

Response to *Alternate Health Plan Proposal*

Quantitative Research Report

November, 2008

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Radical Solution Article Survey

- Objective: Gauge response to the article outlining Rick Jackson's Healthcare Proposal.
- Methodology:
 - ⇒ Online survey among doctors in our databases.
 - Total of 784 began the survey, and 539 completed it.
 - Survey went out attached to a press release.
 - ⇒ Error range at the 95% confidence level is +/- 1.7% for the study.
- Caution: Since sample was derived from our own databases, results cannot be projected beyond those databases.

Survey Progression

- 784 clicked through
- 631 answered the first question (Title)
- 603 respondents answered the age question (loss of 28 total respondents)
- 573 answered the question about understanding the plan (loss of 30 respondents)
- 568 answered the question on likelihood to support (loss of 5 respondents)
- 543 answered the question on which plan most prefer (loss of 25 respondents)
- 541 completed the survey

Respondent Titles

Title	n= 629
Physician	53%
Nurse Practitioner	3%
Physician Assistant	1%
Hospital Executive	8%
Practice Management	3%
Nurse	6%
Patient / Consumer	3%
Physician / HC Staffing	3%
Healthcare Consultant	1%
HR / Benefits Manager	1%
Jackson Healthcare Employee	1%
Other	17%

Other responses include: Social Worker, Patient Advocate, Healthcare Executive, Risk Management, Sales & Marketing Director, Public Health Advocate, Teacher, Therapist, Citizen, Web Developer, Software Engineer, CFO, Behavioral Health, Lab Director, Manager, Vendor, Analyst, Independent Associate, Office Manager/Admin Assistant, Contract Manager, Accountant

Summary

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Profile of Respondents

Majority are:

- Physicians (53%)
 - ⇒ Member of single specialty group (23%)
 - ⇒ Own solo practice (21%)
- Work outside hospitals (43%)
- Men (65%)
- Age 45-64 (58%)

Too Good To Be True

- The response to the healthcare plan outlined in the article was overwhelmingly positive...
 - ⇒ 59% very likely to support; 34% somewhat likely
 - ⇒ Would prefer this plan (84%) over Obama's or McCain's
 - ⇒ 67% favorable comments in the overall thoughts open-ended question
- ...And quite cynical.
 - ⇒ 20% believe the plan would never make it to implementation
 - ⇒ Overwhelming sentiment that the “real” reform that is necessary will never happen. Too many stakeholders in the process.

The Emotion Behind the Responses

It is evident from the open ended responses that respondents feel quite beaten down, and even though they are receptive to reform, they question the motives of reformers, including the motives of other health care personnel.

⇒ Trust no one:

- Is the devil you know better than the devil you don't?
- What would replace insurance companies? Would it be worse?
- Are we trading one middleman for another?

In Respondents' Own Words

“Will be very difficult to implement: insurance companies are big contributors to Obama and Dems in Congress. Tort reform (elimination of defensive medicine) almost impossible because of trial attorneys in Congress, and they own Biden.”

“Very idealistic. Physicians lost ‘control’ to the insurance companies in the early 1980s, I believe. Insurance companies are going to continue to fight for their existence until they can no longer make any money, then they’ll drop it in the government’s lap. Also, trial lawyers are a powerful special interest, especially in many state legislatures... They’d be disenfranchised... too bad...”

“The plan seems very optimistic but at this point what else do we have? I've actually just closed my practice and started working for the Corrections Dept in California but my heart is still in family medicine. My wife still practices family medicine but the low reimbursements and high expenses will probably force her to follow my lead. I'd reopen my practice if I can foresee changes in the near future.”

“Pretty innovative idea, so it will never be adopted.”

“Not nearly delusional enough to believe that congressional insurance lobbyists will allow a measure such as this to be passed by Congress, however, would support such a plan in whatever way was necessary.”

“Makes too much sense for politicians to adopt. Once implemented it seems like it would greatly streamline healthcare.”

In Respondents' Own Words

“Major tort reform is critical to reducing cost. Barack will never change the status quo so trial lawyers can continue to extort us. McCain supports tort reform, but it couldn't get passed with a Republican Congress under Bush, so McCain will never pass it with a Democratic Congress. As an Ob/Gyn, what I pay for malpractice premiums can insure 10 families PER YEAR.”

“It's great if you could get it to work. I hope you have the lobbying dollars that the health insurance companies do!”

“It makes sense, but would not be possible due to administrative and lobbyist interests in keeping what I believe is greater than 50% of the healthcare dollars spent on their administrative interests in their own pockets.”

“Innovative and logical. It will never fly. Too many 'stakeholders' in current system would be adversely effected: lawyers, insurance companies, big pharma. The beneficiaries: patients and doctors have little political power because they are not organized.”

“I would support this. Unfortunately I just can't see it happening - It makes too much sense.”

“I have proposed just this sort of outline to many elected officials and no local rep., senator or congressman has the balls to tout this nationally... It will take a miracle, but it is great stuff, and as a card carrying Republican, I whole-heartedly agree. Neither Pres candidate gets it at all.”

In Respondents' Own Words:

“How to get the confluence of leadership to pursue such a plan? I believe that the Obama plan would be different if his advisors felt the elimination of insurance companies was/is feasible.”

“How do we implement it? Impressive but too disruptive to the current system, causing extensive unemployment to many.”

“Great plan. Innovative thinking and would work if supported. Lobbyist for Insurers would make it next to impossible to implement. You overlooked the effect on labor shift from insurance companies to other business segments.”

“Good luck getting rid of insurance companies. Keep your head low.”

“Attempting to eliminate the middlemen would doom the plan. Lobbyists and insurance companies and the public would react. Let the public eliminate the middlemen by giving them the choice of enrolling in this plan with lower premiums and better benefits. Attrition would do the job. That is why Obama has a more practical approach. I am associated with a system that could provide the PH card. The care of illegals with no insurance who present with serious illness needs to be addressed. Thank you for your concern and inputs.”

Elements of the Plan

- Most appealing elements
 - ⇒ Elimination of insurance companies 55%
 - ⇒ Restoration of physician independence / control 14%
 - ⇒ Central repository of health information 13%
 - ⇒ Cost savings / reduction of overhead 12%
 - ⇒ Tort protection / limits 10%
- Least appealing elements
 - ⇒ None 26%
 - ⇒ Database access / security / privacy issues 12%
 - ⇒ National fee schedule 11%

Appendix

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Statistics: Question by Question

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Physician Stats

Specialty	n= 388
Primary Care	11%
Surgery, General	8%
Surgery, Subspecialty	12%
Anesthesiology	7%
Radiology	7%
Radiology, Interventional	2%
Internal Medicine, General	6%
Internal Medicine, Subspecialty	9%
Family Practice	4%
Pediatrics, General	3%
Pediatrics, Subspecialty	1%
Women's Health	9%
Ophthalmology	1%
Physical Medicine	1%
Mental Health	5%
Other	15%

Current Position	n= 388
Temporary/locum tenens/traveling position	7%
Full-time, independent contractor	10%
Full-time hospital employee	16%
Own my own solo practice	21%
Member of a single specialty group	23%
Member of a multi specialty group	9%
Academic	2%
Retired	2%
Government Employee	2%
Resident	2%
Other	5%

Size of Facility

Facility Size	n= 402
Under 250 beds	28%
At least 250 beds, but less than 500 beds	16%
500+ beds	13%
Does not apply	43%

Demographics

Gender	n= 599
Male	65%
Female	35%

Age	n= 601
Under 25	1%
Between 25 and 34	9%
Between 35 and 44	23%
Between 45 and 54	31%
Between 55 and 64	27%
65+	9%
Prefer not to answer	1%

Region	n= 591
New England	5%
Middle Atlantic (NJ, NY, PA)	12%
South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV)	28%
East North Central (IL, IN, MI, OH, WI)	12%
East South Central (AL, KY, MS, TN)	7%
West North Central (IA, KS, MN, MO, NE, ND, SD)	4%
West South Central (AR, LA, OK, TX)	10%
Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)	9%
Pacific (AK, CA, HI, OR, WA)	13%

The Plan

Understand the plan?	n=566
Yes	98%
No	2%

Likely to support this plan	n=566
Very likely	59%
Somewhat likely	34%
Not very likely	5%
Not at all likely	2%

Which healthcare plan would you most prefer?	n=541
The healthcare plan outlined in the article	84%
Barack Obama's plan	6%
John McCain's plan	6%
Status quo	4%

Most appealing elements

	n=546
Eliminating insurance companies	55%
Physician independence / control	14%
Central repository of health information	13%
Cut overhead	12%
Tort protection / limitations	10%
All of it	7%
ATM / Debit / SMART Card	6%
Administrative simplification, less bureaucracy	6%
Payor element	5%
Leveraging technology	3%
Patient accountability	3%
Immediate payment at time of service	3%
Panels / peer review	3%
Incentives for innovation	2%
Universal coverage	2%
Efficiency	2%
Standardization of pay scale	2%

On Eliminating the Middle Man:

“No insurance companies. But physician reimbursements need to be appropriate. Can physicians be sued? Malpractice needs to be controlled as well. All citizens need medical coverage for medically necessary (including speech therapy for children.) Hair implants, cosmetic surgery for aesthetics, Viagra should not be covered at the loss of chemo and such.”

“Elimination of the middleman, the insurance agencies, that have long taken from the system without giving back.”

“Elimination of insurance companies which frees up additional funds for patient care and frees up additional practitioner time for patient care. It would restore the traditional doctor-patient relationship and make the practice of medicine more rewarding in a personal sense.”

“Eliminating the Middle Man, although it sounds to me like replacing one middleman for another.”

“Eliminating the insurance companies, I hate those ****.”

“Eliminating insurance companies both for health coverage and malpractice coverage, brilliant and right on, now eliminate insurance pac money and we might get it through Congress!”

On Physician Control:

“Having more control over the care of MY patients. It is very frustrating to have a person with a Bachelor of Arts in English telling me that neuro-imaging for a child with global developmental delay is not approved when she cannot even tell me what global developmental delay means. I am tired of insurance companies calling the shots with healthcare. It is time for physicians to take more of a leadership role.”

“The ability for the doctors to be able to practice without intimidation, the ability to eliminate the middle man and the availability to go to any doctor you would need to see as well as the debt card which will eliminate a lot of time for all parties and the cost in minimal.”

“Reducing the administrative costs of providing healthcare, allowing to focus more of our scarce resources on providing healthcare services with demonstrated value.”

On Tort Reform:

“The reduction of malpractice and defensive medicine costs. But that would require both constitutional and cultural revolutions.”

“Decreasing administrative and defensive medicine costs of healthcare which I believe are even more than your proposal indicates.”

On Technology:

“Using technology to make healthcare more efficient and therefore more affordable. I think it addresses some of the problems of single-payer programs in Europe, incenting innovation that might not otherwise be cost effective.”

“Technology to streamline and increase efficiency. Anything to reduce defensive medicine and litigation is a step in the right direction and proven to reduce costs as obvious when comparing malpractice insurance premiums/costs in FL versus states with cap on awards (CA, TX)”

“Having a data base with all patients medical info and history sounds wonderful, but how? Also, the part about how you could help lower the cost of medical malpractice is very interesting. Many great ideas in the whole article.”

“Cuts current healthcare costs by a minimum of 30% to 40% for patients and employers. Allows technology to do the work, saving time and money. Returns physicians to the practice of medicine and reinstates the relationship between doctors and patients. Helps eliminate physician and hospital errors. Creates affordable and accessible healthcare for everyone.”

Other Comments:

“Every health expert player wins..”

“Incentives for innovation - so vital and, no one is talking about it.”

“I found the entire plan was well thought and very sound, both in fairness and fiscal responsibility.”

“Decreased complication and more direct connection to a single reimbursement source.”

“cutting out unnecessary cost and the opportunity to 'really' compete for greater quality healthcare”

Raises More Questions:

“Eliminating the 'middleman', the creation of a 'medical smart card' that gives immediate physicians immediate information (without having to wait for the medical records or rely on the often misunderstanding of the care given to them by their former physicians, hospitals, etc) to help physician decide about the best and most efficient way to proceed in the care of patients they either first encounter or have not treated for a long time). Such a 'card' would need to include correct and constant updating of both the patient's medical history and that of family history as both would impact the way a physician treats a patient. It would also have to provide an almost full-proof safeguard against breaching privileged information as is the law (HIPPA and the Patient's Bill of Right), decreasing billing and reimbursements costs (although I'm not clear about your plans for timely reimbursements and appeals of denials). Who and how would this panel be set up? What would be the costs of administrative fees associated with the running of it and how does that improve on the already existing review panels provided by insurance companies? Decreasing medical litigation (if it includes a fair plan to hold physicians and hospitals accountable for serious mistakes but believe that mediation is a much more useful way of negotiating - and sometimes just eliminating misunderstandings) between patients and medical entities. The eliminating of wrongfully administered drugs based by pharm. I'm not clear about the costs of drugs under your plan and whether it makes them more affordable, mandates generic vs. brand, put the onus on the prescribing physicians or the pharmacists doing the dispensing or both.”

Least Appealing Elements

	n=542
None	26%
Database access / security / privacy issues	12%
National fee schedule	11%
Difficult to implement	6%
The panel will dictate care / trading one middleman for another	5%
Still no universal access	5%
Who will control the trust?	4%
Potential for provider abuse	4%
How will we fund this?	3%
Ability of the government to step in for oversight	3%
Potential for fraud	2%
Expensive for patients	2%

On Technology

“The fact that chips can be lost/stolen, and 'central' systems can be hacked. Also, This info MUST be kept from law enforcement and political entities, including Homeland 'security'.”

“Technology helps to reduce certain errors, but technology is only as good as its programming and creates new unforeseen errors that may go unchecked because of our dependence on its 'efficiency'. Only humans are capable of making proper judgments about health treatments.”

“Does not take into account that new technology is a major driver of increasing healthcare costs. We need to decide, as a nation, what proportion of our GDP we want to spend on healthcare and set limits. Otherwise, expensive new technologies (which your plan encourages the development of) will continue to drive the cost up, even with physician panels to set protocols. Priority setting and rationing will be necessary.

“2 Issues: One the smart card would need to be a redundant system and a secure system to prevent loss and/or theft from being tragic and costly. The second problem is a call to 'fix' the system. If the plan is to work then it should be capable of competing and defeating our current mode of health care.”

On Fee Schedule

“What guarantees agreement on fee schedule? How do you keep politicians out of it? I think balance billing should be allowed.”

“Not sure about the ability of actuaries and government bureaucrats, etc. to fairly preserve physician income.”

“I'm not sure about the fee schedule and how it would work. I do not believe that the current Medicare fee schedule for E&M codes is desirable. I support a single payment system, but I believe that individual physicians should be able to charge above the schedule. The closest part of our current system to a European system is Medicare payments for 'cognitive specialists'. Trying to get a patient in to see a Neurologist, Endocrinologist, or Rheumatologist is near impossible. I believe that is because pts. want to see the 'specialist' and since there is no disincentive, i.e. higher charge, these specialists are booked for the foreseeable future. If a specialist was able to charge what the market would bear then we would have easier access. I wouldn't object to the central payor paying one fee and therefore the cost to the patient would be higher thus creating a disincentive. If the Primary Care Doc told the patient 'I need this guys help because I don't know what is going on' the patient would generally be willing to pay the extra cost. If the patient couldn't afford the extra cost, my experience is that when I ask a specialist for special consideration for one of my patients in regards to cost they are very accommodating. If not I can find a different specialist.”

On Fee Schedule:

“I am not sure how a national fee schedule would work. This essentially becomes a single payer plan...the devil is in the details. If this is going to put everyone on a plan that pays at Medicare or Medicaid rates then I would not be supportive. If the fee schedule uses RBRVS and pays at 140% of Medicare or higher then I would strongly support it. Also IMMUNIZATIONS MUST BE ADEQUATELY COVERED.”

“A nationalized fee schedule: my suspicion is doctor salaries would still be view as blue collar because we are in a 'service' profession that is supposed to be based on compassion, not fair compensation for the person providing the care, but as stated, if the salaries aren't fair, fewer will be attracted to the profession.”

“Basically a single-pay plan that sets fees outside the marketplace, based on some panel. Perhaps Mr. Jackson would like his CEO fees or that of his executives or other employees similarly decided by some panel. That could no doubt reduce costs in his organization! Let's allow the marketplace and competition to reduce costs so that good service is rewarded and chosen directly by those who use it and benefit from it, the consumer patients and doctors and other providers who choose among pharmaceutical and other healthcare options on a daily basis.”

On Fee Schedule and Peer Review

“Potential for power struggle between large subsectors of physicians or subgroups of the body regulating. There is a possibility that lobbying of the governing body might occur, setting reimbursements for each specialty higher or lower, or deciding for or against ancillary services when requested. Thereby turning this novel system into nothing more than a bunch of powerful bureaucrats dictating policy about healthcare, instead of a bunch of insurance companies dictating policy on healthcare. e.g. ENTs lobbying for increased reimbursement and getting it (possibly because there is an ENT on the board) while psychiatry reimbursements are cut (because there might not be one on the board.) (You can assign any 2 specialties in the above scenario...the above example of specialties are for illustrative purposes only) I would hate to see the many (practicing physicians) ruled by the interests of the few. (even when the few might be including some physicians) If all specialties are not represented this would be a downside in my opinion. I would also like to see inclusion of financial assistance for purchasing, installation and setting up of technology required for this plan. Grants subsidized purchases for computers, programs, scanners for data entry or card readers and the monthly service costs for utilization of those services, so that the cost to open a practice isn't increased by the requirements to do business under the plan. In a perfect scenario, I would also like to see all physicians be covered 100% for any health care costs they might incur from illness. It is in the systems best interest to keep or regain the health of those healing others. The massive debt that we take on to become a physician is significant and healthcare costs for those that treat can even deepen the huge hole already dug and that were necessary for matriculation. There are so few of us that have dedicated our lives to healing and helping the public with their health, that the costs would be negligible compared to overall costs incurred by the entire public for health care. This idea would also be an attractive incentive to physicians to remain in practice and not leave their practices. This might also stimulate increase in medical school matriculation and help offset the decrease in the number of physicians practicing in the US and bolster the healthcare system with a large influx of med students which the country will need once more citizens get on board with the health plan. I would also like to see capital investment and dispersal of diagnostic equipment utilized at convenient locations in underserved areas or in large metro areas so that the laws of supply and demand can work. The more MRIs, CTs etc available the less expensive each scan would be and faster it could be performed and even better anywhere!”

“Central database of healthcare data. Confidentiality of that data. Punitive nature of physician review boards and hospitals are ways that one group can falsely harm another/ control another physician”

On Implementation:

“Question how 'possible' it is to eliminate such a powerful industry in today's political climate?”

“My only fault is my pessimism at its passing because of all the self interest lobbying support on Capital Hill. In my opinion our 'representatives' are not inclined to tackle this problem if it doesn't self-serve their entitled prurient interests. (Sorry, for sounding so cynical).”

“More transparency in terms of patient-doctor relationship and medical history possibly would be a concern for many. And what will we do with the 250,000 workers involved with processing and administering healthcare money/claims. How will anyone convince the well funded insurance industry that this is a good idea?”

“I'm not clear about what will happen to the insurance industry. It seems to me that your plan would result in thousands of insurance jobs being cut. That seems like a problem that would need to be addressed before this plan could be implemented.”

On Implementation:

“I do not agree with the administrative charges estimations. We are less than 15% in our company. I think the suggested change is such a drastic change than in principal it sounds reasonable but to 'turn the ship' around to this type of system would be too difficult. I do not think the system requires that type of redirection although we do need some of the ideas suggested.”

“‘Elimination of middle man' is not possible. you are just substituting one for another. Someone has to process claims. Someone has to worry about fraud, waste, abuse and misrepresentation.”

“Effective administration and curbing special interest groups....Medicine today is not about health, it's about vanity. What is required is a return to lifestyle with values, not appearance.”

“Drastic. Unlikely to garner the support. Insurance company power and money will block.”

On Oversight:

“Quality care offered by physicians with no outside controls will be compromised--peer review will be administering patient care--Medicare and HMO patients currently have issues regarding immediate diagnostic evaluation that could immediately treat issues rather than proceeding with '10 steps' before CT or MRIs are approved”

“One organization deciding what are the best medical practices. Aren't physicians and patients back in power under your plan?”

“If my department in a hospital needs a new computerized chest x-ray machine, who will make that decision and pay for it. Will I receive an off brand not up to the job machine for which an exorbitant price was paid because someone greased the hand of prominent committee members who meet in an office located 2000 miles from my hospital? Perhaps the premiums for the trust will be determined by a group of self serving actuaries, who are guaranteed secure high paying jobs the following year with the entity that they have favored. Who determines hospital reimbursement? A crony system with the more privileged look out for themselves. Maybe this plan would also continue to protect excessive pharmaceutical companies profits. And while I am at it- does each member of the NPRP panel vote to receive \$20 mill/year reimbursement and a severance package of 100 mill. Without more detail, your plan may just represent a shifting of where the money is siphoned. Health care should not be a big profit center for business, yet we are looking to provide health care for 240 million people and that means lots of money and an attractive venue to make big time profits/compensation etc. That's the way I see it.”

On Oversight:

“I am cautious about the effectiveness of any large, centralized system which makes decisions affecting healthcare policy. I hope there is a way to minimize the negative affects of special interest groups. The plan should attempt to insulate thoughtful, nationally respected clinical experts similar to the process used by the base-closing commission in the Defense Department.”

“I thing the Panels and protocols might limit practice more than Insurance Companies. I do not want All medical records housed together in a manner in which whole groups could be stigmatized by use of the information pool. The Card system would make it easier for personal information to be used for other purposes. You mentioned private pay for birthing suites and private rooms although research has shown lower infection risks of private rooms and the benefit of having LDRP birthing suites where the family stays together and the mother is not shuffled between units.”

“1. Lack of detail of patient characterization for severity of illness(es) 2. Lack of recognition that hospital cultures vary widely, thus affecting the delivery of care 3. Protocols are rigid instructions for managing a patient's problem(s) in a very specific way. Failure to follow may trigger malpractice suits or censure. Guidelines outline a general concept of care with options for the physician to override. 3. Payment to hospitals and physicians may be affected by issues outside the physician's control. Example, the current threat to not reimburse hospitals for MRSA infections when 50% of the population are carriers before the patient enters the hospital.”

“Protections for pre-existing conditions? Protections for patient victims of malpractice? E.G. MD's will protect their own.”

On Universal Coverage

“Lack of guaranteed coverage for all ---the changes you describe are fine when combined with a basic coverage for all then additional coverage for which you, your employer etc. can pay extra.”

“Cutting about %30 off the cost of medical care does not solve the basic problem of inclusivity. Most of the 45 million Americans who have no medical care coverage today will still not be able to afford coverage. A new medical delivery system must start off by determining how to make certain that all Americans have access to medical care and how to pay for people who can't afford the cost of care. Only then can you adopt this plan.”

On the Trust

“One centralized depository scares me a little bit given the recent developments of Wall street.”

“Healthcare Reimbursement Trust, a risk pool. This is analogous to saying: let's eliminate all the banks and have a government trust hold all the money. Good luck trying to convince people that this is a good idea in this culture.”

On Multiple Issues

“Well, I am concerned about the HIPPA issues with the central repository; also the ability to hack into it and promote more identity theft. The trust: what would be the likelihood that hands would 'dip into it' to pay other needs? The rob Peter to Paul syndrome. the physician governing board: how would they be selected? Would it be a term, for life, etc.?”

“Most of the whole article. I find that the card could potentially be used to cause those people with undesirable health histories to be denied health care because of such astronomical out of pocket expense. If the card is lost how would it be replaced and could someone gain information and in reality steal information about a person that they shouldn't have access to? The fact that Doctors would get incentives to lower health costs puts the risk of denying studies that need to be performed to make a well rounded diagnosis just so that they get their incentive given to them. This is what is going on in England now. The whole plan just wrecks of Universal Healthcare with still having someone control a 'plan' that the patient would be under based on their health history/ability to pay for services rendered. Where is the cap for out of pocket expenses? Why does one have to be rich to get the BEST healthcare available and be able to go to any state to get it while others are stuck in po-dunk with incompetent doctors that under-diagnose and late diagnose people because they do not want to run the tests to help form a diagnosis sooner so that he person can be treated and maybe have a chance at a longer life?”

On Multiple Issues:

“Healthcare Trust Fund. The details given do not, as I understand it, give a difference in the cost/benefit analysis of administrative costs, investment costs, personnel costs, the educational backgrounds of the needed personnel to handle such a Fund and the role physicians and other medical personnel play in its role of distributing of 'various' plans available to patients based on their 'medical risk' lifestyles. It doesn't sound much different that the already used funds currently used by insurance companies. What provisions are made for deciding what 'plan' an employee chooses who does not yet have a 'high risk factor' lifestyle but may develop an unexpected illness or disability, or for pre-existing conditions which are common (such as asthma) but often out-gown? I'm interested in knowing more about this plan. Is the 'Jackson Healthcare Plan' proposed by a physician/physicians and/or medical personnel or by insurance agents? I don't think the details are sufficiently explained to make an informed decision about its viability at this point (at least not from this physician's point of view).”

On Funding The New System

“Where is the initial pool of money going to come from?”

“How to pay for system. Reimbursement without a full funding won't work. We cannot afford to pay full rates for welfare and uninsured. Can't even afford to pay appropriate rates for Medicare. Require some system to charge more depending on ability to pay.”

On Costs to Patients

“Whether credit card system will work for everyone given not everyone has access to credit card or maybe can't afford paying for services at time of service. Also, I don't think people should get punished monetarily for bad habits. It's human to err and sometimes those who are the poorest make the worst healthcare decisions so it seems they'll be hurting even more.”

“More severe patients would have to pay out of pocket higher costs. These are the people who can afford it the least. Would recommend re-insuring higher risk patients based on disease model outcome data to improve care and control costs. Would also include shared disease data to all physicians across the spectrum and geographic areas.”

“How to care for the self pay people who have no money?”

On Personal Responsibility

“Although there are incentives to become healthy and reduce trips to the doctor, hospital, etc., it appears there is a potential for patient abuses of the system (i.e. overusing the system - lack of controls).”

“We need more patient decision making in paying for care. There are too many people that don't take personal responsibility for their own health and run up medical costs by constantly going to the doctor and taking prescriptions with no change in lifestyle. This would change if people were directly responsible for their own healthcare costs.”

Other Comments:

“The proposer of this plan is an entrepreneur. We need to get the entrepreneurs OUT of medicine.”

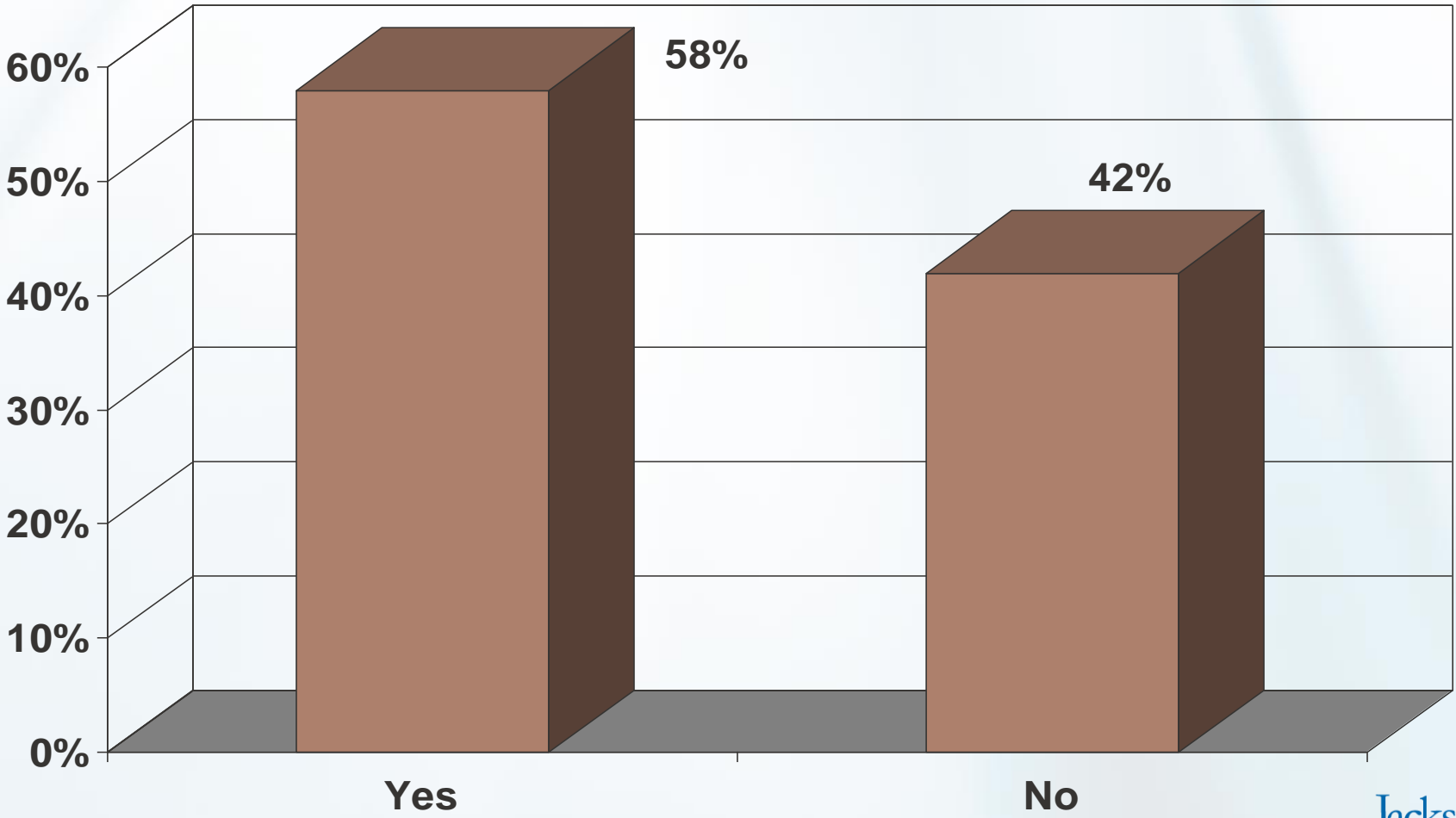
“There is no provision to limit how much pharmaceutical companies can charge for new drugs. There is also no incentive to encourage physicians to prescribe natural/alternative remedies, which are sometimes more effective and much cheaper than conventional drugs.”

“One size fits all”

“It sounds a lot like capitalized socialist control of healthcare”

Willing to Participate in Forum / Focus Group?

n=539



Summary and Conclusions

- Physicians desire more control of the practice of medicine
 - ⇒ Insurance companies currently inhibit control, and while the option of removing insurance companies is attractive, physicians question what might replace them
- Physicians do not completely trust that healthcare reform can be accomplished:
 - ⇒ They question the motives of the reformers
 - ⇒ Too many stakeholders are involved in the process