Partnering with Citizens to Reform Wisconsin Health Care: A Report of Citizen Congress II

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ABSTRACT

Introduction: Commissioned by the Wisconsin Medical Society in 2003, the Wisconsin Citizen Congress project aims to get at least 5000 physicians and 100,000 citizens in a partnership for health and health care improvement in Wisconsin. The power of activated citizens and a citizen-physician partnership is one of few hopeful answers to current policy failures in health care. Citizen Congress II aimed to validate and extend the results of Citizen Congress I.

Methods: Citizens and physicians were recruited locally, aiming for an optimally-sized group that reasonably represented the diverse people and regions of Wisconsin. A weekend of dialogue with expert facilitators used state-of-the-art methods and sought common goals and a plan of action for health care policy improvement in Wisconsin.

Results: Fifteen hours of dialogue validated the results of Citizen Congress I by producing trusting and high-energy dialogue and very similar characteristics of ideal health and health care. As progress from Congress I, advocacy opportunities for local and state health policy improvement were explored and written plans produced. There was strong support for continuing Congress work, aiming toward a strong and focused advocacy group.

Conclusion: Citizen-physician dialogue and partnership is a hopeful innovation in the area of health policy and community health improvement. Its power comes from a partnership of organized voters and organized medicine. It has the potential to promote change longed for by many. It is strongly consistent with the quality and access initiatives of the new Wisconsin Medical Society strategic plan.

INTRODUCTION

In a recent survey of Wisconsin physicians, Wisconsin Medical Society (Society) members advised the Society to engage in effective action to improve health care and physician work environments; non-member physicians wished for a Society that focused on the “high moral ground” of patient-centered care, patient-physician relationships, and community health concerns. Similarly, the recent Institute of Medicine report, “Crossing the Quality Chasm,” recommended progress on 6 aims, including patient-centered and equitable health care. And the 2006 Future of Medicine project by the Michigan State Medical Society concludes that physicians “will have to give up their comfort zone and learn how to have dialogue with their patients.”

The Society recognized the absence of citizen voices and physician-citizen partnerships from the dialogue on health care reform when it commissioned the Wisconsin Citizen Congress (CC). The 108th US Congress also acknowledged a lack of citizen involvement when it created Public Law 108-173, which says, “In order to improve the health care system, the American public must engage in an informed national public debate to make choices about the services they want covered, what health care coverage they want, and how they are willing to pay for coverage.” One of the Society’s strategic initiatives for 2006-2008 is “to lead the practice of patient-centered medical care in Wisconsin.” Patient-centered care must, of necessity, be designed by citizens in partnership with their doctors. Citizen-physician partnerships will be more effective than either group.
alone in advocating for health policy improvement, and citizen-physician dialogue is the most efficient method for reforming the partnership.

The goal of the CC project is to build a coalition of Wisconsin citizens and physicians to design and promote health services satisfactory for all. The 4 objectives are to
1. Build trust and mutual support
2. Discover mutual goals for health care improvement
3. Craft a mutual agenda for Wisconsin health policy
4. Build a political partnership for action in Wisconsin

In the fall of 2003, the first Citizen Congress (CC I) brought 27 citizens and 25 physicians together for a weekend of structured dialogue on health care improvement in Wisconsin. Methods and results are summarized in a prior publication and a full report is available on the Society Web site.

In CC I, delegates discovered they could engage in productive, respectful, and enjoyable dialogue. They realized their beliefs about ideal health, health care, and community health were virtually identical, that the dialogue increased feelings of trust between citizens and physicians, and that their combined vision of the future was stronger than either could have produced alone. In 15 hours, delegates achieved strong results on the first 2 objectives, and began dialogue on a policy agenda.

**METHODS**
Organized by Society staff and supported by grants from the Society and county medical societies, CC II occurred during a weekend in a south-central Wisconsin resort. Delegates again met for 15 hours of conversation structured according to principles of dialogue and led by certified facilitators. It varied in format from CC I and focused on specific questions that resulted in the themes cited below. A full report on CC II is on the Society Web site.

**Delegate Characteristics**
Twenty-three citizens and 20 physicians represented 15 of Wisconsin’s 72 counties and all 5 regions. Citizen delegates were 80% women, 60% white, 48% Democrat, 30% with a chronic health problem, and 48% repeaters from CC I. Physician delegates were 20% women, 60% white, 15% Democrat, 35% rural, 10% medical students, 55% repeaters from CC I, and represented 9 specialties.

**Dialogue Results**
During each time-limited small-group dialogue, delegates were asked to respond to a topic focus. To establish common goals for policy work of the CC, delegates were asked to describe characteristics of ideal health, ideal health care, and healthy communities—these results were essentially similar to the results of CC I. To imagine how a citizen-physician coalition might act to improve health policy in Wisconsin, delegates were asked to describe successful personal and social change they had experienced or witnessed. And finally, delegates regrouped according to their region of Wisconsin to make written plans of action to improve health care in their community, region, and state. Dialogue results were recorded by delegates and trained observers. They are abstracted below with care to preserve actual language as “data.”

**Characteristics of ideal health:** Respectful of nature; healthy environment; need for solitude, self reflection, self-care and personal responsibility; involvement with community, neighbors, and family; cultural sensitivity; love and support of life partner; attitude of helping and caring for others; willingness to accept help; being productive; balance; liberty of time; need for spirituality, humor, laughter, and positive attitude; actualization of goals and dreams; physical fitness; stress management; healthy diet; freedom from symptoms, attentive to internal cues to health; no financial restraints.

**Characteristics of ideal health care:** Support of family, doctors, nurses, and other health care professionals; compassion; involvement in decision making; partnership; trust in your doctor; communication is key with explanations and understanding of medical issues, options, treatments, and outcomes; caring that recognizes and respects persons, their needs, family, spirituality, and life context; good doctor-patient relationship.

**Characteristics of healthy communities:** Leadership from all, including physicians; leadership training and support of leaders; support for personal responsibility; individual and community activism; community support for individual initiatives; available healthy food and clean water; clean environment; adequate housing and transportation; adequate opportunity for arts, recreation, physical activity, jobs, and education for children and adults; disincentives for tobacco use and alcohol/drug abuse; motor vehicle safety; strong faith communities, inter-faith activities, and faith-based initiatives; community service attitude and requirement for high school youth; community support groups; support for families; encouragement and respect for diverse peoples; diversity of healing practices (complementary medicine); access to dental, medical, and mental health care; better access to health care including waiting times; school nurses; emphasis on prevention and stress reduc-
tion; adequate health insurance; appreciation for what we have.

Characteristics of successful personal and social change: Vision, dream, identify a need, a better way; active involvement; persistence, doggedness; belief in the goal; commitment; take risks; good communication; create opportunity for others to get involved; share power and information; nurture leadership; negotiate and compromise; reinforce and affirm others; keep an open mind; substitute time for money; go where the people are—don’t expect them to come to you; take action now—don’t wait until you know the long-term outcome; patience with the process; nurture change; learn from mistakes; identify desired outcomes; good planning.

Regional work groups developed written action plans for the year specifying the following:
1. Three groups proposed local citizen congresses (1 has occurred and 2 are being planned);
2. Two more groups proposed meetings of other groups (community centers, churches, community groups, schools, libraries, county health departments, county medical societies, state medical society, legislature, candidate forums) including listening sessions and forums to build coalitions;
3. Three groups proposed regional follow-up meetings of delegates;
4. Three groups proposed to initiate conversations with community leaders, legislators, and candidates informing them of CC activity and inviting them to join. Eighteen additional ideas for local action plans were proposed by fewer numbers of delegates and are included in the full report.

Delegates’ Assessment of CC II:
• Ninety percent of delegates reported a strong sense of being heard and understood, understanding the views of others, that physicians and citizens heard and understood each other, that citizens and physicians working together produced a better vision for the future than either would have alone, that it was useful to hear other points of view, that they supported the goals of the congress, that it was a positive experience, that it was worth the time and trouble to attend, and that they intended to take new action to improve their personal health.
• Eighty-five percent of delegates understood the goals of CC II and believed that citizens and physicians have common concerns, hopes, and dreams for health care.
• Eighty percent reported hearing new points of view and expressed an interest in attending another CC.
• Seventy-five percent believed the CC II helped to increase feelings of trust between citizens and physicians and that they intended to make changes in how they worked to improve health care at the state level.
• Sixty-two percent thought Wisconsin’s diverse people were well represented, up from 54% in CC I.
• Forty-five percent thought CC II resulted in a clear and realistic vision for health care reform in Wisconsin, up from 33% in CC I.
• More than 100 narrative comments from delegates are available in the full report.

DISCUSSION
At the beginning, we estimated 3 (+2) weekend congresses would be needed to accomplish these objectives. Where do we stand after CC II?

CC II Accomplishments
The format and procedures are successful; interest, energy, attendance, focus, mutual respect, and satisfaction were strong. Citizens and physicians expressed stronger expectations for accomplishing the goal, motivation to act, and desire to continue the project; this is a predictable result of good dialogue.12,13 In comparison to CC I, delegates reported a greater sense of direction, focus, and more specific action plans congruent with congress goals; demographic and regional diversity was improved; a possibly stable consensus was noted on characteristics of good health, health care, and healthy communities. The major suggestions for improving CC III were greater focus on planning for community action, more diversity of delegates, and inclusion of community leaders.

CC II Limitations
Demographic representation can be improved with better representation from Milwaukee and the Fox Valley, African American citizens, citizens with insufficient access to care, and physicians from more specialties and counties of Wisconsin. The project also needs financial and delegate support from more county medical societies and other community organizations; it is now ready to begin including community leaders.

Next Steps
Given these results and strong desire by participants to continue the project, the planning group proposes the following: (1) a third statewide congress (CC III); (2) anchor financial support from the Society and county medical societies; (3) financial support from the community, e.g., clinics, hospitals, state and local governments, business, and foundations; (4) focus CC III on
action to improve health care in Wisconsin; (5) inclusion of leaders from business, government, NGOs, foundations, and allied health professions; and (6) encourage supporters to maintain faith in the face of impatience for health care reform and the natural pace of social change.

The Society benefits from this project in many ways, including the following:

• Membership recruitment: exemplifies a “moral higher ground” project wished for by non-members and counters their perception of the Society as self-interested.1
• Membership retention: An “action to improve health care and physician work environments.”1
• Responds to several aims and initiatives of the Society’s 2005 strategic plan.
• Responds to Institute of Medicine aims for “equitable and patient centered care” through “shared decision making.”
• Warrants support for the Society among citizens and politicians by countering a perception of medical societies as guilds or trade organizations rather than societies of professionals.
• Establishes a precedent and format for future dialogue that will surely be necessary to make difficult future priority decisions including insurance benefits and self-care.
• Offers an antidote to cynicism through hopeful conversations with consensus and action potentials.

CONCLUSION

The Citizen Congress is an innovative and successful project of the Society well on course toward a partnership of physicians and citizens for health policy improvement in Wisconsin. It is a free-market solution to the influence of big money in the American political process.

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REFERENCES

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