

Appendix D
Washington Health Choices: Taking the Pulse of the Community 2003
Meeting Records

COUNTY	PEOPLE GETTING NEEDED HEALTH CARE	WHAT ISN'T WORKING?	WHAT IS WORKING?	NEEDS TO CHANGE	NEEDS TO STAY THE SAME	TOTAL # OF COMMUNITY PARTICIPANTS
Adams	<ul style="list-style-type: none"> • No--long waits and limited access to medical services. • Health care costs are too high. • Drug costs too high. • People denied care if don't have coupons. • Eligibility forms for BHP and Medicaid too confusing so don't enroll. • Hard to find good doctors in rural communities – existing ones provide poor service. • Physicians don't spend enough time with patients. • Clinic and hospital are negligent. • Interpreters used don't consult patients. • Medical forms not available in Spanish. 	<ul style="list-style-type: none"> • Health insurance too expensive. • Prescription coverage is hard to find. • Limited access to dental care. • Confusing paperwork for billing . • Quality of medical care at the hospital is poor – physicians are not trained well. • Inexperienced physicians – can't handle any complications. • No specialists. • Long waits in emergency room. • Long waits to see physician – take day off work for doctor's appt. • No alternatives to Emergency room or clinic. • Interpreter services are not certified and sometimes not available. 	<ul style="list-style-type: none"> • Being able to choose own primary care physician. • Nothing in Othello. 	<ul style="list-style-type: none"> • Everyone needs to be able to get care. • Cheaper medications. • Need a big hospital to attend to patient needs. • Need qualified physicians. • A health care system that allows you to offer input. • Make government programs understandable. • Better explanation of services. • Serious need for pesticide education. • Certified interpreters. 	<ul style="list-style-type: none"> • Access to BHP. 	46

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Asotin	<ul style="list-style-type: none"> • Some are not. • Some elderly and youth are not covered. • Many are getting the care they need. • Don't know of many that are not getting care. 	<ul style="list-style-type: none"> • Long waiting times for care – overbooking practice. • Lack of funding. • Lack of advertising. 	<ul style="list-style-type: none"> • Variety of doctors and specialists in the community. • Providers know their patients well. • Friendliness of providers. • Existing facilities are nice. 	<ul style="list-style-type: none"> • Get everyone covered for health care. • Advertisements should include people from the community. • More health care facilities and services- particularly for after-hours; for elderly. 	<ul style="list-style-type: none"> • No comment. • Retain the health care providers that are there. • Retain the morale of current health care providers. • Friendliness of staff. 	40

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Benton	<ul style="list-style-type: none"> • Generally yes. • Health care lacking for kids and seniors. • Insured get care – exception may be when no provider in area. • Low income, working poor, young people, mentally ill, undocumented and low paid employees and others without insurance not getting care. • Benefits have been cut by major employer. • Uninsured can go to free clinic. • Docs unwilling to take any more Medicare patients. 	<ul style="list-style-type: none"> • Employers dropping out of offering health care coverage. • Increasing cost to employees as employers reduce benefits. • Some employers cover only employee – rest of family may not get coverage. • Patients are being sent out-of-town when services are available locally. • Young working poor families have no insurance or are paying more than they can afford. • Long waits for Medicare patients to see a doctor. • Medicare requires too much paperwork. • Hard for unemployed to get coverage. Health coverage eats up the whole unemployment check. 	<ul style="list-style-type: none"> • Immediate care clinics. • Fitness program incorporated into an insurance program – employees making better choices. • Employers who address safety and wellness. • Medical care is available and it is good. • Good quality of health care providers and services (docs, hospitals etc.). • Good access. • Emergency response. • Hospice care. • Immunizations for kids. • Medicare and health insurance works well for some. 	<ul style="list-style-type: none"> • Inform community that they can get care where they live – don't have to go elsewhere. • Universal coverage through single payer – from birth to death (strong agreement). • Changes in tort reform – limit awards. The legal system is the biggest hang-up in the healthcare system. • Simplify and organize the health care system. • Increased Medicare reimbursement to physicians and hospitals. • Increase Medicare benefits. • Streamline access and billing for insurance. • Make insurance statements understandable. • More patient time with physician at visit. 	<ul style="list-style-type: none"> • Provider choice • As many choices as are possible – can get service if willing to pay; • Availability of services in the area • Dental program for low income • Well baby clinic • Group Health and Medicare. 	94

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Benton (cont.)		<ul style="list-style-type: none"> • Insurance plans are a hassle for some. • Needs of minorities are not being met. • High cost of medications. • Access to care. • Access to specialists. • HMO makes it hard to get coverage. • Substitute medications so they conform to formularies. • Water doesn't have fluoride. • Assisted suicide is not available. • Dental, and vision care and hearing aids not covered. • Coverage for home care for people who are mobile – only other option is SNF. • Too big patient load for nurses in hospital. 		<ul style="list-style-type: none"> • Sliding fee scales more available. • Establish a floor of minimum services to be offered to all people in the state. • Mental health parity. • More preventative care. • Better cooperation among hospitals. • Get care out of state when traveling. • Remove stigma of going to health department for care. 		

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Chelan	<ul style="list-style-type: none"> • Some to none is the general consensus – depends on income, employment, knowledge of services/ resources. • Depending on status – low-income persons can get good medical coverage. Middle-income people tend to go to doctor less because even if they have coverage it costs them. • Not good for children who have immigrated here. • No good dental coverage. • Some people don't access services since they don't know what resources are available or who will pay. 	<ul style="list-style-type: none"> • The health care system is prohibitively expensive-even when you have coverage you pay a lot. • Cost of doctor prescriptions not covered by insurance. • Out-of-pocket expenses are too high. • Prescriptions are expensive – people reduce drugs to keep costs down. • Elders have no prescription coverage. • Refills difficult due to new doctor. • SSI and disabled need medications. • Most jobs don't offer <u>good insurance</u> coverage or any coverage at all. • When insurance doesn't kick in for a year this is a problem. 	<ul style="list-style-type: none"> • Our health insurance system lets you keep the same provider. • The health care system works better if you have insurance. • Not much is working. • Access to medication. • Large medical community. • Walk-in clinic is efficient. • Basic Plus on the right track-offers access to state subsidized affordable help. • Basic Health accessibility. • Women's health care-routine. • Focus on preventative medicine. • Good care (bedside manner). 	<ul style="list-style-type: none"> • More options for better/less expensive insurance for working/middle class people. • Everybody has health care that needs it regardless of income. • Cut insurance costs Keep down the cost of insurance. • Revise eligibility guidelines for Medicaid so more low-income qualify. • Offer sliding fee scale based on income. • Middle income people fall into gap – don't have coverage. • Increase number of health plans offered in the community. • Offer less costly health plans options National health insurance. • Move toward socialized medicine. • Access to a physical twice a year and to emergency care (individuals contribute to this care). • Basic coverage for everyone. 	<ul style="list-style-type: none"> • Practitioners continue to provide quality care - not allow standards for care to drop below levels they are now. • Be able to choose your doctor. • Be able to move between health plans. • Increase the number of health plans in the community. • Quality of medical services. • Quality of health care physicians & facilities. • Care of single moms program • Good care for children. • Women's health care (paying for basic health care needs). • Hippocratic oath. • Nothing written down. • Community Health Center. • Specialized care. • Referral System. 	103

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Chelan (cont.)	<ul style="list-style-type: none"> • Cost of medication/co-pays too high. • Wait in emergency rooms too long. • Extended family insurance is expensive – children on parent's work coverage. • Quality of care is very different for those who can pay. • Care not available due to gender, age (old/young), fall into a gray area. • "Basic Health" no intake of new enrollees. • DSHS spend down costs are too high. 	<ul style="list-style-type: none"> • Frustration with details, prolong getting checked due to costs. • Lack of physicians that accept Medicare and Medicaid. • Access to doctors, especially specialists. • Access to health care providers and prescriptions. • Can't get into the primary health care provider they want to see. • Long term health care for the elderly. • Getting an appointment and care in a timely manner. • Get care when you need it. • No dental care for adults. • Dental care for uninsured adult population and non-resident children. 	<ul style="list-style-type: none"> • Are able to get in to see doctors fairly easily IF you are an established patient. • We have some excellent physicians in our area-reach out to find answers. • Community Health Center that serves people on sliding fee scale. • Community Health Centers reach out to lower income families. • Doctors will refer. • Good rapport with general practitioner. • Care for children. 	<ul style="list-style-type: none"> • Access to a full range of health benefits. • Prescription costs/insurance some companies not paying for name brands, only generic. • Elderly prescription coverage under Medicare. • Safety net for those transitioning from insurance to Medicare. • More walk-in clinics. • More doctors/dentists that will see patients that don't have insurance. • Adult dental care and coverage for dental. • Expanded dental care coverage – root canals, crowns, braces. • Accessibility to doctors. • More specialists. • Better access to primary physicians. • No waiting list for healthcare especially for children. • Realistic access to preventative care. • Payment plan for hospital care. 	<ul style="list-style-type: none"> • Preventative care. • Nice to have insurance coverage options 80/20 – PPO. • Employer paid insurance premiums. 	

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Chelan (cont.)		<ul style="list-style-type: none"> • No dental care for BHP enrollees. • Information about what services are available. • Inconsistency of the information when dealing with different providers (i.e., doctors, clinics). • Immunizations not up-to-date. • Need more preventative care. • Coverage for prevention – quit smoking pills. • Would like contact lenses covered by Medicaid. • Insurance premiums are going up for families. 		<ul style="list-style-type: none"> • Stay away from Canada's health care, not a good model. • Simplified/non-complicated information about resources. 		

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Clallam	<ul style="list-style-type: none"> • Available to those who can pay – about 75% of population. • Those who can't pay, 25%, don't get care. • Those with employer paid insurance and those able to pay for care get care. • People with no insurance make health care choices based on ability to pay. • Insurance companies force people to use certain kinds of treatment at specified places – not necessarily the lowest cost option. • Most people in Sequim are getting care – free clinics available. • Shortage of doctors. • Dentists won't accept basic health plan. 	<ul style="list-style-type: none"> • Insurance companies don't cover preventative. • Insurance companies don't cover alternative medicine. • High cost of emergency care. • Long waiting time in emergency room. • Some can't afford flu shots. • Less able to pay for health care for kids – 28% on free lunch. • Part-time workers have no health insurance. • For people who pay for their own health care, there aren't less costly alternatives. 	<ul style="list-style-type: none"> • Co-payments foster responsibility – people feel they are providing for their own needs. • We are all alive and have insurance now. • Free clinic. • Having a baby is a positive experience – hospital has good program and services. • Doctors offering school physicals and donating money back to school. • Better and more specialists. • Airplane to take people to specialists. • Local hospital care is excellent. • Some good doctors. • Some people have good health insurance coverage. 	<ul style="list-style-type: none"> • Access to care for all. • Provide health care coverage to all children. • Figure out a way to provide health care to the working poor. • Encourage free, walk-in clinics. • School nurses should be referral agent for school-age kids. • Need to track all women for preschoolers health care. • Drug costs paid by insurance companies should be the same regardless of the company. • Patients must participate in paying for the cost of service. • Subsidize preventative care – single cost for everyone. Not insurance based. • Personal responsibility – healthy lifestyles. • Education about prevention and healthy lifestyles. • Provide education on how to use the system. 	<ul style="list-style-type: none"> • People with lifetime health benefits should be grandfathered in if a company's rules change. New rules apply only to new employees. • No comments. • Technology. • Well trained physicians. • Emergency medical services. 	37

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Clallam (cont.)	<ul style="list-style-type: none"> • Mom's in employment training program cut off from health care. • Those people paying cash for care pay more than the insured. • High malpractice costs drive out obstetricians. • Cost of insurance is rising making it harder for employers and self-insured to purchase. • Military retirees on TriCare have trouble finding a doctor willing to accept the low reimbursement from Tricare. • Medicare appeals are expensive, but frequent. • 55- 65 year olds fall into the crack – not eligible for Medicare yet. • Long-term care is expensive and nursing homes have been closing. 	<ul style="list-style-type: none"> • Small employers keep numbers of employees under limit so don't have to provide health benefits. These employers can't afford health insurance. • People can't afford dental care and prescription drugs. Prescriptions too expensive. • DSHS didn't cover terminal illness. • No competition in insurance coverage under Medicaid- limited number of providers. • Medicare won't pay for mental health unless you have a diagnosis of acute depression. 		<ul style="list-style-type: none"> • Establish a screening process so that mid level practitioners screen patients prior to seeing a physician. • There needs to be a better connection between the medical community and the reality of life. • Regulate insurance companies to provide a better level of care. • Get more doctors to take BHP. • Some commitment for social responsibility by providers. • Be able to go to who you want for care. • Changes to the system should focus on making it more affordable and effective rather than bigger and more subsidized. • People need to be empowered to change the system and take the control away from insurance companies. • We need national health insurance. 		

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Clallam (cont.)		<ul style="list-style-type: none"> • Peninsula Mental Health is the only resource for mental health services – should have a choice. • Docs limit the number of Medicaid and Medicare patients because of poor reimbursement – hard to find a doctor for aging parents. • Individuals in Medicare HMOs don't get choice of providers. • Managed care adds cost to health care – have to see primary doc before specialist. • Bill for services based on number of visits not quality – billing has accuracy problems. • Physicians are abusing insurance and billing higher charges. 		<ul style="list-style-type: none"> • In favor of Basic Health plan as it was first proposed. Now reimbursement is too low and enrollees are paying higher costs. • If government won't provide universal coverage, all employers should for all employees. • Health insurance should not be employer based. • Need malpractice reform and a cap on payments – don't hold doctors responsible for problems they don't control; ask patients to waive right to sue. • Put together other players to provide insurance – preferred provider program. • A business based group should redesign the health care system. • Work with providers to get reasonable return on rates yet make rates affordable for working poor. • Tax tobacco to pay for health care- Get rid of tobacco. 		

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Clallam (cont.)		<ul style="list-style-type: none"> • Few specialists in Sequim – transportation to specialists is a problem for low-income and sick. • Not enough supervision of physicians – poor quality in some cases. • Doctors push drugs on patients, don't look for underlying causes. • Funding for illegal aliens drains the system. • Ambulances are very expensive. 		<ul style="list-style-type: none"> • Medicare reimbursement equal among states. • Change the design of the health care system to reduce costs. • Singapore's approach is good – everyone mandated to be responsible for themselves with help from the government. Mandatory savings of which 60% go to medical care. 		

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Clark	<ul style="list-style-type: none"> • Those that can afford it get care • Medications are too expensive. • Mental health services limited by type of insurance. • Type of coverage limits access to providers. • Employers are reducing their covered benefits. • Shortage of physicians in the community. • Majority feel people not getting health care. • Low provider reimbursement from Medicare and Medicaid result in physicians less willing to treat patients with this coverage. • Medicare supplemental coverage is too expensive. 	<ul style="list-style-type: none"> • High cost of medications. • High cost of insurance – I choose between rent and insurance; small businesses can't afford. • High cost of medications. • Medicare supplemental plans are too expensive. • We are paying for coverage benefits we don't need. • No coverage for vision/hearing. • Limited time with physicians. • The whole system is failing. • No one doctor oversees care – have to go between specialists. • Generic drugs don't always work as well. • Emergency room care is slow – overloaded. 	<ul style="list-style-type: none"> • Hospital coverage regardless of ability to pay. • Quality of care is good. • Kids get good care. • Medicaid pays for some prescriptions. • VA system – easy access & full coverage. • Basic Health Plan – sponsored by employer. • HMOs like Kaiser, • Medicare hospice benefit. 	<ul style="list-style-type: none"> • We need socialized medicine even though it isn't perfect – don't want to accept delays however. • More emphasis on prevention. • Coverage for preventative services: i.e. dental cleaning, weight loss. • Access to care for all kids. • Put less money into research for cures – we can't fix everything. • Other options for urgent care besides the emergency room. • Other options for uninsured to pay for urgent care - besides paying cash up front. • Smokers should pay more for health care. 	<ul style="list-style-type: none"> • Quality of care. • Freedom to choose a provider. • We have the best health care in the world. • Coverage for kids. • Non profit hospitals instead of for profits. • Medicare and current coverage. • Access to emergency room. • Great teaching hospitals. 	57

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Clark (cont.)	<ul style="list-style-type: none"> • Medicare doesn't cover prevention, medication, vision or dental. 	<ul style="list-style-type: none"> • Long waits to get in to see a physician, particularly for new patients. • Medicaid coverage is too generous – not fair. 		<ul style="list-style-type: none"> • Individuals paying their own health care costs should get same discounts as insurance paid claims. • Medicare coverage needs to be more inline with what people need – i.e. foot care. • Reduce cost of medications – at least to level in Canada. • Cost of care. • Increase physician reimbursement. • Standardized wellness check ups. 		

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Douglas	<ul style="list-style-type: none"> • Hard to get health insurance that covers all care. • No. • Emergency rooms are crowded with long waits. • Cost for drugs and dental is too high – going to Canada for drugs. • Insurance companies aren't clear on what they cover – seems to change when you need care. • Dental needs of handicapped not being met. 	<ul style="list-style-type: none"> • Insurance premiums are too expensive. • Cost of health care is too expensive. • Cost of medications is too expensive. • Piece rate workers don't qualify for employer paid insurance. • Supplemental insurance for Medicare for what Medicare doesn't cover. • No insurance coverage for pre-existing conditions. • No insurance coverage for annual pap smears. • Insurance is slow to reimburse. • Lack of preventative care. 	<ul style="list-style-type: none"> • Immunization. • Being able to see a doctor in the middle of the night. • Insured people get care. • Good physicians in community. • If you are educated, do research into your coverage, ask about cost and options, then you usually can get what you need and get it covered. 	<ul style="list-style-type: none"> • National health plan/government sponsored. • Change of life style. • Stop accelerating the costs of health care – both services and insurance premiums. • Stop inflating prices to the insured. • Simplify paperwork and documentation for reimbursement – especially for DSHS and Medicare. • Make Medicare, reimbursement consistent statewide. • Change Medicare laws – if you can afford to pay, you should. • Let insurance companies compete. • People need a better understanding of the impact of decisions made by OIC. 	<ul style="list-style-type: none"> • Freedom of choice of physician. • Right to change your health care provider. • Ability to see a doctor in a timely manner. • Maintain high quality of care. • Allow providers to treat who they want to treat. 	37

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Douglas (cont.)		<ul style="list-style-type: none"> • Doctors provide treatment based on what insurance will pay, not on what patient needs. • Drug companies bribe doctors to prescribe their drugs. • No competition between insurance companies. 		<ul style="list-style-type: none"> • Stop over-regulation of insurance. Let clients change physicians within their HMO. 		

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Ferry	<ul style="list-style-type: none"> • Mixed response. • People are able to get to physicians, but can't afford medications. • People can't get insurance coverage. • People can't find physicians. • No specialists. • Too far to drive to Spokane for care- no transportation. 	<ul style="list-style-type: none"> • Not enough physicians. • Medications are too expensive – don't like generics. • Too many layers and bureaucracy in the system. • The insurance companies are making all the money. • No local specialty care. • No MRI. • Employers not offering health care coverage for employees. • Young adults not able to get coverage. • Cost of care is too high. 	<ul style="list-style-type: none"> • Most employers provide health care coverage. • Medicare. • Medicaid. • Easy to get an appointment. • Treated well by physicians. • Local hospital. 	<ul style="list-style-type: none"> • All people should get health care. • Universal coverage paid for through increased taxes. • Medications should be affordable. • Organ transplants should not be done for people with only a small chance of survival. • More affordable cardiac care. • More local physicians. • Let physicians make their own decisions. • Reduce bureaucracy. • Add a co-pay to Medicaid. • Reduce the cost of Medicare supplements (I think this means supplemental policies). • Evening hours for local clinic. 	<ul style="list-style-type: none"> • Local access to services – keep local hospital open. • Ability to get services in the community. • Ability to choose my doctor. 	28

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Franklin	<ul style="list-style-type: none"> • Poor people aren't getting care. • Those with no insurance don't get care. • Those who work at small companies with no benefits. • Working poor with children may only get coverage for kids. • Access is a problem in rural parts of the county. • Rural area – lack of providers, transportation is an issue, no jobs and therefore hard to get employer paid health insurance. 	<ul style="list-style-type: none"> • Poor people won't access services at La Clinica. • People with no insurance put off seeing a doctor till they are very sick. • Not all physicians will see BHP patients. • Some people can't get insurance. • Cut backs on retiree health benefits. • Increasing insurance premiums and co- pays. • High cost of medications (bus service to Canada and Mexico for drugs). • Health care costs can bankrupt a family who has no insurance. 	<ul style="list-style-type: none"> • Well served by La Clinica. • Medicare. • Those with private insurance are getting their needs met. • Doctors and hospitals. 	<ul style="list-style-type: none"> • Health care for all children, low income, and working poor. • Basic health care for all. • Base the percentage of payment for health care on the person's income – applies to Medicare too. • Need for oral, vision and mental health coverage. • Make medications affordable. • Honest reporting from insurance companies about their profits. • A reduction in insurance rates. • Add a pharmacy to La Clinica. • Reduce regulation of senior retirement homes – regulations make costs too high. • A retirement complex that supports people in their homes- give them in-home help. • Honesty in pharmaceutical costs. 	<ul style="list-style-type: none"> • Medicare (retirees feel strongly about this). • Excellent health care in the community. • Mexican medicine seems to work for some. • No comment. 	54

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Garfield	<ul style="list-style-type: none"> • No. • Cost of drugs too high. • Dental care too expensive. • Cost of health insurance coverage too high – citizens & employers can't afford it. • Insurance reimbursement to providers does not cover costs. • Lack of health care services in area. • Health plans don't contract with local providers. • No specialty care physicians who will take Medicare and Medicaid. • People don't know what programs are available to them. 	<ul style="list-style-type: none"> • Insurance cost too high for local employers. • Cost of supplemental plans for Medicare, COBRA and individual plans are too high. • Prescription costs are too high – give up food and heat for medications. • Providers won't accept multiple insurance plans – too hard to navigate payment and paperwork. • Charity care programs are already taxed – people are falling through the cracks. • Self employed have hard time finding affordable quality care. • Formulary calls for generics that don't work as well. 	<ul style="list-style-type: none"> • Sliding fee scale at clinic. • People can get access to care. • Supplements to Medicare offer good coverage. 	<ul style="list-style-type: none"> • More education in preventative care. • Higher Medicaid and Medicare reimbursement – pay providers for the cost of care. • Universal health care. • Basic health care for all. • Pay Canadian rates for prescriptions in the US. • Offer discount cards for prescriptions. • Prescription coverage for everyone. • Socialized medicine. 	<ul style="list-style-type: none"> • The people in the community. 	25

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Garfield (cont.)		<ul style="list-style-type: none"> • Specialty dental care not available – malpractice makes it too costly. • Specialty medical care not locally available. • Hard to get access to care. • Services lacking. • No Medicare services in the community. • Medicare doesn't cover ambulance. • Government programs not aware of community services. 				

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Grant	<ul style="list-style-type: none"> • Access limited if not a citizen or don't have health insurance/ability to pay. • Medications are a big problem – too costly, substitutes not effective. • Need coverage for working poor. • Core of health care is excellent – includes surgery and OB. • No, transportation is an issue especially for working poor. Need transportation to Seattle for care. 	<ul style="list-style-type: none"> • Social security cuts. • Cost of medications. • Labels on medication don't have enough information on them. • Medications for Medicare seem to be watered down – don't work as well. • High cost of Medicare supplemental coverage – goes up if you get sick. • Public health care system is too complicated for people to navigate. • Customer service at state agencies isn't good. • Rural health clinics have to pay full retail price for drugs but give patients discounts. Clinics are taking a loss. • Dental care is bad – long waits. 	<ul style="list-style-type: none"> • Nothing. • Sliding fee scale at clinics. • HCA that provides sliding fee scale grants. • The critical access system. 	<ul style="list-style-type: none"> • The payment plan in our medical center and sliding fee scale at the hospital. • Simplify paper work for public health care system – for providers and consumers. • Provide Medicaid coupons for undocumented. • Better access to clinics specifically for low-income families. • Better access to hospital care – make people feel more comfortable. • Specialized medicine. • Transportation for health care appointments. • Medications for the elderly. • We need socialized medicine (one person said this). • More holistic care. • More education/ Education seminars. • More preventative education. • More education on pesticides, workplace danger and health hazards. • Health information needs to be provided in Spanish. • More online resources especially teleradiology. 	<ul style="list-style-type: none"> • Nothing. • The quality and level of care that patients get regardless of whether they are undocumented or not. • The education system at the hospital – very good. 	33

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Grant (cont.)		<ul style="list-style-type: none"> • Translators being used aren't certified – not sure what information doctors are getting. • Professionals are not well prepared and don't take enough time with patients. • BHP paperwork is confusing and needs to be available in Spanish. • BHP is too strict with premiums. • Children on BHP have to wait a long time for an appointment. • CEU system. • Triage for emergency care. 				

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Grays Harbor	<ul style="list-style-type: none"> • People who don't speak English have barriers to care. • Growing Hispanic population in the community. 	No comments.	No comments.	<ul style="list-style-type: none"> • Set up a community fund for those low-income and non-English speaking to tap in case of an emergency. 	No comments.	11

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Jefferson	<ul style="list-style-type: none"> • No. • Those with no insurance or ability to pay are not getting care. • Those services not covered by insurance – dental, alternative medicine – community not getting. • Need more health insurance coverage for dental care and more dentists. • If people are able to travel and able to pay they can get coverage. • Uninsured aren't getting physician care – being denied care. • Not enough specialty care. • Health plans don't cover all services – medication. Physical therapy. 	<ul style="list-style-type: none"> • The fact that insurance is too expensive and doesn't cover all services – eye care/glasses, mental health, medications, routine physicals, dental care, preventative care, hearing. • The fact that people need to leave the country to get affordable medications. • High cost of insurance – people paying more of salary for insurance coverage, no coverage for dependents, high deductibles. • High cost of prescriptions. • Not enough health care providers. • Need urgent care – none available. 	<ul style="list-style-type: none"> • Medicaid coverage. • Cobra extension of benefits. • BHP. • Good physicians. • Being able to choose the health care provider I want. • Medicare book which identifies what things will cost. • Good emergency care. • Health plans that cover medications. • Drop in clinics – reasonably priced. • Access to specialists is good. • Medicare coverage. • Those with a diagnosis are getting good services. 	<ul style="list-style-type: none"> • Access to equal medical care for reasonable cost for everyone. • Add coverage for alternative services. • More dentists and doctors willing to take Medicaid – some suggested all providers should be required to take coupons. • More insurance coverage for preventative care. • Everyone should have access to preventative care. • Well-child check-ups till age 18 should be covered. • More personal responsibility for health care choices. • Need affordable prescription drugs. • Need more home health services and better coverage of home health. • Need coverage for mental health. • Alzheimer's should be recognized and have better provisions. 	<ul style="list-style-type: none"> • Basic Health. • Medicaid coverage. • Choice of provider. • Current community health care options throughout CHD. • Medigap. • Referral system is working well. • Transportation for emergencies. • Hospital care. • Vision care. • Hospice. 	45

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Jefferson (cont.)	<ul style="list-style-type: none"> • Rural areas are not covered as well. When you need to leave the area for care, it costs more. 	<ul style="list-style-type: none"> • How cost and necessity for treatment is determined. Standardized pricing would be nice. • Need to be able to find out what health services cost. • Doctors leaving the state because of malpractice costs. • High cost of emergency care. • Travel outside of the city for health care services. • People 62-65 years of age can't get health care coverage. • Continuity between providers doesn't exist. • Medicare doesn't cover prescriptions. • Insurance deductibles are too high. 	<ul style="list-style-type: none"> • Surgery is available in a timely manner. • Home health care. • Group health. • Eye care coverage through Medicare. • Medication samples. • Nurses do a good job explaining things. 	<ul style="list-style-type: none"> • Shouldn't be penalized for pre-existing conditions caused by accidents. • Allocate defense spending to national health care. • Establish wellness education and opportunities in the community. • Legislation against the drug companies to get them to reduce cost. • Well-checks for seniors should be required. • Re-education on death and dying for public and for medical students. • Control over malpractice insurance and lawsuits. • Health care costs should be based on your income. • If paying out-of-pocket, you should be able to get the same health coverage as someone with insurance. • More money needs to be allocated to health care. • We need a socialist health care system. 		

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Jefferson (cont.)		<ul style="list-style-type: none"> • Having to apply for medications and having pharmaceutical companies decide what is covered every 90 days. • Hard for seniors to get the information they need. 				

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King County: King County was the site for our pilot project. Report findings for the county are available on the HumanLinks Foundation website, www.humanlinksfoundation.org under Health Care. Click on: *Taking the Pulse* for a listing of the 2002 East King County Project.

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Kitsap	<ul style="list-style-type: none"> • Care is fragmented and costly. • Lack of easy access and insurance. • Medications are costly. • Physicians are slow to respond. • Dental care is hard to get. • Disaster drills are chaotic. • Some people are not receiving care. • Great variability in who is getting care – outlying rural areas have less access. 	<ul style="list-style-type: none"> • Health of school-aged kids is a major concern. • School health programs. • Specialty care is less accessible – have to go to Seattle. • Tricare for VA. • Preventative care and cancer screening. • People need to know how to get access to preventative care. • Long-term care. • Pharmacy costs too high. • Access to care for low income-particularly for after-hours care. • Public hospital access. • Prompt service – too slow. 	<ul style="list-style-type: none"> • Local practitioners and nursing homes are reliable. • Hospital does a good job. • Emergency room. • Emergency response is good in all parts of the county. • Hospices are receptive, solid and high quality. • Many in the county are covered by navy medicine – strong military presence. • Good community clinic. • Outstanding health department. 	<ul style="list-style-type: none"> • Better coordination – starting an in-school health clinic. • Cooperation among agencies. • Something more in Poulsbo and Kingston. • Cooperation between military and civilians. • Cost of long-term care. • Improving prevention and education. • Unequal attention/emergency. • Education of children and families about health and lifestyle. • Lower drug costs. • More accessibility to services particularly for poor and those living in rural areas. • Less red tape with insurance. • Increase number of doctors and nurses. • More specialty care in the county. 	<ul style="list-style-type: none"> • Continuity of care. • Cooperation between 911, hospitals and health professionals. • Training of health care professionals. • Access to practitioners and long-term care. • Hospital availability on an as needed basis. • Hospital quality and accessibility. • County disaster – 911 system. • Keep your personal doctor. • Having doctors listen to patients. 	87

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Klickitat	<ul style="list-style-type: none"> • Most people said no. • Not getting dental, vision and mental health care. • People don't know where to access care. • Not aware of available resources and services. • Some services are not available. • High cost of care restricts access. • Prescriptions are too expensive. • Health care insurance is very expensive. • Must travel to get specialty services. • Many not getting care because they have no insurance. • Dependent charges for employer paid insurance too high for employees. 	<ul style="list-style-type: none"> • Need more specialists – very few locally. • Specialty care is available across the river in Oregon. • Transportation to appointments is costly. • Long travel distance to see physicians. • Long waits to see physicians. • Hard to get a general practitioner. • Doctors are not covered by all insurance plans. • No local pharmacy for Medicare or Medicaid – travel can take six hours. • Medication is too costly. • No dental services for low income or Medicaid adults. • Basic health plan waiting list – too long a wait. 	<ul style="list-style-type: none"> • Good staff and equipment. • Choice of provider. • Cost of co-pays. • Number of physicians in the community. • Nothing. • Limited transportation support. • Area doctors will take Medicaid and Medicare. • Once a month, visiting specialist. • Hospital in White Salmon is good. • Physical therapy department is good. • Access to doctors – not long waits, if have health insurance. • Medicaid. • Kids care is good. 	<ul style="list-style-type: none"> • All people need access to full medical and dental coverage. • Five percent of the population get their health care at the emergency room. • Need alternatives to emergency room for people who can't pay. • Reimbursement to providers. • Insurance is too costly for under 65 years of age and self-employed. • Stop the increase in insurance premiums. • Shorter waiting list for basic health. • Lower treatment costs and co-payments. • Lower prescription costs. • Free care and prescriptions for low-income and elderly. • Education on preventative care and coverage for it. • Expand health department programs for seniors. • Dental care for adults on Medicaid – improve access to dental care. 	<ul style="list-style-type: none"> • Keep health care services local versus regionalizing them. • Continue local transportation services for medical appointments. • Bus service. • Local physicians willing to take Medicare/Medicaid. • Local health department programs. • Continue to give priority to elderly and children. • Kids should remain covered. 	103

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Klickitat (cont.)		<ul style="list-style-type: none"> • Insurance costs are too high for small businesses. • Payroll costs for health insurance are too high. • Employers can't afford to pay employee health insurance. • Individuals can't afford health insurance. • Washington residents working in Oregon, paying state taxes, but unable to afford medical care. • Co-pays too high. • Some people have no insurance. • Self-employed can't find affordable insurance. • No local nursing home. 		<ul style="list-style-type: none"> • Increase awareness of services covered by Medicaid. • More local specialists – surgeons, ophthalmologists. • More training, beyond general, for hospital staff. • Provide school health insurance during school year at a reasonable rate. • All providers should accept all insurances. • Be able to select your own provider. • Universal health care. 		

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Lewis	No comments.	<ul style="list-style-type: none"> • Efforts to establish a rural health center. 	No comments.	<ul style="list-style-type: none"> • Families and communities acting together to build their own safety nets—reduce need for taxes. 	<ul style="list-style-type: none"> • Not willing to tax themselves to help others. 	9

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Mason	No comments.	No comments.	<ul style="list-style-type: none"> • Good community efforts to get health care on the community agenda. 	<ul style="list-style-type: none"> • Strengthen preventative care. • Community coordination. 	No comments.	13

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Okanogan	<ul style="list-style-type: none"> • No. • Yes. • Specialty care limited – people can't afford to leave area when referral made – too costly. • Don't have transportation to get to referral sources. • Low-income can't afford to pay for care – go without. • Insurance premiums are too high, but still rising – we can't keep up. • People who don't meet Medicaid or BHP requirements – can't afford insurance. • Insurance premiums and co-pays are not affordable. • Insurance plans restrict physician choice. 	<ul style="list-style-type: none"> • Co-pays too high – approaching full cost of visit. • Cost of insurance is too high and is still going up. • Can't afford to cover families on insurance due to high cost. • With the expected rise in Medicaid patient payments, more people are expected to drop out of Medicaid. • Some insurance won't cover diagnostics – given we are self pay for these services, how do we determine what is and is not necessary – can't afford all these tests. • Program funding cuts are affecting access. • Only one dental program that accepts Medicaid – hard to get an appointment. 	<ul style="list-style-type: none"> • Mobil services – dental and VA – help those who can't afford to pay. • Non-profit clinics willing to provide care regardless of ability to pay – offers flexibility in how and when you pay – Family health Centers. • BHP. • Medicaid. • Breast and Cervical Health Program services for low-income women. • First steps – education program it offers. • WIC. • Appealing charges can get bills changed. 	<ul style="list-style-type: none"> • Current system is not working for many of us. • Change the President of the USA. • Need more affordable, high-quality health care. • Need more state and federal funding for health care. • More federal funds for Community Health Plan of Washington so it can assist the needy. • Make insurance more affordable for low-income. • Community education on staying healthy. • Funding for health prevention education. • School education on smoking, and alcohol etc. • More media involvement in prevention messages – health prevention messages during cartoon time. 	<ul style="list-style-type: none"> • Nothing- what we have does not work for the low-income and needy. • The costs for health insurance- no more increases in these costs. • Reduced fee programs for low-income. • Family health centers help for the needy. • BCHP. • Medicaid. • BHP. • First Steps. • WIC. • Prescription assistance program. • Preventative health program. 	53

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Okanogan (cont.)	<ul style="list-style-type: none"> • Those with insurance for medications fill prescriptions – others don't. 	<ul style="list-style-type: none"> • Can't afford dental and vision services or high cost of insurance to cover these. • Can't afford to take time off from work to see the doctor. • Don't have transportation to doctor appointment – people have to travel long distances to doctor. • Private clinics expect payments for services and won't see you if you can't make those payments. 		<ul style="list-style-type: none"> • Bilingual education on health care, parenting skills and poverty. • Funding for preventative health care services. • Preventative care should be more affordable and always covered by insurance. • Get patients involved in making decisions about their health care. • People who have poor health habits (i.e. smoke) should pay more for health insurance; those practicing healthy behavior should be given a discount. • Charge only what items are worth – no inflated costs. • All health care providers should offer sliding fee scales. • Medicaid coverage for children's dental braces. 		

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Okanogan (cont.)				<ul style="list-style-type: none"> • More dental coverage. • Notification of need for six-month dental follow-up – uninsured don't get this. • Better health care for the elderly. • Better health care for those in assisted living. • Better transportation system especially in remote areas. • Mental health coverage for low-income and poor. • Better and more job training. 		

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Pacific	No comments.	No comments.	No comments.	<ul style="list-style-type: none"> • Preventative care should be sought at all levels. • Get kids on insurance. • The community is struggling with economic vitality—lots of poverty and homelessness. 	No comments.	6

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Pend Oreille	<ul style="list-style-type: none"> • No. • Yes (rotary) – easy access to docs and hospital. • Many people have no health insurance. • Young people can't get insurance. • No doctors can stay up here – they can't afford to stay. • People have to drive too far to have babies. • Medications not affordable. 	<ul style="list-style-type: none"> • Can't afford medications. • Have to drive too far to see a physician – even if you have coverage they must drive to Spokane to see a physician covered in their plan. • State has too many administrative levels. • Fat cats take the money off the top. • Insurance is too costly particularly for the unemployed. • High cost of medications. • Young people can't afford insurance. • Retirees can't afford insurance. • Self-employed have trouble getting coverage. 	<ul style="list-style-type: none"> • Not much. • Basic Health. • Medicare. • Available insurance for kids. • Good hospitals in Spokane. • Ambulance coverage. • Medicaid. • Ability to get an appointment with a physician. 	<ul style="list-style-type: none"> • COBRA coverage needs to be cheaper. • All counties in Washington should have the same insurance plans available. • Tort reform to address malpractice. • Make it easier for docs to stay in Washington. • Decrease administration – HIPPA. • Emergency care for all. • Less costly medications. • Washington State needs to take less money off the top – they waste a lot of money. • Too much state bureaucracy. • Insurance CEOs making too much money. 	<ul style="list-style-type: none"> • Money from feds coming to the state for health care. • Medicare. • Clinics for low-income people – free or sliding fee scale. • Basic Health plan. • Ability to choose your own physician. • Good physicians in community. • Access to technology. • Employer paid health insurance. • Comment: Don't believe that additional taxes are the only way to help poor get health care coverage. 	<p style="text-align: center;">40</p>

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Skagit	<ul style="list-style-type: none"> • Preventive care is not available. • Hospital bills are astronomical. • Low-income individuals can't get access to medical care. (ER may be only exception.) • Major health problems can bankrupt an individual. • People going without care – e.g. medications. • Care is being provided through the emergency room. • Hard time finding a doctor that will accept Medicare and Medicaid. 	<ul style="list-style-type: none"> • Too many uninsured. • Insurance health care premiums are not affordable particularly for low-income and self-employed. • Coverage is being cut, but premiums are rising. • Too much paperwork and bureaucracy involved in insurance. • Insurance companies are making money at our expense – providers poorly reimbursed. • Insurance companies are making medical decisions that should be made by doctors. • Insurance coverage varies from company to company – hard to figure out. 	<ul style="list-style-type: none"> • Good physician care. • Good services once a person reaches a medical facility. • Care provided in the emergency room – it is covered by insurance. • Coverage of alternative medicine. • Education classes offered by hospitals. • Nurse practitioner doing triage and information and referral. • Employer paid health insurance affords access. 	<ul style="list-style-type: none"> • Need more health care providers. • Need health care providers who will accept Medicare. • Want physicians to go back to home visits and barter for payment. • Reduce insurance administrative work for reimbursement. • Reduce cost of insurance. • Cost of insurance should be the same for all. • Create a national health care system. • Offer citizens more insurance companies to choose from. • Offer low-cost insurance options. • Remove government from health care. • State support in paying insurance premiums for low-income. • Extend Medicaid to the whole population. • Expand BHP. • Cap procedure, prescription drug and malpractice costs. 	<ul style="list-style-type: none"> • Emergency room services. • Medic 1/EMT services. • Service providers currently serving low-income. • Affordability where it exists. • Reinstate previous veterans medical system. • Ability to choose own health care provider. • Ability to treat disease, previously untreatable, with a pill. • Quality of care. 	141

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Skagit (cont.)		<ul style="list-style-type: none"> • No recourse when insurance claim denied. • Too many cuts in BHP. • Pre-existing condition clauses restrict coverage. • Medicare doesn't cover prescriptions or preventive care. • Employees forced to change insurance plans yearly. • Insurance providers don't like Washington because of alternative medicine coverage. • Need dental, eye care and mental health as part of health care. • Doctors not taking new Medicare. • Physicians leaving the community. • Untrained provider assistants. 		<ul style="list-style-type: none"> • Hold those who practice unhealthy behaviors accountable for their choices. • Educate youth on healthy diets. • Automatic payroll deduction for health care coverage. • Put health care decision-making process in hands of consumers. • Increase access to preventive services. • Equal access to health care for all. 		

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Skagit (cont.)		<ul style="list-style-type: none"> • Can't get an appointment when you need it. • Traditional medicine does not include prevention. • No access to mental health services. • Citizens pay a higher price for health care if they pay in cash. 				

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Skamania	<ul style="list-style-type: none"> • Impossible to get care. • Those with insurance are getting care. • Access to care limited by type of insurance coverage. • Elderly aren't getting medications. • Children have insurance coverage, but not adults. • Lack of dentists accepting Medicaid coupons – dental access is an issue. • Have to travel ¾ - 1 hour for health care services – only one doctor in Bonneville. • Hard to get in to docs that accept coupons. • Those on Welfare get more medical care than those on Medicaid. 	<ul style="list-style-type: none"> • Lack of providers in rural areas. • Lack of dental care. • Vision care not covered. • High cost of prescriptions – seniors make choice to have electricity or get prescriptions. • No coverage for the poor not eligible for Medicaid. • No affordable insurance options. • Employees can't afford cost to cover kids and spouse – insurance too expensive. • Employee-sponsored insurance costs are rising and so are co pays – don't cover total bill. 	<ul style="list-style-type: none"> • Buying drugs through Canada. • Insurance through employment. • Columbia United Providers – plan contracting for Medicaid for Healthy Options and Basic Health. • Transportation for seniors and others to out-of-area medical care. • Most providers accept Medicare. • Hospital staff help seniors with their billing and medical processes. • Kids are getting coverage through state programs. 	<ul style="list-style-type: none"> • Better/cheaper/more health insurance. • More regulations to providers to keep costs down. • Government paid coverage. • Billings are too complex and are not understandable. • Seniors may be overpaying for their care – paying bills before reconciled with insurance. • Length of stay coverage for hospital care needs to take into account the greater needs of the elderly. • More emphasis on prevention. • CAP malpractice payouts. • Ensure services for USA citizens before sending resources to third world countries. • Penalize people abusing the emergency health system. • Better triage to reduce inappropriate emergency room usage. 	<ul style="list-style-type: none"> • Freedom of choice of doctors. • High caliber of medical care in the US. • Access to timely surgery and medical care. • Transportation assistance funding. • Keep Medicare benefits that are now in place – no reduction. 	30

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Skamania (cont.)	<ul style="list-style-type: none"> • Uninsured have medical bills and don't go to the doctor. 	<ul style="list-style-type: none"> • Family insurance needs to be more affordable – costly for employers to provide. • Fragmentation of service delivery from multiple providers makes consumer tracking of costs and paperwork for billing extremely confusing and cumbersome. • High admin costs for paperwork. • People need a clear understanding of the cost of care before they are sick and in the hospital. • Kaiser is pulling out of the county – people will lose prescription coverage. • Not much choice for Medicare supplemental coverage. 		<ul style="list-style-type: none"> • Better education about appropriate use of emergency and preventative health services. Employers, insurance companies, hospitals and others provide this education. 		

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Snohomish	<ul style="list-style-type: none"> • No, have to drive elsewhere for services. • Distance to care is too far particularly for sick or elderly. • The general consensus - no. • Many parents, children and elderly can't afford health care. • High cost of care so people put off needed services. • Many can't afford health insurance – young adults, seniors not eligible for Medicare. • Would like comprehensive coverage- now have to choose what they can afford despite need. 	<ul style="list-style-type: none"> • Cost of health care is too high. Can't afford treatments that you know would be helpful. • Health insurance is too costly – high co-pays and deductibles. • Small business owners/self-employed have to pay a higher premium and deductible than corporations do. Needs to be equitable for everyone. • The out-of-pockets health expenses are too high. • Prescription costs are too high. • Having to choose between specific medical services in an insurance plan because you can't afford both, even though you need both. 	<ul style="list-style-type: none"> • Maternity care. • Well-baby care. • When insurance plan allows you to see any doctor you want. • Physicians are available. • Technology advances making diagnose and treatment easier. Test results are coming back quicker. • Employer paid health insurance. • Local clinic in Sultan is still open. • Compass Health in Monroe provides good mental health services. 	<ul style="list-style-type: none"> • Health care should not be cut or shorten because someone is a “financial risk”. Care should not be based on reimbursement. • Affordable health care plans that include medical, dental and vision. • Health care coverage for all. • Universal health care system would be best. • Basic health insurance for everyone. • Eliminate co-pays if you have additional costs out-of-pocket. • Fair and equitable insurance rates for self-employed individuals, business owners, all people-not just big corporations. • Get rid of pre-existing condition clauses. • Coverage for more preventative care. • Prescription coverage for everyone. • Lower prescription/medication costs. 	<ul style="list-style-type: none"> • Maternity care. • Well-baby care. • Maternity/paternity leave. • Many services under one roof. • Well care/ preventive care (should be available to everyone). • Availability of doctors. • The ability to choose doctors (for those that have it). • No response. • Health care in the U.S. better than in England where there are long waits for service. 	35

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COUNTY	PEOPLE GETTING NEEDED HEALTH CARE	WHAT ISN'T WORKING?	WHAT IS WORKING?	NEEDS TO CHANGE	NEEDS TO STAY THE SAME	TOTAL # OF COMMUNITY PARTICIPANTS
Snohomish (cont.)	<ul style="list-style-type: none"> • Children more likely to be covered than parents- kids qualify for programs or parents pay only for kids. • Using the ER on a regular basis – no one turned away. • Employers are passing on more costs to employees and their families. • Family coverage is too high. 	<ul style="list-style-type: none"> • Unnecessary costs and time spent on physician visits in order to get needed referral. • The requirement to have a physician referral causes delays in care. • Insurance limits choice of treatment. • Medicare supplements are too high for the elderly. • No coverage for alternative care. Care should have a more holistic approach. • Remove pre-existing waiting period. • Hospitals need to focus on patient care not bed cost. • Refusal of health care due to pre-existing conditions. • BHP waiting list is too long. 		<ul style="list-style-type: none"> • Mental health should be covered under basic health plans. • More mental health services. • Better referral system or no referral system. • Access and reimbursement for holistic/alternative care. • No waiting periods for pre-existing conditions. • Educate people on basic care and how to care for themselves. • Good local health care providers. • After-hours care that isn't emergency room care. • Be able to choose the doctor that we want. • More community health clinics. • Community clinics need to advertise their availability. • Education regarding the importance of Hospital levies. Levies support community services. • Funding needs to be available to support more community services. 		

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Snohomish (cont.)		<ul style="list-style-type: none"> • BHP cut-off doesn't address families that are trying to be more self-sufficient. • No communication between doctors in HMOs. • Nurses need to be professional and respect confidentiality. • Distance to providers is too far. • Community members have to drive long-distances to access some services - Mostly due to insurance requirements or due to lack of community services. 				

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Spokane	<ul style="list-style-type: none"> • Care is not affordable – if you don't have insurance you can only get emergency care. • Cost of insurance is prohibitive. • Employed people with insurance are getting care. • People not getting care – can't afford health insurance: unemployed, working poor who don't qualify for Medicaid, small business owners, self-employed, and retirees not yet 65. • Employers try to avoid paying for health benefits – work their employees for fewer hours. • Some people would rather spend their money on alcohol and cigarettes than health insurance. 	<ul style="list-style-type: none"> • Physicians have high cost of malpractice insurance. • Personal bankruptcies due to medical bills. • High cost of prescriptions, coinsurance, insurance. • Insurance costs rise as we age and move onto a fixed income. • Harder to qualify for insurance as we age. • Medical, mental and dental coverage are separated, expensive and hard to get coverage for. • Long waiting times for care. • No consistency of care. • Too many people losing BHP coverage. 	<ul style="list-style-type: none"> • No comment. • Range of choice of doctors in health plans. • Employer premium sharing. • Full range of care available. • Some people are getting optical and dental coverage. • There is good information available. Managed care for people under 65. • Can see a doctor with minimal delay. • State retiree health plan – easy to use and access quality care. • Some have good prescription drug coverage. • Group Health managed care system. 	<ul style="list-style-type: none"> • Limit malpractice insurance settlements to encourage providers to provide access to all. • Put money into prevention and early life care rather than end of life care. • State funds needed to spread access and care. • Protect state BHP funding – waiting lists are pointless. • Universal coverage. • Need improved access to medications. • Affordable prescription coverage – regulate costs- put a ceiling on costs. • Medicare coverage of prescriptions. • More availability of generic drugs. • Access to basic health care for all. • Change financial mechanism. • Health insurance needs to be affordable. • Whole body coverage – dental, optical, mental, medical. 	<ul style="list-style-type: none"> • Mandated coverage currently in effect. • Keep optical and dental as part of insurance coverage. • None. • Be able to keep the coverage they have now. • Ability to choose your health care provider. • Doctor being able to refer you to a specialist. • Ability to get a second opinion. • Physical education in schools. • Private insurance for people who want higher level of coverage. 	173

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Spokane (cont.)	<ul style="list-style-type: none"> • People being cut from BHP. • Physicians don't want to take Medicare patients. • Medicare or uninsured can't afford prescriptions. • No clinics, hospitals or urgent care in the community. • No transportation to outside services. • More state funds spent on kids. • Some don't know where to get care – don't know what resources exist. • Language barriers. • Illegal immigrants afraid to seek care. • Emergency rooms serve everyone. • Yes, you can always see the doctor you want. 	<ul style="list-style-type: none"> • Working poor have trouble accessing care - State program guidelines too low to qualify working poor for coverage. • Too many options being cut from health plans. • Inappropriate use of emergency rooms. • Insurance plans hard to understand. • Doctors not willing to take Medicaid/ Medicare – high quality doctors more likely to drop out of state programs. • People over use the system. • System second guesses the doctor (chief Gary Joseph neighborhood). • High cost of insurance for small business. 	<ul style="list-style-type: none"> • Prevention education. People are starting to gain awareness of how to prevent disease. • Medical professionals can voice their opinion. • Emergency rooms provide emergency care (no follow-up for those who can't afford to pay). • People with good insurance are getting care. 	<ul style="list-style-type: none"> • The core of the health care system needs to change and a real dialogue among the citizens is needed to make that change. • Reduce paperwork. • Eliminate confusing legalese. • Better nutrition training for physicians. • Reduce the cost of employer paid insurance. • Take power to decide service coverage away from insurance companies. • Increase access for Medicare. • I can't continue to pay for people who are on welfare. We are getting taxed out of our homes. • People need to work and pay for their own care. 		

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Spokane (cont.)		<ul style="list-style-type: none"> • No competition among health plans in Washington to drive down costs – too few plans available. • Health care coverage of everything does not support personal responsibility. • Cost of health care coverage too high for families. • In small communities fewer doctors taking new Medicaid/Medicare patients. • Less costly providers often have longer waiting times. • If you can't afford care, you don't get it. • Not enough people are educated about their options. • Quality of care isn't good. 				

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Stevens	<ul style="list-style-type: none"> • No, care is limited especially for specialty care. • For the most part – this may not continue because of affordability. • Those with insurance are. • Specialty care only available in Spokane. • For those who are poor, often not getting care – no insurance, don't want to declare poverty at front desk. 	<ul style="list-style-type: none"> • Citizens can't afford insurance. • No low-cost insurance available particularly for those with no children. • Insurance system will force hospitals to go broke. • Insurance doesn't cover all tests. • Too much paperwork for physicians. • There is no choice of doctors. • Imposters posing as physicians. • Medicaid transportation not working. • No dental care. • Medications too expensive. • Can't afford medication, transportation or specialists. 	<ul style="list-style-type: none"> • Medication samples from doctors. • Doctors help make referrals to specialists. • Good prescription coverage. • Physicians hanging in to provide care – good doctors are aging. • Good hospitals and physicians. • Close proximity to clinics. • Easy access to specialists in Spokane. • Churches are helping. 	<ul style="list-style-type: none"> • Need more preventative care. • More control over drug prices- Less costly medications. • Structure of health insurance. • Structure of malpractice insurance – costs too high. • Ban special interests from lobbying to dictate rules on health insurance and health care. • Whole body coverage at a reasonable cost. • The Medicaid paperwork – physicians don't want to deal with it. • Get politics out of the doctor's office – let doctors deal with patients – fed up with insurance companies telling them what to do. • More time for doctors to spend with patients. 	<ul style="list-style-type: none"> • Quality of care. • Close availability of clinics, Rx, x-ray and laboratory. • Stressing the importance of preventative care. • Hospital, lab and x-ray availability. • Hospice . 	60

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Thurston	<ul style="list-style-type: none"> • Yes, there is access to clinics and emergency rooms. 	<ul style="list-style-type: none"> • People can't afford prescription drugs and often go without, resulting in unnecessary hospitalizations. This is particularly hard on seniors. • Can't find specialists who will accept Medicaid. This is causing misuse of the ER and unnecessary repeat visits to SeaMar. 	<ul style="list-style-type: none"> • Strong sense of community. • Free dental clinic at Union Gospel. • Regional Access Program helps lots of people. 	<ul style="list-style-type: none"> • Everyone should be able to afford health care. • Government needs to fix the health care system. • A community led health care effort. 	No comments.	77

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Whatcom County: Not available

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Whitman	<ul style="list-style-type: none"> • Some are without. • Need more care for kids. • Don't feel doctors listen to patients. • The government is disorganized and this affects citizens. • Good student health care. 	<ul style="list-style-type: none"> • No doctors or pharmacies in Rosalia. • Lack of Medicaid paid transportation for doctor appts. • High cost of medications. • People don't know what services are covered – wording is confusing. • Too much paperwork for patient assistance programs for medications. • Citizens don't know how the health care system works – program rules are confusing; don't know how to access programs. • No advocates for patients. • Long waiting times for student health care. • Lack of health care providers. 	<ul style="list-style-type: none"> • More facilities are being built – will reduce driving time. • Nothing. • Cost of student health care is low. 	<ul style="list-style-type: none"> • Provide providers with a published list of medication costs. • Create a health plan that you pay into while you are young/working that offers supplemental coverage for Medicare. • More health care facilities for students. • More health education for community. • Better qualified doctors. • More time for medical staff to see patients. 	<ul style="list-style-type: none"> • Continuous expansion of hospitals. 	41

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Yakima	<ul style="list-style-type: none"> • Don't get good care unless you are insured. • In general, yes people are getting care. • No, access is limited to the underserved. • Those in HMOs, on Medicaid, Medicare and BHP are getting health care. • No prevention services. • Emergency care is sometimes better than care provided at other locations. • Some leave the county for care • Some don't get care because they aren't aware of different means to access care. • Sliding fee scale coverage versus honesty. 	<ul style="list-style-type: none"> • Medications expensive – not covered by insurance. • Spend down costs for seniors. • No eye care coverage. • Not able to cover the costs of special needs children. • Not able to access nontraditional services. • Mental health needs not met. • People wait too long to get care- mainly due to lack of insurance or poor insurance coverage. • Fear of losing physicians due to high malpractice insurance costs. • Physician shortage – results in difficulty in scheduling appointments. • Access to specialists. 	<ul style="list-style-type: none"> • Help is available if one knows where to go. • Tax supported hospital districts are great. • Clinics like Neighborhood Health and Farm Workers are offering services. • Some providers are offering free care. • Medicare provides coverage. • BHP coverage. • Good physicians and hospitals in the community. • Free samples given out by physicians. • Adequate access to physicians. • Insurance is good if you have it. 	<ul style="list-style-type: none"> • We need more preventative care. • Health care coverage and prevention programs for children up to 12 years of age. • Dental care included in health care package for kids. • Seniors need coverage for medications/access to less costly medications. • We need affordable health care - part time employees don't get coverage from employers. • Limits on law suits – tort reform. • No mandatory Rx on plans. • Continued coverage for terminated employees – employees can't afford insurance costs. • More public education. • Provider reimbursement from Medicare, Medicaid and BHP needs to be higher. 	<ul style="list-style-type: none"> • Ability to choose your doctor. • Availability of doctors. • Good hospitals, ambulance services, and hospice. • Retain a rich benefit through insurance coverage. • State funding. 	100

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Yakima (cont.)	<p>Hispanic group</p> <ul style="list-style-type: none"> • They would be willing to give more money for healthcare if they had money to give. Right now they have no money to give. • They think catastrophic coverage is a really good idea. 	<ul style="list-style-type: none"> • Physician restricting Medicare patients due to poor reimbursement – some seniors can't find a doctor. • Too much paper work. • People abusing the system – learning how to work the system. • Low-income, uninsured going to ER for care. • Limited time to talk to my physician. • Health issues tend to revolve around language barriers and inability to pay. 		<ul style="list-style-type: none"> • We need a state income tax. • National health insurance. • Everyone should have health care. • Insurance needs to change. • Unhealthy habits and lifestyles. 		