

**Report of the**

**NINETIETH ARIZONA TOWN HALL**

**“HEALTH CARE IN ARIZONA:  
ACCESSIBILITY, AFFORDABILITY  
AND ACCOUNTABILITY”**

**Prescott, Arizona**

**April 15 – 18, 2007**

As Arizona’s population increases, grows older and more diverse, the state faces the difficult task of ensuring that everyone has access to affordable health care. Almost one in five people in Arizona lack health insurance coverage. We must do better.

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The participants at the 90th Arizona Town Hall discussed what steps should be taken in addressing accessibility, affordability and accountability to improve health care in Arizona. Among other issues, this Town Hall considered the critical shortage of health care professionals and facilities, individual responsibility, legal proceedings, preventive care, immigration, rising costs, the growing diverse populations, the need for collaboration and increasing the use of technology.

This Town Hall addressed access to health care, funding and accountability for health care in Arizona. The 136 participants from all areas of the state made recommendations about the role of public health entities, recruiting and retaining health care professionals and funding health care facilities. Participants also considered the quality of care available in Arizona and the importance of behavioral health care in the overall health care system. The results of these discussions are included in this report. While not all Town Hall participants agree with each of the conclusions and recommendations, this report reflects the overall consensus achieved at the 90th Arizona Town Hall.

**ACTION PLAN FOR IMPROVING ARIZONA’S HEALTH CARE SYSTEM**

Arizona’s health care system is facing a crisis and Arizonans must take immediate action to improve the system and ensure access to basic health care services for everyone. The current system, relying mostly on employer-based insurance coverage, will never achieve

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universal coverage, a stated objective of this Town Hall. Everyone, including state and local governments, health care providers, insurers and individuals, has a role to play in improving our health care system. Based on three days of deliberations, the Town Hall recommends that Arizona take the following essential actions to improve our health care system.

- Create an alternative insurance coverage plan to offer a basic package of defined benefits, funded by diverse and integrated funding sources, based on the ability to pay and available to all. This proposal is not intended to replace employer-based coverage, but to offer an alternative that could achieve the goal of universal coverage.
- Expand health care coverage. This should be accomplished by:
  - Greater outreach to increase enrollment in existing programs such as “Kids Care” by eliminating the “gag rule” in schools to allow professionals to enroll children at the schools;
  - Building upon the existing employer-based coverage through premium subsidies and other incentives for coverage; and
  - Making small group and individual insurance more available and affordable by adopting adjusted community rating, coupled with guaranteed issue, for these markets.

A significant minority disagreed with including “guaranteed issue” in this recommendation.

- Implement effective and efficient use of health information technology, including increased use of electronic medical records.
- Increase the supply of all health professionals by increasing the capacity of the health professions’ educational opportunities through public/private partnerships with a specific goal of meeting or exceeding national averages, and providing various incentives to attract and retain health care providers for the state. (Specific items are referenced in a later section of this report titled “Health Care Professional Shortage.”)
- Streamline licensing and credentialing for physicians seeking to practice in Arizona.
- Make behavioral health care (“behavioral health” includes mental health) a priority by coordinating it with physical health care for treatment and parity for coverage purposes.

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- Provide public education regarding healthy lifestyles to children and adults and provide incentives for those who maintain a healthy lifestyle.
- Encourage personal accountability for one's own health and health care.
- Develop a model for patient-centered care to include patient advocates or navigators.
- Promote and develop systems to measure health care outcomes to better inform consumers and providers which will improve the quality of health care delivery.
- Enhance integration of public health practices such as prevention, promotion and protection within the greater health care system via a restructured, comprehensive, funding program.
- Insist that Congress reform the immigration system to settle the legal status of approximately twelve million undocumented immigrants.
- Inform health care consumers, at the point of service, about the real costs of care and options for decision-making.
- Encourage adoption of best practices through consistent use of evidence-based medicine.
- Develop methods, through public and private providers, to encourage preventive care instead of emergency care.
- Implement medical liability relief to include effective reforms such as periodic payments, safe harbors, relief for volunteer activities, higher burdens of proof and liability shelters to physicians practicing within nationally-developed, evidence-based, best practices.
- Identify funding sources, where necessary, to accomplish each of the recommended essential actions.

## ACCESS TO HEALTH CARE

In Arizona's debate about health care, a number of key issues must be considered in further detail:

### Fundamentals

- Large number of uninsured and underinsured
- Rising costs to employers and individuals
- Health literacy

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### Demographics

- Increasing Hispanic/Latino populations
- Special needs of an aging population
- Immigration
- The disabled, including returning injured veterans
- Growth of child-bearing age population

### Industry Challenges

- Health care professional shortages – recruiting and retaining
- Quality of health care
- Integration/cooperation among providers and disciplines across the continuum of care, including behavioral health
- Inefficiencies in the delivery of health care
- Communication barriers
- Legal proceedings
- Expansion of professional education programs and training opportunities
- Productivity of health care providers

### Legal/Ethical

- Defining a basic benefit package that includes behavioral health services
- Whether and how to ration or prioritize care
- Insurance portability
- Defining the role of government, including the method of financial support (whether through “sin” taxes or otherwise)

### Education

- Educating people about health (obesity, nutrition, alcohol/tobacco use), available health care options and preventive care

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- Shifting the focus from emergency care to preventive and basic health care with a priority on prevention and early diagnosis

To further complicate matters, the existing health care system is burdened by various health disparities, including:

- Rural v. urban
- Language and culture
- Lack of individual responsibility
- Substance abuse
- Mental illness
- Various education levels
- Various income levels

Several concepts were discussed in analyzing these key issues and disparities. At this Town Hall, “access to health care” was defined. Access to health care or universal access to health care, in this report, means the ability to receive care where and when needed. Health care coverage, in this report, refers to health insurance coverage whether public or private, individual or employer-based. The concept of universal health care coverage, in this report, means health insurance coverage that is available to everyone.

The current health care model relies heavily on employers to provide coverage for employees. While many receive coverage under this model, and particularly those working for large companies, those who work for small businesses or who are self-employed often cannot obtain coverage because of the high cost. Although requiring all employers to provide health care is an option, it is expensive and not without consequences, including legal challenges because of federal law. Who pays for it and how? One way to lessen the burden on employers and individuals is to vary the types of available insurance to account for the varied health disparities noted previously.

***Regardless of the challenges and health disparities, the participants at this Town Hall agree that everyone in Arizona should have access to a basic fundamental level of health care.***

Regardless of the challenges and health disparities, the participants at this Town Hall agree that everyone in Arizona should have access to a basic fundamental level of health care. For some, this means that there should be universal health care in Arizona where the basic level of health care includes behavioral health care and preventive care, including immunizations, early screening, blood pressure monitoring, etc. Some believe that Arizonans already have universal access to emergency health care; all agree that universal health care coverage does not exist.

Health care should be provided using a more equitable and accessible system that is both cost effective and integrated, including preventive care, primary care, behavioral health and catastrophic care. Educating people about health care, including options and preventive care, is important. To accomplish the goal of access for all Arizonans, there must be a coordinated effort among state, local and federal agencies, nonprofits and the private sector.

**The Significant Role of Public Health Care Entities**

Historically, public health entities have provided quality care and support for a variety of population groups. These entities play three primary roles: 1) delivering health care services to certain population groups; 2) paying for health care services for certain population groups; and 3) preserving and protecting public health. We expect these entities to serve the public by developing educational and preventive health programs and services and by obtaining funding to serve their constituents. The question becomes who are the constituencies that should be served? Although these entities serve an important role in acting as a safety net for the vulnerable in our state, there is some disagreement about whether undocumented immigrants should benefit. Refusing the safety net to undocumented immigrants may lead to even greater health care costs.

While public institutions provide a much needed service, they are not as effective as they could be because of outdated and conflicting regulatory requirements, accreditation policies and funding restrictions. For example, the available public health programs vary significantly among Arizona’s 15 counties. This is due, in part, to the funding limitations and restrictions placed on public health departments by governmental entities, including the state legislature, the state health department and county boards of supervisors. The Arizona Department of Health Services (ADHS) must play a greater role in working with county officials to develop statewide standards and programs that would help eliminate some of the fragmentation in service.

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In addition, funding for public health entities is fragmented, such that there are gaps and unnecessary overlap in services and programs. Also, there may be negative stigmas associated with public health providers that may result in underutilization of available programs, such as Kids Care. The negative views may stem from attitudes about public assistance or concerns about deportation of family members or other legal ramifications. The public needs more information about available services. Policymakers should attempt to create enrollment opportunities for the Kids Care program in public schools.

Further adding to the challenge is the fact that disparities also exist in the facilities around the state. Although some of the state’s non-profit entities step in to address disparities in both rural and urban areas, their efforts cannot replace public health entities, which should continue to evolve and be further defined.

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All hospitals treat the uninsured and underinsured as a consequence of federal mandates such as the Emergency Medical Treatment and Labor Act (EMTALA). Often the result is a shift in costs for the rest of the community, including taxpayers. One way to address this issue is to implement a health care coverage program that allows people to pay for health care based on what they can afford.

Despite significant challenges, public health providers must participate in the debate to drive critical changes to health care. For example, public entities are uniquely situated to collaborate with other providers and to serve as leaders in the health care community to embrace innovations such as e-records. A good example of such collaboration can be found in the Health Information Technology (HIT) and Health Information Exchange (HIE) programs. These programs can facilitate better quality of care.

The role of public entities is changing. In many instances, these entities act like private businesses and are contracting for services from private health care organizations. Further collaboration in funding, however, would result in more efficient use of public resources and perhaps greater outreach to people in all geographic areas. Focusing on community outreach and education geared toward making Arizonans aware of available public health services should be a priority.

State agencies should assume responsibility to ensure greater collaboration among public health agencies and private health care providers. The combination of such public/private collaborations, private funding, and encouraging individuals to assume responsibility for their own health should result in more efficient and cost effective care.

### **Behavioral Health Is a Fundamental Piece of the Health Care Puzzle**

Behavioral health is a critical piece of Arizona's health care system and a critical factor in overall "good health." Many people in Arizona suffer from some form of behavioral illness, which may include drug and alcohol abuse. *Arnold v. Sarn* was filed with the intent to mandate that Arizona provide a community system of behavioral health care. The current system for providing behavioral health care is underfunded, inadequate, and fails to recognize the important role that behavioral health plays in the overall health of our population. Behavioral health care providers are confused about who is making the decisions regarding behavioral health services. As a result, the way services are provided is inefficient. Behavioral health care providers are forced to serve "too many masters" and it is unclear at any given point which government agency has oversight.

The current model is dependent upon the goodwill of multiple contractors. Other models need to be explored and a new model implemented. Such a model should include collaboration among providers in which delivery of integrated care that ensures outcomes and measures success is the goal. Under the current system, there is a lack of collaboration between physical and behavioral health care providers. With severe limitations on benefits and follow-up visits, we fail to recognize that behavioral health conditions, like other

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chronic health conditions, should be treated on a long-term basis. Behavioral and physical health care must be dealt with on an integrated basis. This may include a refined referral system that allows for quick response to behavioral health problems and a system for follow up after the patient receives care. Law enforcement also can play a critical part in making sure that people in Arizona in need of behavioral health services who interact with law enforcement get to the appropriate provider rather than returning to the courts or the correctional system. Therefore, Arizona should consider developing behavioral health care teams including, when necessary, law enforcement, to evaluate and work with those in need of behavioral health services rather than incarceration. For example, Arizona should consider expanding the program used in the Tempe courts, which is based on a model of collaboration among the behavioral health community and justice system.

Further there is a need for consistency in providing behavioral health care services, both with regard to individuals and statewide. Many health care facilities do not have on-site behavioral health care specialists. As a result, individuals are receiving care from professionals who do not have the requisite expertise that may result in incorrect diagnoses and improper medication. Additionally, rural areas are significantly underserved and are faced with a lack of behavioral health care providers. Even in urban areas, it is difficult to find adequate resources to serve the pediatric population in need of behavioral health services. Other issues include higher instances of substance abuse and self-medication. With regard to individual patients, case managers change frequently and it is left to families (if the patient's family is active in his or her care) to demand services. Although there are some statewide standards, there are large discrepancies among providers. The third-party payer's viewpoint also is critical and efforts should be made to develop a more integrated approach to treatment. For example, the Legislature currently separates the acute care and behavioral health care programs. One suggestion is that the Legislature require the Arizona Health Care Cost Containment System (AHCCCS) and ADHS to coordinate acute and behavioral health care programs to address the lack of integration. Additionally, consumers need to have choices regarding providers for both their behavioral health care as well as their physical health care, even when utilizing AHCCCS coverage to pay for those services.

For many, treatment is not an option because of cost. For others, services may be available through insurance benefits but the individual chooses not to take advantage of the services offered. This raises another concern: public ignorance regarding mental and behavioral health care issues, including substance abuse. There is a need to educate the public about behavioral health to overcome the stigma that has become commonplace. Some suggested expanding substance abuse education as a way to familiarize the public with these issues. This education process should extend to legislators charged with passing laws and funding behavioral health care services. In addition, employers and health care consumers should understand the potential ramifications of excluding behavioral health care coverage from insurance plans.

### **Improving Delivery of Health Care in Arizona**

For many patients and their families in Arizona, the delivery of health care is uncoordinated; families facing a health crisis often do not know where to go to obtain needed services. Underlying this system are fragmented processes of licensing, insurance, payment



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and competition that often discourage coordination. Adding to this challenge is the lack of information technology and a general reluctance on the part of insurance companies to share information. Privacy issues and misperceptions about the Health Insurance Portability & Accountability Act (HIPAA) add to the problems of coordinating care and sharing information. Health care consumers further frustrate the system because they have varying levels of familiarity with available resources and technology, making coordination difficult. The cost, efficiency and quality of health care among all levels of providers could be improved by greater coordination.

Coordination is feasible. Currently, coordination between state, federal, public and private entities is ineffective. One way to improve coordination is by implementing a health information exchange program such as the Southern Arizona Health Information Exchange (SAHIE) pilot program. A related option is to support Governor Napolitano's Health-e Connection initiative, which already is taking steps to coordinate health data in the state. Other suggestions for improvement include: 1) greater connectivity among providers; 2) online medical records and registries, including prescription information; 3) a universal patient registration form; and 4) transferability between providers. Public funding, along with payer and provider support, likely will be necessary to make such changes, but the changes should result in greater public confidence and participation. Concerns about these options include: expense, incompatibility, physician participation, user error, system failures, scope, accessibility, and the inherent conflict between coordinated availability of patient records and privacy. All of these suggestions should take privacy concerns into consideration and be evaluated in light of HIPAA requirements.

Another way to improve delivery of health care is to ensure that each patient has a primary care provider or patient advocate who coordinates their health care. This model has been used by the military, for example, to effectively coordinate care. Public reporting and accountability should be used as a way to facilitate and encourage effective and efficient delivery of services.

Health care consumers play a role in improving the delivery of health care. Health care providers should help consumers by making medical records easier to understand. Some are reluctant to disclose personal medical information to their providers. Consumers should be given an incentive to take responsibility and must be held accountable for their health care records. Consumers do not always understand that they have full access to their medical records. They must give new providers information about existing health care conditions and medications. That said, the patient's privacy must be protected and they must not be discriminated against for sharing the information.

Insurers also have a role to play. These companies have a large amount of information and data and are in a good position to facilitate a universal patient registration system. Insurers have a role in creating efficiencies in the process of health care delivery by coordinating more effectively the use of specialists and decreasing burdensome and expensive paperwork.

## ARIZONA'S SPECIAL DEMOGRAPHIC CHALLENGES

### Impacts of Undocumented Immigrants on Health Care in Arizona

Health care policy considerations should not be driven by issues surrounding undocumented immigrants but should instead evolve from concerns about providing a basic level of care to everyone in our state.

Undocumented individuals have an effect on Arizona's health care system. While some feel the impact is overemphasized, others feel the impact is significant. Arguably, undocumented immigrants have a greater impact on emergency health care, but that impact is difficult to measure. In many instances, the emergency room becomes the inappropriate "medical home" for many undocumented individuals. Another area where undocumented immigrants may have a disproportionate impact is in the obstetric and gynecological practice since many children of undocumented immigrants are born to mothers who did not receive prenatal care. The effect of undocumented immigrants may vary by region. Border areas also may bear a larger burden in terms of cost and volume as a result of proximity.

Although Arizona has an interest in addressing problems associated with undocumented immigrants, it is a federal issue and ultimately effective solutions will be found at the federal level with a comprehensive plan. The federal plan should include a component of health care for undocumented immigrants and related funding. There is a current push by some to deny care to undocumented immigrants and this poses a public health concern for Arizona.

In the absence of federal action, Arizona can and should take steps to alleviate public health issues by providing health care services to undocumented immigrants in our state, whereby Arizona can decrease long-term costs and potential public health risks, such as communicable diseases. Such risks could be diminished by increased use of outreach programs such as community

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health clinics and placing advanced practice nurses and physician assistants in diverse venues to provide primary care. These efforts should be focused on treating individuals and should be free from legal ramifications for utilizing the services. If not, public health may suffer. Some thought that, as a matter of public policy, health care providers should not be required to report the identity of an undocumented immigrant who obtains health care services.

In addition to providing care for those undocumented immigrants who are already in Arizona, what else can be done? One suggestion is to use diplomacy to seek reimbursement from foreign countries for providing care to their citizens or to implement bi-national insurance. Other ideas included: requiring undocumented immigrants, future guest workers and their employers to contribute to the cost of their health care; if everyone has access, everyone should contribute at some level. Finally, to really assess the cost of undocumented

immigrants (and uncovered individuals) and to dispel public misperceptions, Arizona should consider collecting data to measure the real impact of undocumented immigrants.

### **The Effects of an Aging Population on Arizona's Health Care System**

As baby boomers age, our health care system is likely to see increased consumption of and need for health care services. There is a concern regarding the shortage of health care providers, such as gerontologists and orthopedists, to serve this aging population. It is anticipated that Arizona will face a workforce shortage of direct caregivers, especially in care centers and in the area of home health care. There also is a concern regarding the quality of care and the number of nursing homes and other long-term care facilities. This concern is particularly acute in rural areas.

As Arizona's baby boomer population ages, we will begin to see a number of changes in our current health care system, including:

- A greater level of technology savvy consumers
- Healthier people
- Disproportionately more care provided in home-based settings as an alternative to traditional nursing facilities
- New pharmacology treatment technology and genomics
- More demanding patients
- Greater system-wide demands
- Increased chronic disease management
- Greater integration of care
- A willingness to engage in breakthrough surgeries to increase mobility
- Shortage of physicians who treat geriatric patients
- Greater need for succession planning
- Emerging and reemerging diseases, including drug resistant diseases
- Medicare funding challenges
- Increase in patient participation in treatment
- The role of non-traditional medicine will increase and begin integrating with traditional medicine

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- Aging health care workers will retire and leave a void
- Seniors caring for seniors

In addition to baby boomers, there are a number of other non-health care related societal changes that Arizona needs to consider:

- Greater portion of the population entering childbearing age
- Greater need for rehabilitation services to serve aging populations
- Returning military requiring rehabilitation and/or behavioral health services
- Greater use of technology
- More demand for quality of life or work/life balance
- Increased mobility that will increase the need for non-family caregivers and further burden the long-term care system
- Major medical advances, including genomics, robotics and “miracle drugs”
- Sandwich generation: adult caregivers of both parents and children
- Grandparents raising grandchildren
- Age discrimination

Arizona’s health care system should prepare to deal with these changes by: 1) encouraging the growth of biotech in our state; 2) replacing antiquated infrastructures and encouraging the adoption of new technologies; 3) supporting expansion of health information exchanges; 4) addressing insurance/Medicaid systems; 5) continuing to improve coordination of care; 6) developing in-home care services such as hospice, which can be more desirable to seniors and cost effective for the state, and outpatient short-stay care; 7) building flexibility and resiliency into the health care system; 8) increasing points of health care delivery; and 9) training health care providers who serve senior populations.

Some feel that Arizona should develop programs and services, and fund existing programs, such as Meals on Wheels, to promote the independence of our senior population. Other suggestions include educating health care providers about geriatric issues and providing tax relief for those caring for elderly family members. Others recommended using actuarial data to forecast future demand and changes in the Medicare system to account for the surge in membership and providing aging workers with incentives to delay retirement.

**ARIZONA IS EXPERIENCING A SHORTAGE OF HEALTH CARE PROFESSIONALS AND FACILITIES**

**Health Care Professional Shortage**

Arizona has a shortage of health care professionals. Nurses and physicians are in particularly high demand. These shortages are due to a variety of factors, including, but not limited to, the following:

- Increased cost of practice and decreased reimbursement of costs
- Lack of clinical training capacity including various patient care sites and health professional supervisors/faculty
- Inadequate numbers and types of graduate medical education programs (residencies)
- Rapid growth
- Aging population
- Costs related to medical malpractice and liability insurance
- Lack of a non-economic damages cap
- Increased paperwork
- Past reliance on importing health professionals
- Difficulty recruiting faculty when existing faculty are overburdened and underpaid
- Lack of capacity to accommodate qualified students
- Alternative job paths
- Limited incentives to remain in Arizona
- Limited incentives for completing residency in Arizona
- Increased emphasis on work/life balance

Despite this discouraging news, some high schools are doing a good job of encouraging students to take science courses that allow students to become aware of career possibilities in the medical field. Additionally, in recent years, the capacity for nursing education in Arizona has doubled. While this is good news, we need to do more.

Arizona needs to make it attractive for health care professionals so they will locate to and stay in Arizona. The state must continue to expand graduate medical education programs,

fully fund the Phoenix medical school and expand programs for nursing students and other health care professionals.

Other recommendations include: 1) exploring private/public partnerships to encourage professionals to practice in rural areas; 2) expanding, adopting and funding loan forgiveness programs; 3) streamlining the health care education process to allow faster entry into the field, 4) expanding and funding reciprocity programs for licensing, credentialing, and education; 5) tapping into federal medical personnel resources; 6) reviewing, revising and collapsing scopes of practice; 7) creating and/or expanding a “health corps” program for recent graduates to provide service in exchange for debt forgiveness; 8) identifying incentives to attract professionals to rural communities; 9) changing the current regulatory and liability systems; 10) integrating cultural differences into existing programs; 11) increasing post-graduate training programs; 12) implementing high school and vocational training programs; and 13) offering incentives to attract and retain nursing professionals with post-graduate degrees.

### **Emergency Care Shortage**

Arizona is experiencing a significant shortage of emergency care professionals, and the situation is particularly acute in rural areas. This shortage could be addressed by, among other things, increasing efforts to recruit providers and providing incentives, such as grants and student loan payment programs.

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In addition to targeting professionals, we must identify and deal with the external factors that give rise to shortages. For example, liability concerns as a result of the current medical liability system create a hostile environment for physicians providing emergency care. More important, however, is the fact that emergency rooms often are misused by individuals who do not need emergency care. Primary care providers frequently misuse emergency rooms by sending patients there for after-hours treatment or out of a fear of liability. Individuals may choose to visit emergency rooms based on an understanding that treatment is mandated whereas the same might not be true at an urgent care facility. Alternatively, some insurance plans may provide greater coverage for emergency care than urgent care.

As a result, this misuse creates added strain on an already burdened system. To improve access to and effectiveness of health care, we must decrease the use of emergency rooms for unanticipated, routine and non-urgent care. The public should be educated, through public service announcements, print, radio and television media, on-site clinics, school-based programs, and otherwise, about the proper use of emergency rooms and urgent care facilities. Individuals also should be held accountable for using an inappropriate level of care. Patients could be provided with fiscal incentives, such as reduced co-pays, for seeking alternative, low-cost urgent care.

The burden on emergency rooms also can be dealt with by changing their management so that physicians perform triage and patient advocates are available in waiting rooms to

decrease, or at least communicate about, wait times. Another way to alleviate the burden is to provide specialists and primary care physicians with fiscal and liability insurance incentives to provide after-hours urgent care, same day visits and longer hours.

Individuals also should be encouraged to use primary care physicians for non-emergency care. For example, patients could be provided with fiscal incentives such as reduced co-pays for seeking alternative, low-cost emergency care. While that should alleviate some of the burden, primary care physicians are becoming a limited resource as a result of financial disincentives. As an alternative, nurse practitioners and physician assistants could be used to fill the gap for primary care services. These individuals also could provide basic services such as immunization clinics in community supermarkets. Another way to fill the gap is by encouraging urgent care centers or “Docs in a Box” with extended hours and using nurse triage telephone systems. Urgent care clinics are relatively inexpensive, efficient and generally have lower overhead than emergency rooms. Although these centers may provide an alternative, they are typically private entities, which may mean limited access.

### **Health Care Facilities Shortage**

Arizona’s growing population is influencing the need for additional or expanded health care facilities in both urban and rural areas. Communities across Arizona, and particularly those in rural areas, are experiencing a significant shortage of health care facilities.

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Rural areas often are served by a single provider and the development of “niche” hospitals presents a concern for those communities. Those communities that are contiguous with urban areas yet remain rural in nature face special problems. For example, those areas may have no access to medical helicopters even though they remain a significant distance from major medical

centers. Even fast-growing urban areas such as Anthem and North Scottsdale lag behind in attracting medical providers; Tucson lacks a children’s hospital and other pediatric sub-specialists.

In certain communities, the existing facilities are overcrowded and some areas are without long-term care facilities. The influx of senior residents to our state during winter months also results in shortages.

Planning for the future is important. Currently, there are no uniform standards to assess the appropriate level of health care facilities in a given community. Such a system should be created and implemented after proper study. Consideration also should be given to advancements in technology that may result in the need for a different type of health care facility.

Given the significant growth in certain parts of Arizona, funding for health care facilities should be considered as part of land use planning and development as new communities are created. Part of the development process should include educating the

community about the need for health care facilities. While some feel that community need, rather than solely market forces, should drive construction of new facilities, others feel incentives should be provided for the development of more health care facilities. Funding for new facilities should be provided by federal, state and local communities, and the cost should be spread among those benefiting from the facility. Other funding sources, such as municipal and industrial bonds, developer contributions, coalitions of interested parties who can offer shared resources, public/private partnerships, community health care districts, taxes, federal funds, private donations, private investment and revenue bonds should be considered.

### **Shortages Relating to Demographic Changes**

As our state grows and becomes more diverse, we are not producing, recruiting and retaining enough health care professionals. Our current workforce does not match Arizona's changing demographics. The changing population highlights the need to focus on issues such as: geriatric medicine, nursing and long-term care facilities, home health care, hospice care, behavioral health, multi-cultural and bi-lingual education, telemedicine, alternative medicine and the disabled, including returning injured veterans.

With the shortages noted previously, our health care professionals will be working in conditions that are likely to result in burn-out. Sustaining the pace to keep up with the need may not be feasible. Some suggestions for easing the burden on these professionals is to provide greater flexibility and benefits, including potential re-entry programs for those who opt to take time off, and minority grants. Others suggested allowing these professionals to cycle through other disciplines, such as academia and vice versa, for a set period of time, creating stronger mentor programs, increasing opportunities for employer-based training programs that guarantee a job upon completion and increasing work force development programs.

In addition to addressing working conditions, it is important to consider expanding health education curricula (or perhaps a mandatory continuing medical education course) to include changing cultural (specifically ethnic and alternative lifestyles) and linguistic norms. Just as important, are the special issues facing our senior population such as acute, home based, long-term and end-of-life care. Professionals should receive training related to the continuum of care for seniors. Training also should be flexible so as to allow health care professionals to address varying trends in diseases. A further component of training should focus on the costs associated with the business of medicine.

Those individuals who recruit health care professionals to Arizona should focus on finding individuals who understand and appreciate these demographic, cultural and linguistic issues. Arizona must make stronger efforts to recruit providers, particularly those with bi-lingual or multi-lingual skills, to serve non-English speaking communities. In further evaluating how best to recruit professionals to serve our changing and aging populations, we should review licensing requirements for those who wish to relocate to Arizona and should consider revising the requirements to allow and encourage more professionals to move their practice to the state.



## **THE RISING COST OF HEALTH CARE**

Increased health care costs reduce access to and availability of health care. Patients faced with the high cost of care may choose or be forced to forgo treatment or medication. Patients are not being provided with accurate information as to the “real” cost of health care. Patients need to communicate with their health care providers about their care, including what level of care is appropriate.

Factors contributing to the rapid increase of health care costs include:

### Demographics/infrastructure

- Arizona’s aging and transitory population
- Large numbers of uninsured and underinsured individuals
- Increased labor costs, made worse by workforce shortages
- Lack of prenatal care resulting in high-risk births
- Transportation costs resulting from a lack of appropriate and available health care facilities in proximity to those in need of services, especially in rural areas
- Lack of technology, including broadband access in rural areas

### Individuals

- Substance abuse
- Poor individual health habits with results such as obesity
- Patients’ failure to pay co-pays, co-insurance, etc.
- Patients’ unrealistic expectations for outcomes, treatments and brand name drug therapies
- Patient non-compliance
- Consumers’ inability and lack of knowledge on how to negotiate for health care
- “Epidemic of diagnoses” (i.e., diagnoses have become high profile and fashionable)

### Advancements in medicine and technology

- Investments in research
- Use of new and expensive technology

## TOWN HALL RECOMMENDATIONS

- Constantly changing nature of health care plans, such as new drug therapies and treatments
- Increased life expectancy due to immunizations, disease prevention and early detection
- Improved neonatal and prenatal care saving high-risk infants

### Structural

- Multi-payer and profit-based system
- Fragmentation and duplication of services, including waste and inefficiency (e.g., excessive testing)
- Aggressive patient management (e.g., limiting patient hospital stays, which increases average cost per day for services provided)
- Direct-to-consumer advertising by pharmaceutical companies
- Brand name and designer drugs
- New need for bio-preparedness
- Inappropriate distribution of co-pays (i.e., primary care visits are too high and emergency visits are too low)
- High co-pays that prevent patients from obtaining prescription medication
- Lack of accountability in billing
- Inefficient billing practices
- Use of standby capacity at hospitals
- On-call systems
- Increase in amounts spent on acute care
- Rising administrative costs, including paperwork
- Excessive care
- Increase in catastrophic illnesses due to lack of preventive and maintenance care
- Disease pattern changes
- Priority on end-of-life care rather than prevention

## TOWN HALL RECOMMENDATIONS

- Concerns about profitability influence the allocation of resources

### Legal

- New and increased mandates regarding coverage, including unfunded mandates and regulatory requirements
- Concerns over litigation and liability, including both defensive medicine and malpractice
- Uninsured and underinsured coverage and legislative programs

Options for reducing the cost of health care include: 1) requiring insurance companies to cover behavioral health; 2) using and encouraging consumers, employers and insurers to understand the benefits of evidence-based alternative medicine; 3) electronic medical records; and 4) use of electronic claims processing. Automated systems should be used to decrease paperwork and should be encouraged to increase efficiency.

### **How Should Health Care in Arizona Be Funded?**

We all share the burden of funding health care individually, through our employers and/or as taxpayers. Health care should be funded as efficiently as possible. Many agree that the current model does not work and should be changed.

Some agree that employers have a social responsibility to provide health care coverage. Many believe that an employer-based system is the best way to deliver health insurance to employees and their families and that employers should receive incentives to provide at least basic health care coverage, although some feel that employers should not be mandated to provide coverage and recognize that attempts to do so might be thwarted by conflicting federal law. Some believe that requiring employers to provide coverage will overburden small businesses and sole proprietors. Employers who provide health care coverage may be inhibited from competing in the global economy. Small businesses could partner with other businesses to share resources and form a purchasing group to help spread the cost of providing insurance. This option presents significant concerns as illustrated by the AHCCCS Health Care Group, which attempted to pool self-employed individuals and small businesses but has not been financially viable thus far.

Others feel that we should move away from the employer-based model toward a mandatory single enrollment model where individuals, who are able, pay for care. Some believe that an individual-based system is more appropriate. There is concern, however, that such an individual-based system will lead to high levels of uninsured and underinsured people. The cost for individual coverage is prohibitively expensive. Additionally, removing employers from the process will eliminate the role they play in communicating and administering plans, which are both important for employees. Some feel that the evolution from employer-based programs to individual-based or other types of programs should occur without interference or mandates.

## TOWN HALL RECOMMENDATIONS

All agree that individual responsibility is important. Consumers need to be familiar with their health care costs and need to take an active role in monitoring the cost of care. This approach is similar to the old retirement plans that have evolved into 401(k) plans managed by employees rather than a pension fund manager. Another option is to tailor health coverage to individual needs, whereby consumers pay only for the coverage they need. Individuals who live healthy lifestyles or set up personal health accounts could be rewarded with lower health care premiums.

Some suggested that Arizona require insurers to change from risk-pricing to a model that would include one or more of the following: community rating, adjusted community rating or guaranteed issue. Others feel that Arizona needs to have a larger risk pool for the uninsured, underinsured and small businesses. This would allow Arizona to spread the health care costs over a large group to make individual costs more manageable. Others suggested that the state should insure the 20% of the high risk population in the state that account for most of the health care costs, while insurance companies and employers could cover the costs attributable to the remaining population. Some feel that the public sector in Arizona needs to model efficiencies in the private sector. Adopting a defined benefit package with some sort of cap, and possibly using the AHCCCS model, is another possible option to serve small employers and individuals.

Suggestions for balancing and decreasing health care costs, and increasing coverage include: 1) considering a single-payer system; 2) increasing transparency regarding the costs of coverage; 3) instituting wellness programs; 4) using tax credits; 5) taking advantage of available federal funds; 6) urging the Legislature to better prioritize and plan for the future; 7) using patient advocates for certain subgroups; 8) educating the public about public programs; and 9) shifting to evidence-based care.

### **How Do the Uninsured and Underinsured Populations Affect Arizona?**

The high number of uninsured and underinsured individuals in Arizona results in higher health care costs for everyone. The uninsured and underinsured populations bring a variety of societal impacts, including:

- The inability for some to obtain basic care
- Excessive absenteeism and poor performance among school-age children
- Lack of preventive care, which leads to the need for more expensive health care
- “Young invincibles” who are not contributing to the insurance pool, thereby increasing costs
- Continuation of the poverty cycle
- Public health concerns, such as unvaccinated children or tuberculosis
- Decrease in workforce productivity, including absenteeism and unemployment

## TOWN HALL RECOMMENDATIONS

- Bankruptcy and other financial hardships
- Staffing burdens at emergency facilities
- Financial burdens on hospitals and physicians who provide services to uninsured and underinsured people
- Strain on criminal justice system due to failure to treat substance abuse and other behavioral health problems

Health care providers bear a significant burden related to the uninsured and underinsured populations. Uninsured and underinsured individuals generally do not take advantage of preventive care. They often wait to seek care until they experience catastrophic problems and then obtain care from the most expensive source – emergency rooms. Providers

*Ultimately, the uninsured and underinsured populations generate costs that must be paid by someone, whether it is the providers, the insurers or the taxpayers.*

often write-off expenses and have to chase patients for payment. Border communities also bear a disproportionate burden. These communities are affected by people who cross the border on a daily basis to obtain health care or prescriptions.

Ultimately, the uninsured and underinsured populations generate costs that must be paid by someone, whether it is the providers, the insurers or the taxpayers. The impact is significant and Arizona should focus on solving the problem by expanding coverage and expanding access.

### **THE RELATIONSHIP BETWEEN LEGAL PROCEEDINGS AND HEALTH CARE COST AND DELIVERY**

Concerns about liability are changing the way health care providers deliver care. Many physicians have a fear of being sued and an understanding that people sue based on “bad results not bad medicine.” Physicians are practicing defensive medicine that often results in unnecessary procedures and increased cost. Providers are reluctant to conduct consultations by telephone or email for fear of resulting liability, yet these alternative delivery methods may be more efficient and cost effective. These liability concerns also make it difficult to recruit and retain health care professionals. The issues are particularly acute for those in high-risk fields, such as obstetrics, long-term care and in rural areas.

Liability insurance is expensive, especially for rural practitioners. Some feel that liability insurance is simply a cost of doing business because the medical profession does not self-police. Litigation and regulatory proceedings can be time-consuming and take providers away from their patients. Litigation also can be expensive whether the result is a verdict, a pre-trial victory or a settlement. The legal profession should work to decrease the cost of malpractice litigation and the time necessary to obtain a resolution. The voluntary disclosure rules adopted several years ago are a positive step in the right direction toward streamlining litigation. Similar changes should be considered. Open communication between patients and

providers could lead to a decrease in malpractice litigation. For example, encouraging physicians to apologize to patients without fear of reprisal.

One way to address these concerns is for the health care community to adopt evidence-based standards for the practice of medicine. Such standards would serve to shield health care providers from malpractice liability. Health care providers also should be encouraged to adopt best practices in their field for delivering care, including a focus on quality communication, and efficient and best use of time. Another option is medical liability reform, such as a constitutional amendment to limit or eliminate non-economic damage awards. Some suggested evaluating a loser pays system and others suggested limiting lump sum payments as a way to reduce costs. Medical liability reform may make Arizona more attractive to health care professionals. Some suggested increasing the burden of proof necessary to prevail in emergency care malpractice cases as a way to reduce costs.

*Attempts to limit liability, reduce costs and discourage frivolous claims should be made with an understanding that gross negligence does occur and should result in penalties.*

Attempts to limit liability, reduce costs and discourage frivolous claims should be made with an understanding that gross negligence does occur and should result in penalties. For example, some feel that lawyers have held physicians accountable for mistakes and protected patients' rights. Suggestions for reducing costs while maintaining patient and provider rights include: 1) strengthening patient safety initiatives and quality assurance; 2) increasing health literacy regarding patient rights and realistic expectations; 3) switching to a workers' compensation model; and 4) providing strong disincentives to the filing of non-meritorious claims.

**WORKING TOWARD A SEAMLESS HEALTH CARE DELIVERY SYSTEM**

By shifting the focus in delivering health care from trying to satisfy requirements of third-party payers, regulators, providers and other third parties, to the needs of the patient, Arizona could develop a more seamless delivery system. AHCCCS is an example of how a seamless system might operate. Such a system could be achieved by providing a seamless enrollment system combined with community-based and diversified providers.

Though some would prefer to see Arizona adopt a common vision for health care, changes can be made to the current system to improve health care delivery. For example, Arizona could tie medical services to public health, by providing health care education and "cradle-to-grave" treatment including preventive care, early screening and intervention, diagnosis and treatment. Other options include making health care more automated so that health care providers may easily collaborate and avoid administrative and other barriers. We also should recognize and respect competition and niche providers. Accessibility may be improved by using the "promotores" model. Promotores are public health professionals who carry out a variety of health promotion, case management and service activities at the community level.

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Similarly, Arizona can increase efficiency in delivering health care services and access to health care services by encouraging the use of a computer-based health information exchange system (or e-records) to share patient health information, demographic information, administrative, clinical and prescription information. Ideally, such a system would provide patients with a hard copy of the electronically stored information in an easy-to-read summary form that could be shared with other health care providers. Some suggested that an entity such as AHCCCS should take ownership of the electronic information exchange project and that insurance companies need to receive incentives or be mandated to participate in a common enrollment program. All stakeholders need to support this process in order for the collaboration to be effective. Advocacy and trade associations often bring their membership together to collaborate on ideas such as technology information sharing. These efforts should be encouraged and enhanced to include a wider variety of viewpoints.

Other ways to increase efficiency and access may include: 1) evaluating pay-for-performance reimbursement strategies; 2) transparency of clinical outcome reporting; 3) incentives for and increased use of telemedicine; 4) improving transportation for patients to access health care; 5) increase uniformity to decrease paperwork; 6) vertical integration between primary care providers and hospitals; 7) communication about and utilization of best practices of public/private entities; and 8) encourage co-location of multidisciplinary services.

Education is a key component of encouraging collaboration in the health care delivery system. To increase future collaboration and cooperation, health professionals (physicians, nurses, pharmacists, technicians, assistants, etc.) should receive training together in core subjects early in their program of study. Consumers also should receive training on the availability and proper use of health care services, which may result in increased access to care.

**MEASURING QUALITY OF CARE AND ACCOUNTABILITY**

Arizona is not effective in consolidating, analyzing and interpreting quality of care data across the spectrum of providers. The Arizona Department of Health Services is responsible for regulating institutions. That role could be expanded to further monitor quality. However, the Department is understaffed and underfunded. AHCCCS has started to measure quality of care and make information available to consumers. Holding health professionals accountable is difficult without such data.

*Arizona is not effective in consolidating, analyzing and interpreting quality of care data across the spectrum of providers.*

Although health care providers and insurers are concerned about quality of health care, there are few credible and reliable measurement tools and resources available to health care providers, payers and consumers. Some wonder whether consumers would take advantage of available information. Another concern is the lack of an agreed upon definition for “quality care” which should include consideration of specific medical conditions.

Some suggested that Arizona take the initiative to measure quality of care. Information should be standardized and easy to understand. The private sector is moving

toward transparency to allow consumers to learn about health-related quality indicators. Evidence-based standards and outcome measurements should be developed and used in conjunction with tools such as Arizona Health Query, a computerized database of outpatient records to assess quality of care. Some expressed a desire to engage providers in the planning process to avoid standards that might unfairly penalize health professionals. A few recommended that the Arizona Medical Board (formerly BOMEX) be involved in this process. Foundations and other nonprofits have been shown to be successful models in promoting public/private collaboration.

The suggestions listed previously can supplement the existing peer review programs, self-regulatory boards, credentialing, compliance procedures and benchmarks for health professionals. Steps also could be taken to promote no-fault reporting and to continue competency assessments for physicians.

### **ENCOURAGING PERSONAL HEALTH RESPONSIBILITY**

Encouraging personal accountability for maintaining good health can be accomplished by focusing on three issues: 1) education; 2) motivation; and 3) access to preventive care.

Early childhood education, early intervention and grass roots efforts are keys to promoting good personal health habits. Children should be taught at a young age about healthy behaviors, including good nutrition and exercise. Schools should offer physical

*Encouraging personal accountability for maintaining good health can be accomplished by focusing on three issues: 1) education; 2) motivation; and 3) access to preventive care.*

education classes, offer fruits and vegetables and other healthy snacks, and remove soda machines. Adult health education also is important. Public service campaigns, such as the smoking cessation campaign, should be used to educate the public regarding healthy behaviors. These campaigns could be funded by taxing unhealthy behaviors. Health care providers should be encouraged

to spend time educating patients about healthy behaviors. Some recommended that the Legislature consider requiring easy-to-read nutritional information on menus.

We can motivate Arizonans to maintain good health and practice preventive care by offering incentives that may include reduced insurance premiums, insurance rebates and tax credits. Disincentives, such as higher premiums or deductibles, also can be used to discourage unhealthy or risky behavior. Employers also should receive similar incentives to encourage wellness and smoking cessation programs.

Some suggested Arizona should take aggressive steps to develop and fund a statewide preventive health care program, including coordinated wellness programs and clinics. Arizona should look to industry leaders such as pharmaceutical companies and insurers to sponsor preventive care efforts. Communities should play an active role in supporting these preventive care efforts. Programs, such as Healthy Families, Healthy Communities and Healthy Start, should continue to be encouraged and utilized.



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We should focus preventive care efforts, which include behavioral health care, on those populations most in need, such as those at risk for chronic illness. Access to preventive care is important and we should make sure that our transportation resources support access to such care. Patient navigators may provide another opportunity to assist individuals with accessing preventive care. Insurers should provide reimbursement to physicians who provide preventive care. Primary care physicians should be encouraged to incorporate preventive medicine in their practice, even if they are not reimbursed. Patients should be encouraged to make better use of their primary care physicians, community weight loss programs and pedometers.

### **THE ROLE OF TECHNOLOGY IN HEALTH CARE DELIVERY**

Information technology can improve the quality of health care by ensuring continuity of care, increasing safety and decreasing mortality rates. Technology can help facilitate the following:

- Improving communication among health care providers and between patients and health care providers
- Making the delivery of healthcare faster and more seamless
- Sharing of and immediate access to prescription information and medical records that should result in less error and duplication of services
- Increasing electronic marketing and education
- Delivering faster service that is particularly important for rural areas
- Reducing costs and promoting information sharing among providers and consumers
- Helping consumers make better-informed decisions about their care
- Reducing paperwork
- Measuring outcomes

Some feel that Arizona should encourage access to computers and computer literacy education. Others suggested that Arizona should assist rural communities with gaining access to tele-health services and information exchanges. Some suggested that Arizona should implement and fund a system of portable electronic medical records, for example, “swipe cards” that patients can carry with them and upon which medical records are stored. The Southern Arizona Health Information Exchange, the Arizona Health e-Connection, and electronic immunization record programs should be considered as blueprints.

While technology can provide many benefits, it also poses several concerns, such as cost, confidentiality, compatibility among systems, ability to update records, disappearance of the “human factor,” redundancy, and available technical staff to support the programs. Some

raised concerns about privacy and reluctance from physicians disinterested in learning new technology. A few suggested private companies who provide technology information services may resist efforts to create a public technology information program, while others feel that companies should compete for business but deliver electronic medical records services based on a single programming standard.

### CONSIDERING A BASIC HEALTH CARE PLAN

Town Hall agrees that everyone in Arizona should have access to basic health care coverage.

Some are concerned that implementing a basic health care plan would result in non-citizens trying to claim citizenship. There are concerns about rationing care and ethical dilemmas in deciding levels of necessary coverage.

***Town Hall agrees that everyone in Arizona should have access to basic health care coverage.***

If a basic health care plan for Arizona is considered, it should be developed based on input from across the state and with an eye toward the negative social effects that result from lack of insurance. Any plan should include preventive care, including dental, behavioral health and catastrophic coverage, agreed upon best practices and means testing.

Additional suggestions for providing basic coverage include: 1) expanding the AHCCCS Health Care Group program, although it needs to be restructured to expand the risk pool to balance the high-risk participants who self-selected into the program; 2) creating a high-risk pool funded by the government that would lower the cost of coverage for others; and 3) expanding the state employee insurance program, which is self-funded and administered by the Arizona Department of Administration. Community rating might be an effective way to establish risk pools and spread risk and costs across the community. Additionally, a standardized portable plan could be developed that would be available to residents, would provide preventive care, and that may address the medical characteristics of each patient.

Other models to consider include AHCCCS, single payer plans, the Oregon citizens' community model and a "pay or play employer plan." Some expressed concern about the Oregon model and feel that the determination of what constitutes "basic" coverage should be made by the individual. Pay or play models are used in other states but it is too soon to gauge their success. A single payer system might reduce administrative costs and increase consistency but may be difficult to implement. A few recommended an incremental approach, which may have a better chance of being implemented. Under this approach, the first step would be covering children, followed by the balance of the uninsured and underinsured.

The potential funding sources for a basic plan include: 1) alternative tax options, including sin taxes; 2) individual premiums; 3) provider taxes; 4) employer contributions or pre-tax payroll deductions; and 5) redistributing existing federally-funded program dollars

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through a waiver, such as AHCCCS. Other funding sources should be explored, including some level of individual funding based on a means test.

Some suggested that Arizona's Governor should appoint a blue ribbon panel or a task force to evaluate and determine a basic benefit plan, including input from stakeholders around the state. This plan could then be presented to the Legislature.

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- Scott W. Van Valkenburg**, Physician; Colonel & C.E.O., 355th Medical Group USAF, Davis-Monthan Air Force Base, Tucson
- Clarence Vatne**, Chief Executive Officer, Marana Health Center, Inc., Marana
- Paulina Vazquez-Morris**, Attorney; Chair, Maricopa Co. Special Healthcare Dist. Bd., Phoenix
- Ross E. Wait**, Broker, Yuma East Real Estate; President, Foothills Home Sales, Inc., Yuma
- Sally N. Walker**, Loan Officer, Suburban Mortgage; RN Clinical Instructor, Mohave Community College, Lake Havasu City
- Patrick Walz**, Chief Financial Officer, Yuma Regional Medical Center, Yuma
- Patricia Ware**, Farming; Ret. Registered Nurse, Yuma
- Linda Weaver**, Behavioral Healthcare Consultant, Mercer Human Resources Consulting; Attorney, Phoenix
- Kati Weingartner**, Director, Information Technology, Arizona State University Polytechnic Campus, Mesa
- Clayton Wells**, Vice President, The Weitz Company, Scottsdale
- Neil R. West**, Consultant; Ret. Physician; Former Medical Director, Schaller Anderson, Inc., Tucson
- Theodore Williams**, President & C.E.O., Arizona Behavioral Health Corporation, Phoenix
- Barbara L. Worgess**, Director, Coconino County Dept. of Health Services, Flagstaff
- James Zorn**, President & C.E.O., HealthLogic Mobile Immunization Clinics, Phoenix