Bringing Deliberation about Public Policy Questions to the Public Sphere: The CHAT Experience

Meeting of the Presidential Commission for Bioethical Issues
September 2, 2015

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Disclaimer

- The views expressed here are my own and do not necessarily reflect policies of the National Institutes of Health and the Department of Health and Human Services

How Public Deliberation Can Contribute

- Promotes democratic legitimacy
- Can be more effective than other mechanisms of representative democracy
  - Fosters reasoned choices
- Ensures that priorities reflect the values and preferences and meet the needs of the population being served

How Public Deliberation Can Contribute

- Increases the likelihood that priorities will be acceptable to the public
- Enhances public understanding of the need for priority setting and how it works
- Allows for a less partisan, explicit, discussion of the pressing need to find financially sustainable solutions to health care or other types of expenditures

Features of the CHAT Exercise

- A structured small group exercise
- A game board represents benefits options
- Markers represent a pot of resources that must be allocated among benefits
- Participants go through 4 decision cycles
- Use of materials to facilitate ease of public understanding of complex policy issue
  - Health events
  - Easily readable manual of benefits
  - Facilitation script

Preparation for an Exercise

- Clarify the policy question
- Identify candidate interventions and their actuarial costs
- Consider what is a reasonable per capita expenditure
  - the total monetary value of benefit options generally range from 1.3 to 2.0 times the total monetary value of the markers
- Define and recruit individuals from the population of interest

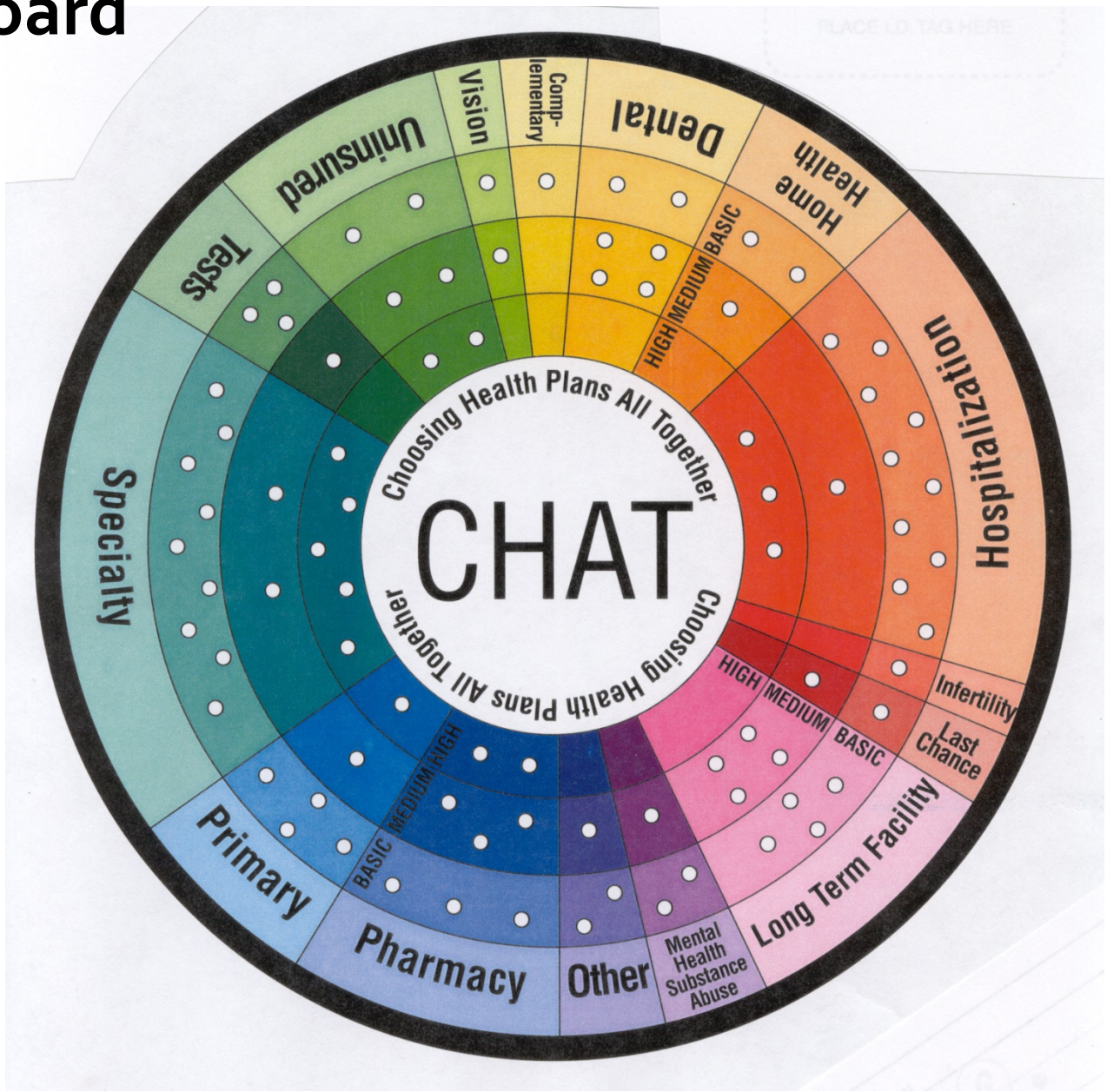
Uses of the CHAT Exercise for Public Deliberation

- **CHAT**: **C**hoosing **H**ealthplans **A**ll **T**ogether
  - For prioritizing health insurance benefits
- **REACH**: **R**eaching **E**conomic **A**lternatives that **C**ontribute to **H**ealth
  - For prioritizing interventions to address social determinants of health
- **CHAT**: **Ch**oosing **A**ll **T**ogether
  - For prioritizing patient centered outcomes research
  - Other potential uses: usechat.org

Health Insurance Coverage Priorities

- For the uninsured
- For universal coverage
- For the Medicare population
- For Medicare coverage of advanced cancer patients
- For Medi-Cal disabled adults
- For employees with employer-sponsored commercial insurance
- For Micro-insurance in rural villages in India
- Health services for uninsured

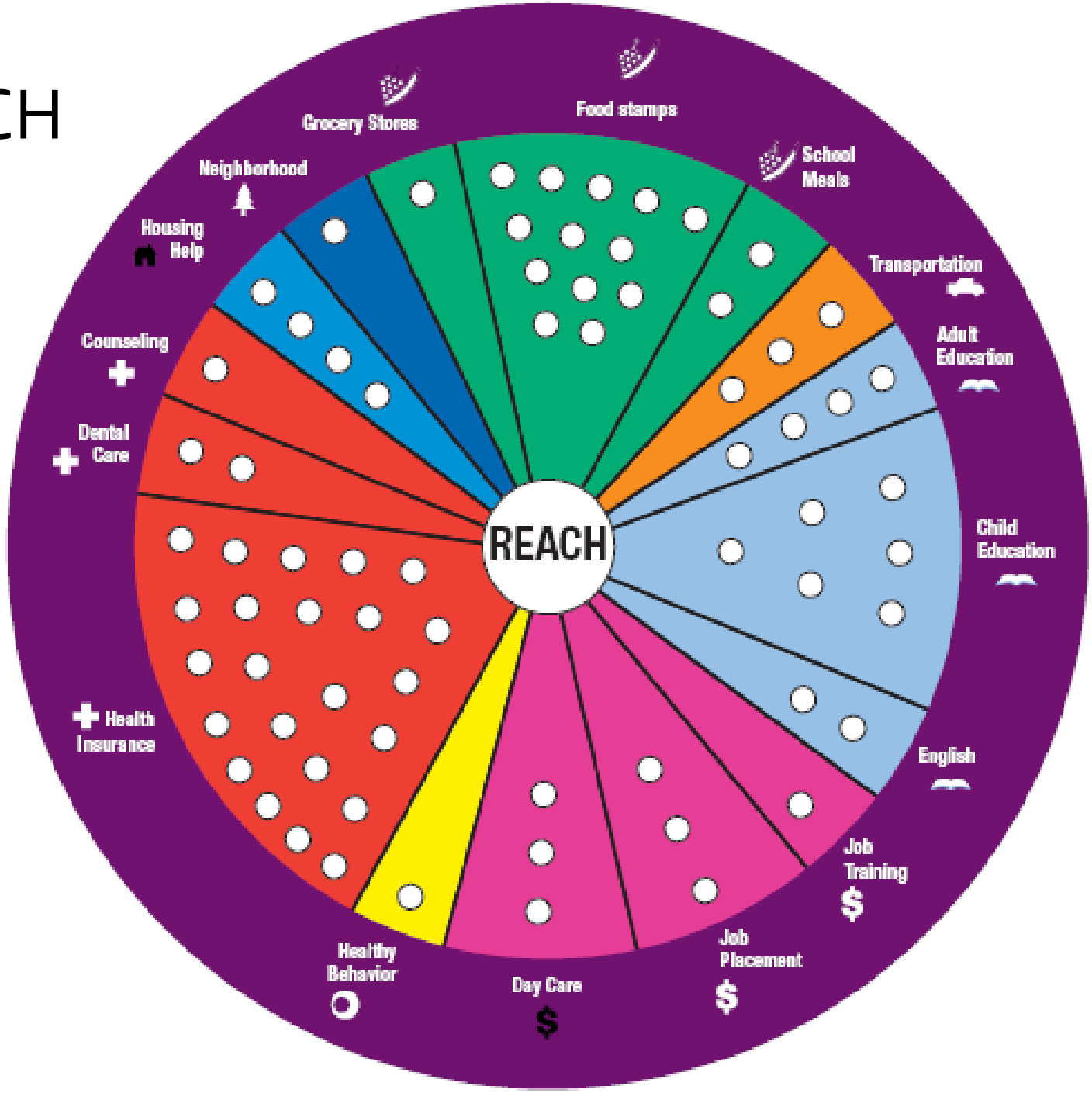
The CHAT Board



REACH: Prioritizing Interventions to Address Social Determinants of Health

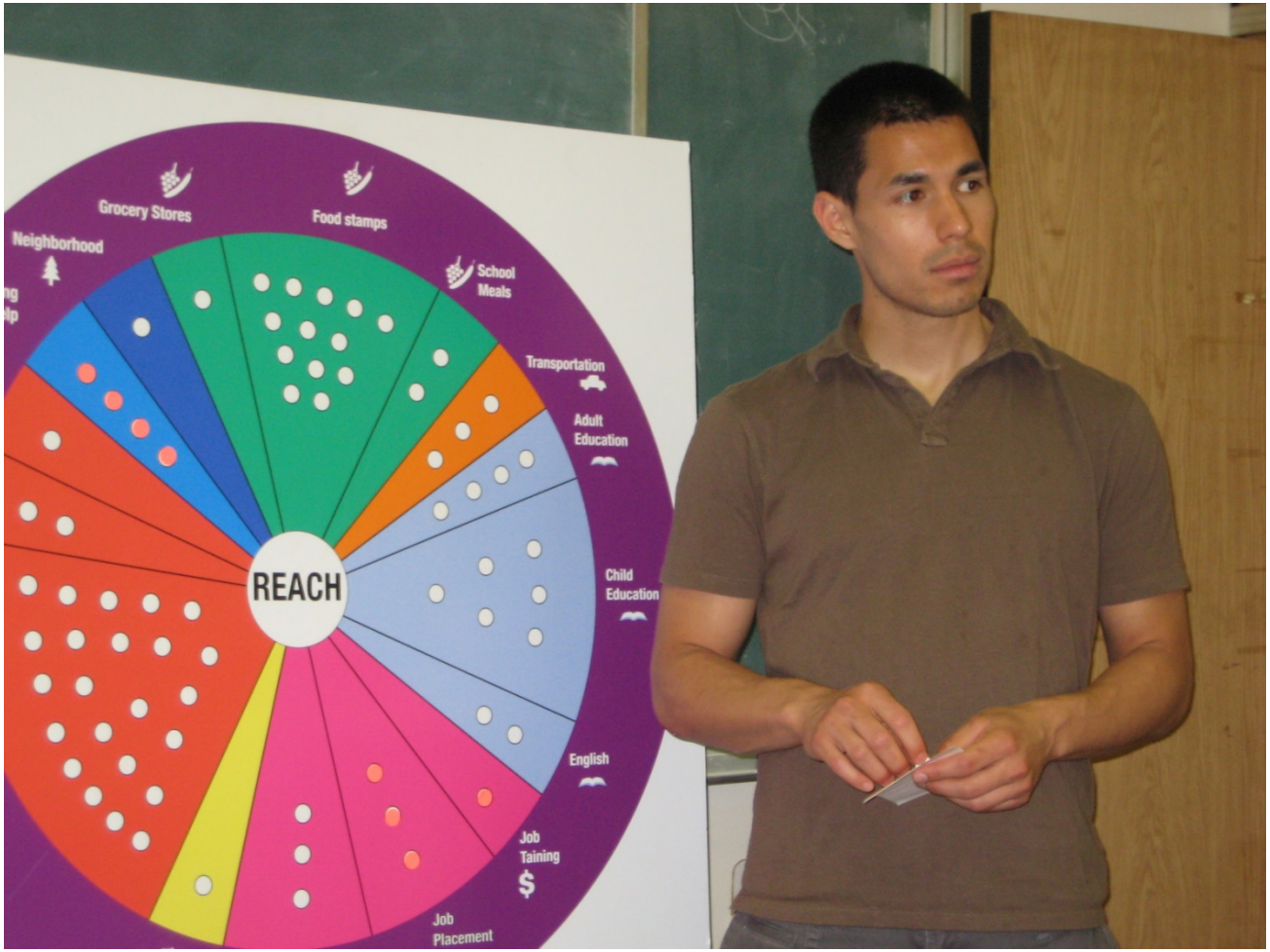
POLICY SECTOR	
HEALTH	Health insurance Dental care Counseling
EDUCATION	Adult education Child education English as a second language
EMPLOYMENT	Job training Job placement Daycare for working parents
FOOD	Food stamps School meals Grocery stores
HOUSING	Vouchers
NEIGHBORHOOD	Parks
TRANSPORTATION	Public transit vouchers
PERSONAL HEALTH BEHAVIOR	Programs

The REACH Board



REACH
REACH
SAME DOW
NEW VIEW

Facilitation of the Group Round



Results Gleaned from Analysis

- Quantitative results
  - Socio-demographic characteristics
  - Initial and final individual priorities
  - Group priorities
  - Attitudes in pre- and post-exercise surveys
- Qualitative results
  - Reasons for priorities

Summary of Experience with CHAT and REACH

- US: >5,000 participants
  - Research
  - Policy
  - Teaching
- International
  - New Zealand, Switzerland, UK
  - India

Some Key Findings

- Participants find the process easy to understand, informative, enjoyable
- Choices during the group rounds are more community-minded than individual choices
- Individuals report being willing to abide by group choices (85%)
- Participants become more willing to accept resource constraints following the exercise
- Participants become familiar with making trade-offs

Evolution of Individual Priorities

- Daycare 42% vs. 51% (p=.002)
- Counseling 60% vs. 68% (p=.009)
- Healthy behavior 61% vs. 68% (p=.011)

Association of Demographic Characteristics and Priorities

	Latino	AA	P value
Adult education	78%	56	0.09
Daycare	77	56	0.006
Food stamps	23	44	0.05
Income supplement	6	34	0.01

Impact of CHAT on Policy

- The Galveston 3-Share Plan
  - The University of Texas Medical Branch in Galveston, Texas collaborated with business leaders and others in their community to develop a low cost plan to cover health benefits for low income employees of small businesses in Galveston County http://www.utmb.edu/3share/pdfs/affordable-healthcare-coverage.pdf

Impact of CHAT on Policy

- Medi-Cal CHAT (2004). Adults with disabilities identified the trade-offs they regarded as most acceptable if budget cuts are necessary in California. Results were shared with leaders at the Department of Health Care Services.
- Capitol Region CHAT (2003). Seventy-one (71) local companies learned their employees' priorities regarding trade-offs in health plan benefit design. Employers sought this information as they faced increased costs of coverage.
- http://chcd.org/our-approaches/chat-for-priority-setting/about-chat/

Limitations

- Resource intensive process
- Questions about representativeness must be addressed
- Translation of findings into policy remains elusive

Conclusions

- Structured public deliberation regarding complex and contested priorities is possible
- The process can
  - improve public understanding
  - foster meaningful dialogue on contentious topics
  - yield useful information about public priorities
- Such public deliberative methods and the resulting information are underutilized
- Usechat.org