how many typically have no health care insurance in the United States and for how long are they uninsured.
- Explain whether the uninsured typically come from one segment of the population, such as the unemployed.

#### II RATIONING: A LESSON FROM MEDICAID

- Explain what Medicaid is and who are eligible for health care insurance via Medicaid.
- Explain how the Oregon Health Plan showcases the problem of rationing in health care.

#### III UNIVERSAL HEALTH CARE: A LESSON FROM MEDICARE

- Explain what Medicare is and how well Medicare works for those covered.
- Explain what hopes there are for establishing a single payer system to provide universal health care in the United States.

#### IV REIGNING IN THE COSTS OF HEALTHCARE

- Explain some of the contributing influences that tend to cause health care to rise or decrease.
- Explain how feasible it is to reduce administrative costs in order to provide better healthcare coverage.



## QUESTIONS & ANSWERS

### Discussion Questions for the Program

The suggested “answers” simply indicate some items from the video that relate to the question. The facilitator should encourage a broad range of responses from the video and beyond.

#### I THE UNINSURED IN AMERICA

- **How many typically have no health care insurance in the United States and for how long are they uninsured?**

Typically, forty five million have no health insurance at any given time in the United States. This figure amounts to approximately 15% of the U.S. population. Most of these have no healthcare insurance for short periods of time. For example, about half of these are uninsured only for a period of four months at a time. And only a small percentage of these are chronically uninsured, extending for a year or more. Moreover, between ten and fourteen million of the uninsured are actually entitled to health care by law through government programs but do not know either that they have such coverage or how to gain access to it.

- **Do the uninsured typically come from one segment of the population, such as the unemployed?**

Those without health care insurance in the United States come from all walks of life, representing a population of people of different ages and different cultures across the nation: gas station workers, limo drivers, yard maintenance staff, etc. Many of the uninsured are employed, sometimes holding several part time jobs that do not provide health insurance. Others who are employed may not be well insured by their employers. Only about 16% of the uninsured are not employed, and usually for substantive reasons.

#### II RATIONING: A LESSON FROM MEDICAID

- **What is Medicaid and who are eligible for health care insurance via Medicaid?**

The federal government initiated Medicaid as a program to pay for healthcare for the most vulnerable citizens in the United States who did not have and could not afford health care insurance. Medicaid is based on Federal and State Law and covers those who meet its eligibility requirements such as income or disability. Medicaid only provides healthcare for a limited population.

- **How does the Oregon Health Plan showcase the problem of rationing in health care?**

To address the problem of rationing in health care, the Oregon Health Plan was based on the presumption that everyone should have access to a basic level of care and that society is responsible for funding health care for the poor. Originally, the plan provided health care coverage for an identified list of conditions and treatment options, thereby being an explicit form of rationing, in contrast to other forms of rationing such as by accident or neglect. A crucial weakness was the Plan’s dependence on a strong economy to provide sufficient state revenues. In a weaker economy cost saving measures became necessary, including a major reduction in provider reimbursements which led to more patients being denied care. Most agree that the Plan provided a helpful rationing model to curb increasing costs while providing access to health care for millions who otherwise would not have access.



## QUESTIONS & ANSWERS

### Discussion Questions for the Program

#### III UNIVERSAL HEALTH CARE: A LESSON FROM MEDICARE

- **What is Medicare and how well does Medicare work for those covered?**

By government mandate, Medicare provides free coverage for hospitalizations to every American 65 and older. Hence, it only serves a limited population. The program has a variety of partially subsidized options. For example, the program covers visits to physicians approved by the program, provides a greater choice of doctors, and recently, offers a prescription drug plan. As a result, Medicare beneficiaries are by and large the most satisfied consumers of health care in the United States. This satisfaction with Medicare is because of several factors: patients have a choice of doctors and hospitals; the program is relatively simple compared with other insurance programs; and doctors can bill electronically and receive payment much faster by Medicare than by private insurance. But the increasing number of baby boomer retirees will put a lot of stress on Medicare and funding for its benefits.

- **What hopes are there for establishing a single payer system to provide universal health care in the United States?**

No system of healthcare coverage works perfectly. Many argue that a single payer system for healthcare (such as Medicare for seniors) can be administratively simple. However, if health care costs are part of a government budget like education or defense then health care has to compete with all those other claims for government funding. Some argue that single payer government systems of healthcare can work very effectively, such as the systems in Canada or Taiwan. Others argue that the system of healthcare in the U.S. is built around a mix of public and private funding and to change this complex system would be too difficult, disrupting too many vested interests. Further experiments to provide universal healthcare may be needed. For example, a recent experiment to provide universal access to healthcare to citizens in the state of Massachusetts involves every resident to purchase health insurance by mid-2007, with affordable rates, sliding scales, and subsidies to help different constituencies.

#### IV REIGNING IN THE COSTS OF HEALTH CARE

- **What are some of the contributing influences that tend to cause health care to rise or decrease?**

Healthcare costs in the United States are at an all-time high due to several contributing factors that either may continue to increase these costs or help to decrease these costs. These factors include the following. Pharmaceutical companies now see the patient (such as through direct consumer advertising) as their prime consumer, not the doctor as was the case a decade ago. For example, a study in 2004 indicates that more than forty percent of Americans are taking at least one prescription drug, with one in six Americans taking three or more, together accounting for around 10% of all healthcare expenditures. Also, new tests and life saving procedures involve enormous costs. And the price for ineffective treatments in healthcare is exorbitant.

- **How feasible is it to reduce administrative costs in order to provide better healthcare coverage?**

Although a good profit rate for insurance companies would be a nickel per dollar of expenditures on healthcare, there is still room for administrative cost savings in healthcare. The administrative costs for healthcare in the United States is the highest in the world: these costs could be streamlined. In 1960 the United States spent 6% GDP on education and 6% healthcare, but in 2006 15% is spent on healthcare whereas 6% continues to be spent on education. And in the process the U.S. has 45 million people who have no healthcare insurance. In contrast, other countries that spend 8% or 9% of GDP on healthcare have much better statistics on providing healthcare coverage for their populations.