

Partnering with citizens to reform Wisconsin health care: A report of the first Citizen Congress

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Background

Many Americans today seem unhappy with health care that is envied by many in the world. Paradoxes abound: Citizens complain about costs of care, engage in unhealthy behavior, and pay large amounts out-of-pocket for alternative care; policy leaders question expenditures that threaten the economic security of the world's richest nation wherein life expectancies remain relatively low; in public opinion polls, citizens complain about physicians' attitudes while reporting satisfaction with their current doctor; news of errors in health care recently alarmed the nation while physicians complain about malpractice and third-party micromanagement. Mean physician income has outgrown the median and inflation for more than 20 years. Young Americans' interest in a medical career is down while debt-ridden medical students choose high-income/high-tech specialties. This developing story begs for understanding and helpful responses by

all. In this context, it is something of an irony that thousands of deeply appreciated high-quality acts of medical care occur daily in America.

These observations and concerns led the Wisconsin Medical Society (Society) to commission a Task Force on Professionalism and subsequently the first Citizen Congress on Health Care (congress). Inspiration for the congress comes from the late University of Wisconsin-Madison Sociology Professor Odin W. Anderson, who challenged organized medicine with the following words: "In a country where political power relates strongly to money and education, you physicians have only begun to use your potential. If you would then use your power for the good of health care and your patients, citizens would quickly join you and the potential for positive change would be huge."¹

In recent decades, as private and government health insurance paid increasing portions of fast-growing health care costs, they understandably attempted to control costs through management practices. Investors took notice of available profits. Citizens and physicians have ceded control to the point of feeling powerless; the enterprise seems to have run amok; and virtually no one is happy with the result except for some investors and health care executives.

Professor Anderson believed cit-

izens and physicians must together return to the center of health care policy and management, balancing strong financial interests. He foresaw a political coalition of citizens and physicians, working altruistically to accomplish goals that neither could alone. He believed citizens and physicians would have to recover a long-lost consciousness of price and value and take back responsibility for resource utilization. He predicted insurance companies, after initial resistance, would welcome the change.

With that in mind, the congress was developed to build a strong political coalition of Wisconsin citizens and physicians for the purpose of designing and promoting health services satisfactory for all.

Methods

The planning group (*sidebar*) agreed to the concept of a series of weekend retreat conversations between citizens and community physicians, estimating it would take at least one and as many as five weekends to achieve the goal of unified political action.² A group size of 50 was chosen for affordability and conversational feasibility. Delegate nominations were solicited from community medical and civic leaders to achieve a "diverse-as-possible" group of persons who were experienced in and thoughtful about the day-to-day work of providing and utilizing health care, articulate good listeners, and assertive

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without being dominating. Delegates' expenses were paid by grants from the Society, county medical societies, and the Physicians Insurance Company of Wisconsin. A non-competitive conversational model called "dialogue"^{3,4} was adopted with the added discipline of Appreciative Inquiry.⁵ Two certified facilitators⁶ led the event with management expertise of the Society staff. In the fall of 2003, 15 hours of dialogue were held at a resort in south-central Wisconsin. At the end, participants assessed the strengths and weaknesses of the event via group verbal and individual written assessments.

Twenty-seven citizens and 25 physicians gathered on Friday evening for introductions, dinner, and brief conversational activities intended to warm up and orient the group to each other and the work style for the weekend. Saturday morning was spent "in discovery" of stories of "the best in health care" via various conversational formats. They included one-on-one (citizen-physician) interviews, followed by appreciation of reported stories among small groups of three physicians and three citizens. Those small groups then harvested "essential ideas" from the interview stories and presented them to the large group via narrated pictures.

Saturday afternoon was spent "dreaming and imagining the future" for ideal health care, once more with various conversational groupings including "fishbowls," a method during which eight citizens sat in an inner circle and spoke to each other for 30 minutes as if there was no one else in the room, then eight physicians did the same. Others sat in an outer circle listening while the inner circle talked about what each group needed from the other to make the ideal

happen. During a "world café," delegates focused on the question, "what are the 3 most important things citizens and physicians can start doing together right now to make the best in health care the ordinary?"⁷

Sunday morning was spent "proposing the future" via the development of "provocative propositions," in which delegates worked to draft vivid, compelling, status-quo-challenging, specific visions of future health care, written in present tense. These propositions were presented in narrative to the large group. In the final hour before lunch and adjournment, delegates regrouped into Wisconsin regions of residence to begin a conversation on "next steps," i.e., how work begun at the congress may continue in the regions and the communities of Wisconsin.

Outcomes

Observers reported that delegates quickly became active and energetic, maintaining a high level of energy except for a brief period late Saturday afternoon. Listening was respectful and intense, enabled by a confidence that everyone would have a fair opportunity to be heard; small groups were noisily creative as pictures and narrative were mutually stimulating in creation of concepts of ideal health care.

Delegates reported that the structure and discipline of the congress promoted a positive environment for interaction among persons from diverse regions of the state, including citizens and physicians. They appreciated the commonality of shared experience and concerns and reported a sense of accomplishment. Through careful dialogue in a relatively short time, hope was generated that we can solve our current problems. In fact, someone asked rhetorically, "Why can't (US) Congress be more like us?"

Disappointments reported by delegates included too little time, too little future action planning, and too little demographic diversity.

The group described the best of past-experienced health care as community-based, patient-centered, cooperative (patient, family, nurse, doctor), affordable, accessible, respectful of spirituality, supportive of family, technically competent, and trustworthy—that the "right thing" will be done. Personal relationships are strong in compassion, love, caring, respect, listening with "big ears," good communication, appreciation for feelings, and effective health education.

Group concepts of future ideal health care include personal care and community aspects. Personal care has no barriers to access regardless of race, ethnicity, socioeconomic status, sexual orientation, religion, ability to pay, or geography. There is more control by citizens and less politics, regulation, and emphasis on "business." Management costs and lawsuits are minimized. There are no HMOs. Physicians, lawyers, and politicians work together for the common good. Labs and pharmacies are privately owned; their services are easily accessible and affordable. Insurance premiums are paid to hospitals and all care is provided. Technical procedures are readily available and neither overpriced nor overused. There is no product advertising. There is access without driving long distances. Stress for health care workers is minimized. Patients are sophisticated, assertive, carry their own electronic medical record, have adopted healthy lifestyles to keep costs down, and practice good self care. Citizens are aware of health care costs; they are thoughtful and socially responsible in their demands for costly services. There is strong coordination between clinics and hospitals with patient infor-

Table 1. Delegate Responses to Questions on the Congress Elements (N=48)

Evaluation Item and Percent of 48 responses	Item Response*				
	Not at All	A Little Bit	Some	A Lot	Completely
I understand the goals of the Congress	0	2.1	16.7	50.0	31.3
I support the goals of the Congress	0	0	8.3	35.4	56.3
Wisconsin's diverse people were represented	0	14.6	31.3	43.8	10.4
Citizens and physicians heard and understood each other	0	0	8.3	60.4	31.3
Citizens and physicians have common concerns about health care	0	0	0	54.2	45.8
Citizens and physicians have common hopes and dreams for health care	0	0	4.2	56.3	39.6
The Congress helped to increase feelings of trust between citizens and physicians	0	2.1	16.7	47.9	29.2
This Congress resulted in a clear and realistic vision for health care reform in Wisconsin	0	22.9	41.7	22.9	8.3
Citizens and physicians working together came up with a better vision for the future than either would have created alone	2.1	2.1	18.8	43.8	31.3
The activities were well organized	0	0	2.1	45.8	52.1
Information provided in advance was adequate	0	20.8	20.8	39.6	14.6
My views were heard and understood	0	0	4.2	54.2	41.7
I understood other points of view	0	0	0	64.6	35
I heard new points of view	0	2.1	12.5	54.2	31.3
It was useful to hear other points of view	0	0	2.1	43.8	54.2
The facilitators were effective	0	0	4.2	37.5	58.3
Overall, the congress was a positive experience	0	0	6.3	33.3	60.4
It was worth the time and trouble to attend	0	0	10.5	22.9	66.7

*Sums less than 100% indicate missing responses.

mation highly portable and confidential. There is high quality communication, whether in person or via electronics, and all care is patient-centered with respect for spirituality.

Communities are organized to provide strong health education for children. They provide activities for children, adults, and elders that nourish body, mind, and spirit. Communities optimize opportunities for walking and biking for recreation and transportation. They assertively discourage tobacco use and abuse of alcohol and drugs. Food and water are free of contaminants; schools and restau-

rants offer healthy menus. Elders are respected, their wisdom utilized. Work schedules and locations allow optimal family time such as dinner together. High-quality child care is convenient and affordable. Health care facilities are community-based and community-directed, with a full spectrum of services. The need for hospitals and nursing homes is minimized; people are cared for in their homes. Volunteerism flourishes in a community of mutual care. Churches and schools are used for community activities including exercise and recreation.

Ninety-two percent of the dele-

gates completed a structured questionnaire evaluation of the congress. Table 1 reports responses to questions on the structure, process, and outcome of the congress. More than 90% of delegates reported 1) a strong sense of being heard and understood; 2) a belief that concerns, hopes, and dreams for health care in Wisconsin were strongly shared among citizens and physicians; 3) that new points of view were heard, understood, and useful; 4) that the congress format was supportive; and 5) that overall, the congress was a positive experience worth attending. More than

Table 2. Delegate Responses to the Personal Impact of the Congress (N=48)

Item and Percent of 48 Responses	Yes	No	Undecided
I would like to attend another congress.	77.1	0	20.8
As a result of this congress, do you plan to take any new actions to improve your own health and health care?	64.6	14.6	18.8
As a result of this congress do you plan to make any changes in how your work to improve health care in your community?	75.0	6.3	16.7

Sums less than 100% indicate missing responses.

80% of the delegates reported strong understanding of and support for the goals of the congress. More than 75% believed the congress increased feelings of trust between physicians and citizens, and that by working together, they came up with a better vision for the future than either would have alone. Half of the delegates thought the information provided in advance was adequate, and only 30% thought the congress resulted in a clear and realistic vision for health care reform in Wisconsin.

Table 2 reports responses to three questions about delegates' motivation for further independent action. Seventy-nine percent expressed interest in attending another congress; 77% reported that the experience of the congress had changed how they intended to work to improve health care in their community; 66% reported the experience of the congress had changed how they intended to act to improve their own health and health care.

Reflection

The four objectives of the Citizen Congress were 1) to build trust and mutual support; 2) to discover mutual goals for health care improvement; 3) to discover mutual goals for a Wisconsin health policy agenda; and 4) to build a political coalition for action in Wisconsin.

It seems clear from the evidence summarized above that this first congress went far toward achieving

objectives 1 and 2. Despite no direct references to trust in evaluative comments, one can infer that both citizens and physicians were gratified (even surprised and relieved) at their success in dialogue, specifically in their ability to speak their experience, and to be heard, understood, and accepted.

Observers noted a fast-developing energy and momentum in the dialogue. In addition, it was commonly noticed by delegates and observers that concerns about contemporary health care and goals for ideal health care were held virtually in common. Toward the end of the 15 hours of dialogue, frustration was heard from some delegates who were feeling impatient to begin community action. By the end of the congress and during the regional group discussions of "next steps" it seemed clear that virtually all delegates felt ready for action planning. It was also evident that potential actions were insufficiently conceived and lacked consensus. Therefore regional plans remained interesting and incomplete. At that point, a consensus formed that at least one more statewide congress was needed, perhaps followed by some regional congresses.

We must also be clear about the most important failing of the congress, which was to enlist a "diverse-as-possible" sample of Wisconsin's people. We must remedy that with the second congress by more actively seeking, inviting,

and making comfortable room for citizens who would want to be represented but who may be unaccustomed to a seat at the table. Correcting this problem will be the major goal for the second congress.

In conclusion, let us not be so humble as to avoid acknowledging that this first Citizen Congress was a success beyond the expectations of even the most optimistic. Let us credit the strong generosity, altruism, motivation, and social skills of the delegates; the wonderful discipline of high-quality human dialogue in its various formats; skillful facilitation and the numerous instances of delegates facilitating each other. Let us acknowledge also that health care reform is an idea whose time has come in the United States. Dissatisfaction is peaking for virtually all stakeholders. In crisis comes opportunity. The future for American health care can be very bright if we are ready to make change together. The work of the next Citizen Congress awaits.

Acknowledgements

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References

1. Personal communication to one of the authors (NJ) who was then a graduate student in Sociology of Medicine. c. 1984.
2. Dart RA, Jensen NM. Citizen congress takes shape. *WMJ* 2003;102(5):7-8.
3. Yankelovich DL. *The Magic of Dialogue: Transforming Conflict into Cooperation*. New York, NY: Touchstone, Simon & Schuster, 1999.
4. Bohn, David (Lee Nichol, editor). *On Dialogue*. New York: Routledge, 1996.
5. Appreciative Inquiry Commons at <http://ai.cwru.edu/>
6. The facilitators have many years experience in facilitating groups and are certified by the American Academy on Physician and Patient (www.physicianpatient.org).
7. Learn more about this method of dialogue at <http://www.theworld-cafe.com/>

Sidebar. Citizen Congress Planning Committee Members

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Editor's Note:

The second Citizen Congress is being planned for October 15-17 at Kalahari Resort in Wisconsin Dells. It will include a mix of first-congress delegates and new delegates to

help achieve a diverse group that fairly represents Wisconsin. For more information, contact Susan Wiegmann, PhD, at 866.442.3800 ext. 3754 or e-mail susanw@wismed.org.

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