



CRITICAL INSIGHTS
RESEARCH FOR PRECISE PRAGMATIC DIRECTION

**Perspectives of Health Care and
Insurance Coverage in Maine**

**Report of Findings:
Exploratory Focus Groups**

Prepared for:



Strategic solutions for Maine's health care needs

Submitted:

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Focus Groups • Surveys • Public Opinion Polling

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CONTENTS

INTRODUCTION

Background and Purpose.....	1
Methodology: Group Location.....	2
Methodology: Respondent Selection.....	2
Methodology: Group Protocols.....	3
Limitations of Qualitative Research.....	3

EXECUTIVE SUMMARY

Overall Perspective.....	4
The Role of Individuals in Health Reform.....	5
The Role of Business in Health Reform	5
Trade-Off Considerations.....	6
Additional Considerations	6

KEY FINDINGS

General Perceptions of Health Care in Maine

Satisfaction with Health Care in Maine	7
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Issues Related to Coverage/Access

Perceived Importance of Access to Affordable Care.....	11
Concerns about Losing Coverage	12
Importance of All Mainers Having Access to Affordable Care	12
Spontaneous Perceptions of the Concept of Universal Access.....	13

Role of Business in Health Reform

Initial Reactions to “Role of Business”	13
Perceptions on the Role of Subsidies to Expand Coverage Through Business	15

Role of Individuals in Health Reform

Initial Reactions to the Role of Individuals 15

Issues Related to Cost and Affordability

Perceptions of the Current Costs Associated with Health Care in Maine 18

Controlling Health Care Costs in Maine..... 18

Trade-Offs Concerning Access and Cost

Receptivity to Having Personal Physician Changed or Specified 19

Receptivity to Waiting Lists for Non-Emergency Treatments 20

Receptivity to Tax Increases... 20

Receptivity to Some Treatment Exclusions..... 21

Receptivity to Paying More Out-of-Pocket to Avoid Limitations..... 21

INTRODUCTION

BACKGROUND AND PURPOSE

The Maine Health Access Foundation (“MeHAF”) is interested in assessing the perceptions and attitudes of Maine residents regarding health care and health insurance coverage, as well as exploring reactions to concepts and strategies that could expand access and increase coverage for all Maine residents.

In addition, MeHAF is interested in not only exploring perceptions about impediments or obstacles to cost containment, but also the general public’s understanding of the various roles and relationships of key players in the health care sector, including insurers, providers and hospitals. To assist in these exploratory information gathering sessions, MeHAF retained Critical Insights, a strategic market research firm based in Portland with extensive experience conducting research on health care and public policy issues.

Informationally, MeHAF sought to:

- Gauge public considerations for general issues regarding health care in Maine, such as current satisfaction with the health care system;
- Identify the level of importance that Maine residents place on having universal access to affordable health care;
- Explore and discuss new approaches to expanding health care and coverage for people who are under or uninsured, with an emphasis on evaluating the roles businesses and individuals might play;
- Assess reactions to various trade-off considerations that might be involved in providing universal access to care in Maine; and
- Explore issues related to quality of care, including a determination of current concerns and ideas for improvement, as well as evaluate trade-offs residents are willing to consider in order to obtain higher quality of care.



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METHODOLOGY: GROUP LOCATION

Given the formative nature of the research, a qualitative solution was employed using ten focus groups to explore the issues.

All participants were randomly contacted by telephone from a sampling frame consisting of a 10- to 15-mile radius around a given group location. The sessions were held in:

- March 22, 2007
5:30 PM & 7:30 PM Offices of Critical Insights
Portland
- March 27, 2007
5:30 PM & 7:30 PM Northeastland Hotel
Presque Isle
- March 28, 2007
5:30 PM & 7:30 PM University of Maine campus
Machias
- April 3, 2007
5:30 PM & 7:30 PM Hilton Garden Inn
Auburn
- April 10, 2007
5:30 PM & 7:30 PM Ramada Inn
Bangor

The research plan took into account the geographic and demographic differences that exist within Maine, and was thus structured to provide a comprehensive overview of statewide opinions.

METHODOLOGY: RESPONDENT SELECTION

All respondents were required to be heads-of-household and at least 25 years old, as well as the decision-maker or key influencer for health-related matters in the home. By definition, youth under the age of 25 are not represented in the pool of participants.

In an effort to convene a series of cross-sectional groups of Mainers, individuals were assigned to one of two groups, based on their insurance coverage profile:

- One group of participants was comprised of Maine residents with either private insurance, Medicare plus supplement, or Tricare/Champus.
- The second group was comprised of residents covered by MaineCare, Medicare, as well as those with no coverage.

In addition to assuring a representative sample of Maine residents according to both geography and insurance coverage, the sessions were populated with individuals who also reflect an appropriate distribution across a number of additional demographic dimensions, such as age, educational attainment, and income, as well as employment status, self-reported health status, and frequency of usage of the health care “system.”



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METHODOLOGY: GROUP PROTOCOLS

Potential candidates were screened to meet the eligibility and classification criteria using scripts and protocols developed collaboratively by Critical Insights and MeHAF.

Potential participants were further screened to exclude anyone who had recent focus group experience (e.g., within the past year), as well as anyone with any close affiliation with advertising, market research, the media, a hospital, physician's practice, health care facility, or a health insurance company/HMO.

The average discussion was 90 minutes and all sessions were facilitated by Critical Insights' senior staff. The line of questioning for the sessions was developed by Critical Insights, with significant input by MeHAF.

Sessions were recorded to DVD for later review. All respondents were compensated for their time with financial honorariums.

LIMITATIONS OF QUALITATIVE RESEARCH

While reviewing the results summarized in this report, one should be aware that the findings presented are based on qualitative data only and are thus directional in nature.

While individuals who participated in the research were selected from a representative sampling frame, the findings and observations contained in this report are not projectable to the consumer population as a whole due to the relatively small base of respondents.

The findings and observations are not valid in a statistical sense and are meant only to aid in marketing guidance.



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EXECUTIVE SUMMARY

OVERALL PERSPECTIVE

Maine residents equate the term “health care” with access, and tend to translate questions about health care to focus on health insurance. Quality of care is not the top of mind association with “health care” and becomes part of the equation after access to health care is addressed.

Residents are concerned about many aspects of health care in Maine. In particular, there is serious dissatisfaction with what is perceived to be a costly and inefficient system.

- This low level of satisfaction with health care is most often associated with issues related to dimensions of cost and access.
 - Residents believe that access to affordable health insurance is vitally important to their quality of life.
 - Similarly, a strong majority of Mainers support the concept of universal access to health care.
- Those with private insurance are increasingly frustrated and concerned with rising premiums.
- Residents with coverage through programs such as MaineCare and Medicare appear to be moderately satisfied with their coverage, although they cite the absence of mental health care, dental and eye care coverage as major gaps. Similarly, access to providers is seen as somewhat problematic.
- Residents without health insurance tend to be the most critical of the current system, and decry the high costs of care.
- Most Mainers do feel that the actual quality of health care available is generally high.
 - There is, however, a deeply held perception that there are discrepancies in the quality of care provided at the various hospitals in Maine, especially in more remote areas.

Mainers place significant value on access to affordable health care.

- A strong majority of residents across the State agreed that all Maine people should have access to affordable health care, with an emphasis on providing affordable coverage.
- Focus group participants concurred that changes need to be made because too many residents are without adequate access and affordable coverage.
- Focus group participants felt government-sponsored initiatives have failed to provide affordable options to those who have neither public nor private insurance.



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THE ROLE OF INDIVIDUALS IN HEALTH REFORM

While there was little consensus about how to approach expanding access to health care in Maine, people appear to be receptive to certain components of possible solutions. In particular:

- Focus group respondents had the most favorable reaction to the consideration of having health insurance available to all residents through a system where all residents would be required to contribute “something” toward insurance based on their ability to pay.
- Most residents thought that it would be fair to have the criteria for determining what each individual would contribute to a “pool” be based on income, so that those who earn more would contribute more.
- Some considered that this type of approach might actually encourage people to improve their health status and take a more proactive approach in making healthy lifestyle decisions.
- There was also a solid level of support for a stipulation that health insurance coverage be mandated in a manner similar to the way automobile insurance is required.

THE ROLE OF BUSINESS IN HEALTH REFORM

Participants were generally concerned about the potentially adverse effect of adding new requirements on Maine businesses, and this tempered their enthusiasm about solutions rooted in the business community.

- Residents were less enthusiastic about expanding coverage through reforms that targeted business contributions:
 - Many expressed immediate concerns about any proposed approaches that required additional participation or outlays by Maine businesses, citing the adverse impact on Maine’s economy.
 - Residents across the State, particularly in rural areas, echoed the sentiment that small, Maine-based organizations already face enough obstacles in trying to stay in business, and that adding an additional operating cost such as requiring them to provide coverage, or contribute to a fund in lieu of providing coverage would be far too onerous.
 - In addition to concerns about businesses being unable to afford these costs related to health insurance, others questioned the fundamental role of businesses when it comes to health care considerations for residents in Maine.



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TRADE-OFF CONSIDERATIONS

- Most residents were receptive to the notion of having to make some trade-offs in order for all Maine residents to have some form of health coverage.
- Participants generally concurred they would be agreeable to having their personal physician changed or specified, and/or having to wait for non-emergency care issues, such as routine screenings and check ups, as long as they are able to have timely access to a physician in more critical and serious circumstances.
- Residents were less receptive to the following trade-offs:
 - Having their property or income taxes increase significantly;
 - Having some treatments be no longer covered by insurance; and
 - Paying more out-of-pocket to avoid these proposed limitations.

ADDITIONAL CONSIDERATIONS

- Regardless of the proposed approach, residents expressed a significant and overarching concern about the fairness of establishing guidelines for participation in a broad-based health reform plan that included coverage expansions.
- Most were adamant that the State should not be too involved in constructing or managing a plan that gave health insurance to all Mainers.
- Participants strongly suggested that a thorough and complete analysis and inventory of the current management of health care, including hospital administration and billing, physician profits, and insurance company procedures and protocols be conducted before implementing any changes to the current system.



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KEY FINDINGS

Presented below are highlights from the focus groups. The findings summarized are reflective of the themes that emerged from the totality of the groups convened. Additionally, in order to further illuminate the observations drawn from the research, some representative comments have been included.

GENERAL PERCEPTIONS OF HEALTH CARE IN MAINE

SATISFACTION WITH HEALTH CARE IN MAINE

To commence the discussions, participants were asked to consider their overall level of satisfaction with health care in Maine today. Specifically, participants across the State were encouraged to share their perspective of positive and negative aspects of Maine's health care system.

- Overall, most participants across the State – regardless of health insurance coverage status – reported being relatively **dissatisfied with the current state of access to health care in Maine**.
- Notably, this low level of satisfaction is most closely associated with issues related to cost and access.
 - Principally, participants are generally dissatisfied with **insurance**, specifically what they see as a lack of insurance options and the high costs of premiums in relation to the actual level of benefits received.
 - Many also noted the high cost of **prescription medications** as being among their major concerns with the current state of health care in Maine.
 - Some participants – especially those in more remote areas of the State – believe that different health care facilities throughout Maine charge different fees, and that there is little understanding about how the **varying costs of procedures and treatments** are determined. Some noted that cost is driven by insurance factors, while others thought it was decided at the individual provider level.
 - Those who receive MaineCare noted being most unhappy with the **restrictions** that they must follow in order to receive care, particularly with regard to the **limited choice** in provider selection, which often results in substantial travel to see a physician.
 - *“There are excellent doctors in the State and I have always been satisfied with the care I receive. That’s never been an issue...what worries me most is how I am going to pay for it.”*
 - *“I don’t understand how hospitals across the State are able to charge different prices...you go one place and it costs so much, and you go somewhere else and it’s twice as much!”*



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- Many participants across the State indicated that while the overall **quality of health care in Maine is high**, some notable challenges still exist.
 - Participants reported that **quality of care provided by the various hospitals in Maine is not consistent**, with challenges being seen as especially acute in more remote Maine (a problem which many attributed to staffing shortages and inefficient administrative systems).
 - In addition, participants in more remote areas of Maine expressed concerns over the issue of **physician turnover** and the resulting perceived impact on quality. Most assumed the issue of turnover is related to the belief that doctors feel they can make more money in other parts of the State or the country. These participants noted that the State should be doing more to both encourage doctors to practice in these rural areas, as well as incenting doctors to remain practicing in these areas.
 - Rural participants also noted their frustrations with **accessing affordable prescription medication** – particularly drugs that are prescribed for pain-related conditions – and felt this problem affects quality of care. Many reasoned that their local physicians are reluctant to order these types of medications for patients because there is the perception that these drugs are widely abused in rural Maine.
 - *“Keeping doctors in this area is a real challenge. This part of the State always seems to be losing good, talented doctors.”*
 - *“I do think that there is a lot of waste and strain on the system because doctors order unnecessary tests and treatments.”*
 - *“It has gotten to the point in Aroostook County that doctors are afraid to prescribe any pain medications because people abuse them.”*

In addition to limitations in the availability of primary care physicians and specialists in more remote areas of the State, many participants across the sessions commented that Maine also has a serious **shortage of dentists, eye care physicians, and mental health care providers**.

- *“There are no psychiatric providers in Northern Maine. And if you are lucky enough to find one they often don’t accept MaineCare or their wait is way too long.”*
- Not only do many participants feel that there is a shortage of dentists, most remarked that the cost of these visits is often prohibitive to pay out of pocket.
- Participants also noted that while MaineCare covers dental care for children, MaineCare and most private insurance providers do not offer a dental health benefit for adults.
 - *“MaineCare doesn’t cover routine dental needs for adults...it only covers major emergencies.”*
 - *“There is a huge shortage of dentists in Maine outside of the Portland area. It took me three months to find a dentist who took MaineCare and he turned out to be horrible.”*



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- Noting difficulties with access to physicians and incomplete coverage, participants with MaineCare – as well as those with no insurance coverage at all – are the least satisfied with the current status of access to care in the State.
 - Participants without health insurance coverage shared their frustrations with the exorbitant **cost of premiums** which keeps many uninsured and results in hefty **out-of-pocket health care expenses**.
 - Many noted opting to drop their coverage entirely with the hope that their routine care expenses on an out-of-pocket basis would be substantially less than what they had been spending on annual insurance bills. They claim to understand the risk involved in this decision and admitted that they are often concerned with the threat of a major illnesses or injury that could “potentially bankrupt them.”
 - Additionally, those individuals without insurance expressed difficulty in finding providers who are willing to take them on as patients knowing that they are uninsured.
 - Many participants also noted that some employers in the State do not offer full-time employment status to their employees as a means of **avoiding costly premiums**.
 - *“I am without insurance by choice. I saw my benefits decline for years, while my premiums kept going up and up. I used to have more coverage and paid much less. Now it’s to the point that I can’t afford to pay for insurance and my other bills, so our family goes without.”*
 - *“I can’t afford to pay \$1,500 to \$2,000 a month for insurance in the hopes that I’m going to get sick. I’m better off holding onto this money and paying as I go.”*
 - *“The medical profession is too scared to treat people without health insurance...they are too worried about liability issues.”*
- Participants across the State expressed **criticisms of the MaineCare system**. In addition to discontent surrounding limitations in provider selection, participants were also critical of the application process and eligibility requirements.
 - Specifically, participants noted frustrations with the income guidelines that are used to qualify for MaineCare.
 - A few individuals in each location shared stories of having been denied MaineCare coverage because their household was over the income limit by as little as \$40 a month. These individuals noted that they are currently going without any type of health insurance because they are either self-employed or work for small companies that cannot afford to offer insurance, or if their employer does offer coverage the cost of the premiums are still too expensive.



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- Although many criticized MaineCare coverage and eligibility as being far too restrictive for adults, most participants across the State noted that the program offers very comprehensive coverage for children, including dental care.
- Participants in remote areas of the State suggested some MaineCare beneficiaries abuse the system by receiving assistance through the program.
 - *“The threshold they use to determine who gets MaineCare needs to change. My husband works on a farm and doesn’t qualify because he makes \$39 too much a month. Trust me, we work hard and are not rich by any means...we can’t afford to buy insurance on our own.”*
 - *“There are huge problems with the MaineCare system. So many people abuse it, and those people who really need it the most aren’t getting help.”*
- Participants were also **critical of the Dirigo Health** initiative, which most viewed as too expensive, and as too stringent in determining eligibility for subsidies.
 - Participants expressed the perspective that there are too many people who are unable to afford private insurance coverage who are also unable to afford coverage through Dirigo or to qualify for MaineCare because they make slightly too much money.
 - *“There are a lot of people who fall through the cracks with MaineCare and Dirigo. They both give people such a hard time. There are no individual case-by-case reviews...you either fit into their classifications or you don’t, but that doesn’t mean you can afford the alternative.”*
- Unlike their impressions of MaineCare and Dirigo, many participants noted having an overall **favorable opinion of Medicare**.
 - Those who were familiar with Medicare commended the program for providing a high level of coverage, especially for hospitalizations, and also reasonable prescription coverage compared to alternative plans or paying out of pocket.
 - Similar to their positive reaction to MaineCare providing complete coverage and access to health care for children, participants praised Medicare’s provision of care for the elderly.
 - *“I think Medicaid is wonderful. All of my hospital visits are covered in full. I have never had any problems with receiving care.”*
 - *“Dirigo isn’t working the way it should. It was supposed to be affordable and help out a lot of people, but it’s only covering a select few.”*



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ISSUES RELATED TO COVERAGE AND ACCESS

PERCEIVED IMPORTANCE OF ACCESS TO AFFORDABLE CARE

- Regardless of coverage status, participants across the State expressed the opinion that **access to health care and affordable coverage are vitally important** to them and their families.
- Many noted that paying for health care services directly out of pocket is impossible for the majority of Mainers. This problem is thought to be especially acute for those who work for small companies that cannot afford to offer insurance to employees, and for those living in more rural areas of Maine.
- Some participants ranked the importance of having health insurance as being as fundamental as education. Across the sessions, both those with and without private health insurance articulated a clear understanding of the consequences and stresses associated with being unable to afford medical attention.
 - Notably, people throughout Maine (especially in more remote areas) echoed the fact that their communities are largely comprised of citizens with a strong work ethic and a significant sense of pride. These residents would greatly value assistance in accessing affordable health care and health insurance, but most do not expect that they will receive this type of assistance without contributing something themselves.
 - *“The whole situation has gone from bad to worse...people without insurance tend to hesitate about going to the doctors because they know they can’t afford it, and they are putting their health at risk.”*
 - *“I don’t expect that health care should be free, but it should be affordable and reasonable for those without insurance.”*
 - *“People can’t afford to pay cash, and without insurance people feel helpless.”*



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CONCERNS ABOUT LOSING COVERAGE

- Those participants who currently have private coverage were asked to discuss any concerns they might have about losing their health insurance coverage through job loss or affordability concerns.
- **Worries about their health insurance coverage and their individual or employer's ability to pay are a major concern.**
 - These participants noted rising insurance premiums and a corresponding decline in the level of benefits, coupled with employers contributing less and expecting employees to pay more.
 - *“My husband is supposed to be retired, but he has to keep his job so that our family has health insurance.”*
 - *“I already have to work four jobs to be able to pay for my wife's diabetes supplies. I'm self-employed and I can't afford to buy insurance for myself and my employees. I would be out of business!”*
 - *“I think if you work for a small, struggling company you are always worried about losing your health insurance, if you are lucky enough to have it in the first place.”*

IMPORTANCE OF ALL MAINERS HAVING ACCESS TO AFFORDABLE CARE

- A strong majority of participants across Maine agreed that all Mainers should have access to affordable health care.
- Many noted that the cost of health care and health insurance is rising faster than are wages and the rate of inflation, which has resulted in more people going without insurance since they are “caught in the middle.”
- A sizeable bloc of people throughout Maine consider access to health care and health insurance to be a basic human necessity, and also think that coverage is vital to leading a productive and healthy lifestyle.
 - A few participants voiced opposition to this attitude, and questioned why so many residents have come to expect that their employer is somehow responsible for playing a role in their acquisition of health insurance coverage.
 - *“The whole point of insurance is to spread the risk. Right now it's not fair that there are some people who are forced to go without.”*
 - *“I don't think people should be forced to either have insurance or pay their mortgage, but that's the decision it comes down to for a lot of folks. People can only give up so much a month to have insurance. These companies need to understand that it's impossible for someone with kids making \$1,200 a month to pay \$850 to insurance alone.”*



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SPONTANEOUS PERCEPTIONS OF THE CONCEPT OF UNIVERSAL ACCESS

- Participants in each of the sessions spontaneously mentioned a growing awareness of alternative approaches to expanding health insurance coverage to the uninsured, and suggested that the United States needs to monitor the efforts of countries like the UK and Canada who are able to provide all residents with access to care.
- A solid percentage of participants also supported the notion that all residents should be legally required to have some form of health insurance, similar to regulations that cover automobile insurance.

ROLE OF BUSINESS IN HEALTH REFORM

INITIAL REACTIONS TO “ROLE OF BUSINESS”

Participants were more formally introduced to a concept which proposed expanding health insurance coverage to all people in the State by requiring all businesses to provide health insurance or pay into a common pool that is used to expand coverage.

- Despite the fact that all participants were cautioned that under this proposed new approach small businesses may not be required to contribute as much as larger businesses (but that all businesses would have to contribute “something,”) many expressed immediate concerns about the proposal’s **potentially adverse impact on Maine’s economy and business climate.**
- Especially in areas where the business community is comprised largely of very small “micro businesses,‒ participants echoed the sentiment that small, Maine-based organizations already face enough obstacles in trying to remain viable and competitive, and that adding an additional operating cost like this might cause many to close their doors.
 - In addition, some voiced concerns that businesses might leave Maine and relocate to another state that does not have the same requirements.
 - *“If businesses in the State were required to offer health insurance to their employees, most of the smaller, family owned farms in this area would be devastated. There is no way they could afford to do this and stay in business...insurance is too expensive.”*
 - *“This is essentially another tax on Maine businesses. They are already taxed enough and it’s hard enough for them to stay in business as it is now.”*
 - *“I own a small business and I already pay \$6,000 a month for my only employee to have disability insurance...I can’t afford to pay any more.”*
- In addition to concerns about businesses being unable to afford to incur additional costs related to health insurance, other participants questioned the fundamental role of businesses when it comes to health care considerations for residents in Maine.



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- A few participants, some of whom currently have insurance benefits through their employers, argued that it is not the business community's responsibility to keep residents healthy, and that it is unreasonable to expect their employers to offer access to health care and insurance.
- Others, particularly those who noted being the proprietor of their own small business, worried about additional implications and burdens. The issues noted by these respondents included the tension between individual rights (such as smoking) and the role of employers in a system where businesses may be required to be more financially invested in the health of their employees.
- Participants also worried about this proposed approach from the employee's standpoint.
 - Many reasoned that although this approach is suggested to help residents by providing access to health insurance, they also worried it might result in consequences (such as employers' curtailing their hours or other benefits) as a means of coping with the cost of this potential new approach.
 - *"I still don't understand why we think it's our employers' job to give us our insurance. Health care is a social thing, not a workplace thing."*
 - *"It could be one option to have employers volunteer to contribute, but I don't think we can ask businesses to take on this cost....they are already required to pay all sorts of other fees and taxes."*
- Participants across the State also expressed concerns with implementing this approach without first undergoing a thorough and complete analysis and inventory of the current management of health care, including hospital administration and billing, physician profits, and insurance company procedures and protocols.
- Other individuals taking part in the sessions spontaneously noted that they would rather pay an additional tax, such as a sales or usage tax, than further burden the business community.
 - *"We need to ask the medical profession to better regulate their expenses before we ask employers to foot the bill."*
 - *"Administrative costs are taking money away from the people who really need services."*
 - *"I have concerns about private insurance companies profiting off of something like this. That's what I think has happened with Dirigo too."*



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PERCEPTIONS ON THE ROLE OF SUBSIDIES TO EXPAND COVERAGE THROUGH BUSINESS

- When participants were asked to consider if their opinion of employers' being required to contribute to the cost of making insurance accessible to all Maine residents might change if small businesses or if those who are self-employed were to receive help from the government, most were concerned about the State being too involved or invested in this approach.
 - Some cited their perceptions of the State's current mishandling of MaineCare and issues with the Dirigo programs, and were very vocal that if Maine is going to adopt reforms to health insurance it should be overseen and regulated by a bipartisan and independent organization.
 - Participants were unable to identify an organization by name that they felt would be well qualified to manage such a new system.
 - Participants were also clear that they did not want insurance companies to be involved in the decision-making or administration of this proposed approach.
 - *"If the State is going to run it, the whole thing will be messed up from the start."*
 - *"It should be run and regulated by a non-profit with a really tight budget."*
 - *"Right now there are too many administrative costs that are taking money away from people who need health care. This system needs a total overhaul before we ask businesses to come in and try to fix it."*

ROLE OF INDIVIDUALS IN HEALTH REFORM

INITIAL REACTIONS TO THE ROLE OF INDIVIDUALS

- Overall, participants had a much more favorable reaction to the consideration that everyone would be required to contribute something towards health insurance, based on ability to pay.
- This option resonated particularly well among participants who are currently working and feel that their tax money is already going to help support MaineCare and Medicare, but who are personally struggling to afford health insurance for themselves and their families.
 - *"There are a lot of people who fall through the cracks with MaineCare and Dirigo. They both give people such a hard time. There are no individual case-by-case reviews...you either fit into their classifications or you don't, but that doesn't mean you can afford the alternative."*



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- These participants expressed pride and a sense of personal responsibility, and noted that they do not expect to receive health insurance assistance for free.
 - Many participants also expressed concern with what they perceive to be a level of abuse of the current system, and hoped that any revised approaches to health care coverage would address this issue.
- There was also a solid level of support for a stipulation that health insurance coverage be mandated in a manner similar to the way automobile insurance is required.
 - *“What about all the people who aren’t socially responsible and who sit home being unproductive when they could be working? Should they receive coverage?”*
 - *“I work hard and the State already takes MaineCare funds out of my paycheck, so wouldn’t it just be easier if they take a little more money out and everyone gets coverage?”*
 - *“We already do pay into the system, but right now a lot of us go without, so this does sound better. Most people in Aroostock County would be willing to pay a little more if it meant that everyone had insurance.”*
- Most participants thought that it would be fair to have the criteria for determining what each individual would contribute based on income, so that those who earn more would contribute more.
 - Several participants in these groups noted a concern that people who could otherwise afford their own insurance may be inadvertently penalized if they were required to switch to a plan with fewer benefits in order for everyone to have access to some form of coverage.
 - In addition, some questioned why people who have worked hard and achieved some level of financial security or success should have to pay for people who may lack a strong work ethic or may have made poor lifestyle decisions.
 - Conversely, others worried that residents on the lower end of the socio-economic spectrum may receive sub-par coverage because they would be very limited in what they would be able to contribute financially to the program.
 - *“It seems like if you are working and really trying it seems like you should get a little help.”*
 - *“I am worried that people are not going to get good deals or the appropriate level of coverage.”*
 - *“Someone with a lower ability to pay may not get the same level of coverage as someone else who makes a lot of money.”*
 - *“I think something like this could work, as long as there was a sliding scale so that people who make more have to pay more.”*



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- Some participants considered that an individual mandate might actually encourage people to improve their health status and take more personal responsibility for their lifestyle decisions.
 - These participants argued that people who currently procrastinate obtaining medical attention may be more likely to seek out care knowing that they have insurance coverage to help defray the cost.
 - A majority also noted that if all Maine residents had insurance this would help alleviate the strain that is currently put on hospitals and the costs associated with indigent care.
 - *“I think that if everyone had insurance it might actually help efforts to keep costs down. Especially at the hospitals, you wouldn’t have people exhausting the resources of the ER if they knew they could just go to a regular doctor.”*
- A few participants were strongly opposed to the concept of requiring everyone to have some form of health care insurance, because they viewed the approach as impacting civil liberties. These participants strongly believe that it should remain a personal and private choice whether or not to insure their own health.
- Similar to the reactions to the concept in which businesses would all be required to contribute, most participants spontaneously voiced significant concerns with state involvement.
 - In particular, these participants consider that consumer support for this approach may be strengthened if the funding were specifically earmarked for this particular initiative, as opposed to going into a general fund that could be used for unrelated programs.
 - *“This just sounds absolutely absurd. Requiring someone to do something is not right. I view this as a tax.”*
 - *“I have little confidence that the State would efficiently manage a pool of money like this.”*



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ISSUES RELATED TO COST AND AFFORDABILITY

PERCEPTIONS OF THE CURRENT COSTS ASSOCIATED WITH HEALTH CARE IN MAINE

- Regardless of health insurance status, participants echoed the sentiment that all costs related to health care have become unreasonable, citing physician charges, pharmaceutical sales, hospital billing, and the cost of insurance premiums.
 - Many of these participants believe that inefficiencies in health care administration are at the root of what most perceive to be a system that is becoming more and more cost prohibitive for the majority of Mainers.
 - Others reported that physicians are more likely to carry costly malpractice insurance coverage that increases yearly, which many thought indirectly contributes to rising health care costs for patients.
 - Participants across the State also lamented about hospital bills, and many expressed great skepticism that patients are even charged appropriately in relation to the services that they receive.
 - *“It’s a business...doctors and medical centers advertise and compete with each other.”*
 - *“There is definitely a bureaucratic element here...it’s to the point where it seems like it costs as much to run the system as it does to deliver the care.”*
 - *“Hospitals are the worst! I once looked at a bill and saw that the hospital was charging me double for treatments that I didn’t even receive.”*

CONTROLLING HEALTH CARE COSTS IN MAINE

- Respondents generally agreed that the responsibility to help control costs should primarily fall on doctors, hospitals, and health insurance companies.
 - Many consider the current inefficiencies in the health care system to be so substantial that if a portion were corrected or improved costs for everyone would decline.
- When participants were asked to focus their attention on what Maine people could do to help the situation, most deflected criticism away from themselves and onto residents who they perceive to be making poor lifestyle and health-related decisions, and those who are perceived to be abusing the system.
 - Many noted that Maine residents need to be better educated when it comes to issues related to their own health and wellness, including increasing awareness of the costs associated with receiving treatment.



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- Notably, some circled back to the discussion of everyone in the State having some form of health insurance coverage, and these participants thought that people might take better personal interest in their health if they knew that health care was being made more accessible.
 - *“It’s a huge monster...I don’t know if it’s fixable. There are too many frivolous lawsuits and then there are the people who blatantly abuse the system...”*
 - *“People remembering to keep themselves healthy is a major start.”*
 - *“No one but themselves put the cheeseburgers in their mouths or the cigarettes to their lips...people really need to be better educated and understand that making poor choices will catch up to them. Maybe people would listen better if dollar values were assigned to some of their bad behaviors.”*

TRADE-OFFS CONCERNING ACCESS AND COST

RECEPTIVITY TO HAVING PERSONAL PHYSICIAN CHANGED OR SPECIFIED

- Participants were next asked to react to potential trade-offs that they might be required to make in order for Maine to have a system where everyone has access to health care. Although many participants noted the importance of developing a strong relationship with their primary care physician, most acknowledged that they would be willing to have their choice of providers be specified if it meant that all Maine residents would be able to have access to health care.
 - Many participants noted that in many ways their provider selection is already limited, since many plans have “preferred providers.” In addition, others noted those with MaineCare and VA coverage also face restrictions on who they are able to see.
 - Some participants who currently have private insurance and have an established primary care physician worried about the quality of care should this system be initiated.
 - Others noted the impact such an approach would have on residents in northern Maine who are already faced with shortages in number of physicians.
 - *“This would not be a deal breaker...I have had to switch providers before. Yeah, it’s a pain, but if more people could have access to care I think people would be understanding.”*
 - *“As long as I have a choice of a few doctors. I don’t need to have unlimited choices, but I don’t need my choice of doctor dictated to me either.”*
 - *“I guess I might worry a little bit about losing that comfort zone that I have built with my current doctor.”*



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RECEPTIVITY TO WAITING LISTS FOR NON-EMERGENCY TREATMENTS

- The majority of participants across the State responded quite favorably to the concept of having a reasonable wait for non-emergency care issues, such as routine screenings and check ups, as long as they could feel confident that they could have more timely access to a physician in more critical and serious circumstances.
 - Similar to the observation that options for health care providers are already limited, many noted that they currently schedule routine appointments such as yearly physical exams and women’s health care screenings months in advance.
 - As long as participants would be able to schedule and confirm that they do in fact have an appointment pending, most were not opposed to the idea of having to wait if it meant that more Maine residents would have access to health care.
 - Some participants did express concerns and compared the proposed Maine concepts with what has transpired in Canada, where there are long waiting lists.
 - *“We’re already at this point...many of us have already made this sacrifice. I think most people would be understanding if they knew the wait was so that more people could get care.”*
 - *“I think this is fine...it might actually end up helping out the doctors’ offices because people would be forced to be more responsible with scheduling in advance.”*
 - *“As long as I could at least get on the books and make an appointment I would be OK with that.”*

RECEPTIVITY TO TAX INCREASES

- Although most were against the idea of having their property or income taxes increase significantly in order for more people to have access to health care, many participants noted that they would be willing to pay a few extra cents per transaction in the form of a sales or usage tax.
 - Others were completely opposed to this notion, especially when many interpreted that the proposed system might already require individuals to make a greater financial contribution.
- Regardless of the form that the potential taxes might take, most participants agreed that the funding should be set aside specifically for this initiative, and many voiced objections to the money simply going into the General Fund.
 - *“I don’t mind the idea of having to pay an extra nickel for a sandwich...I don’t think that would be much of a hardship. It’s when my regular taxes go up hundreds of dollars that I would really start to take notice.”*
 - *“I’m not willing to pay anymore taxes...we already pay enough as it is! Maybe it’s time that we look into making cuts in other programs.”*



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RECEPTIVITY TO SOME TREATMENT EXCLUSIONS

- Participants reacted least positively to the idea of more Mainers having expanded access to health care if it meant that some medical treatments currently paid for by insurance would no longer be covered, such as experimental treatments, infertility treatments or life-extending procedures.
 - Many participants were able to cite and share personal stories relating the miracles of modern medicine, and how friends and members of their families had been “saved” by these procedures.
 - Similar to their previous concerns with defining “catastrophic coverage,” others had reservations about how determinations of procedure coverage would be made.
 - Interestingly, residents across the State also reasoned that by placing limitations on the types of elective procedures that are offered as insurance benefits, progress and medical advancement may be curtailed.
 - *“No one can afford to pay for these types of procedures, that’s why a lot of people have insurance in the first place.”*
 - *“I’m sorry, but I don’t think that things like experimental cancer treatment are really a luxury...if someone has a chance to live they should be able to seek out treatment without having to go bankrupt.”*
 - *“We need to have experimental medicine and people who are willing to undergo these procedures...how else are we going to grow and learn and advance our nation?”*

RECEPTIVITY TO PAYING MORE OUT-OF-POCKET TO AVOID LIMITATIONS

- Participants were also quite cool to the concept that they may need to pay more out of their own pocket to avoid these limitations.
 - Many were opposed to this approach based on moral principles, with some arguing that this would further the disparities in what the rich vs. the poor are able to access.
 - Some reasoned that this approach may put those residents in more remote areas of the State at a further disadvantage, since many are already forced to incur travel expenses and time off from work to seek out health care providers.
 - A few participants noted that they would be more receptive to the idea of paying additional costs for a specialist or a world-renowned physician, but not to see their primary care providers.



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