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## Solving Maine's Health Care Crisis Requires "Tough Choices"

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## C O M M E N T A R Y

## *Solving Maine’s Health Care Crisis Requires “Tough Choices”*

by Wendy Wolf

Is it possible to provide access to comprehensive, high-quality health care for everyone in Maine? The answer is certainly “yes,” but only if each of us realizes that health care resources are limited and that the daily decisions we make can expand or limit access to care. For example, when we choose a brand-name drug over a generic, the extra money spent for the latest—and often not any more effective—medication consumes resources that could be directed toward serving the health needs of other people in our health care system. Or, when we elect to have babies by Cesarean section for the sake of convenience, the high cost of this choice, as well as the higher risk of complications for this option, consumes valuable human and fiscal resources that could be used for vital coverage and care to people throughout Maine. These are the types of choices that we each must become more aware of and more responsive to if we want to have an affordable, high-quality health care system in the future.

Fortunately, people in Maine have a deep commitment to addressing complex problems through our system of participatory governance, public engagement, and individual action. When tough issues confront Mainers—such as dealing with the aftermath of a devastating ice storm—

we come forward with our best ideas and collective energy to take on challenging problems affecting people across the state.

Looking to the people of Maine for guidance on how we can attain a more equitable and higher-quality health care system is a valuable process. Four years ago when the Maine Health Access Foundation was getting started, the founding board of trustees reached out to people across the state for ideas about how this new nonprofit philanthropy should use its grant resources (about \$5 million per year) to promote access to timely, affordable, comprehensive, and high-quality health care for Maine’s uninsured and medically underserved citizens. Given such a challenging mission, the foundation considered it essential to get broad input and innovative ideas. In seven public forums held across the state from Presque Isle to Biddeford and from Downeast to Dover-Foxcroft, the board listened and learned.

What we heard in 2001 often was surprising. Although many people attending these public forums had pressing individual health issues, they put their personal needs aside and overwhelmingly implored the foundation to focus its resources on “fixing the health care system” rather than on just meeting individual needs. It was a powerful message, and it showed the willingness of Maine people to put aside personal concerns to support broader strategic solutions to complex problems.

Over the last decade, Maine has been a leader in promoting innovative strategies in the public and private sector to improve health and health care. Since 2002, the Foundation has provided more than \$16 million in grant awards to help Maine-based organizations to design and implement new ways for providing

better health care. At the state level, the foundation has supported many of the workgroups and commission studies of the new Dirigo Health Reform Act since the legislative intent of this innovative program is convergent with our mission. However, it is the creation of the biennial state health plan that has garnered the greatest interest from the foundation. Successfully executed, a comprehensive state health plan can guide thoughtful and strategic decisions about how we use our health care system resources.

Typically, conversations guiding the development of a state health plan system would occur among policy leaders, legislators, lobbyists, and those of us who work in the health care sector. However, the Governor’s Office of Health Policy and Finance, in collaboration with the Advisory Council overseeing the state health plan, thought the process for developing the new biennial state health plan should reach beyond the “usual suspects,” so the plan could guide us toward a health care system that reflects the values—and choices—of all Maine people. Because the Maine Health Access Foundation strongly believes in broad-based public engagement, we agreed to largely underwrite the state’s process as long as it promoted substantive and diverse input. The details of this process for obtaining public input—the “Tough Choices” public dialogues, a “virtual town meeting”—are described in the preceding article by Ronald E. Beard and Tish Tanski.

The input from those who participated in the “Tough Choices” meetings provides policymakers with valuable insights. When attendees were asked, “*What made you want to be here today?*” for this virtual town meeting, the replies illustrated both their frustration with

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the current health care system and their willingness to be part of the process of creating a better health care system<sup>1</sup>:

“I wanted to be a part of improving health care in Maine.”

“I work two jobs and still do not have coverage. Plus I have elderly parents with health care needs.”

“As a consumer and taxpayer I will be paying for whatever happens; I would be stupid not to jump at the chance to have input.”

“I want to help Mainers face the tough choice of ways to improve their health.”

The results of the “Tough Choices” dialogue were very informative, although many important issues were not addressed. For example, it was easier for participants to agree on how to promote better health and health care delivery than it was for them to make choices about how we will pay for covering more people. At the conclusion of the day-long meeting, many participants expressed interest in continuing a process to grapple with the issue of cost and cost containment.

The “Tough Choices” event was criticized by some observers as “too scripted” or yielding results that supported preconceived outcomes. Contrary to these criticisms, however, the participants did not always concur with the outcomes or agree on the array of tough choices presented in the discussion guide. In fact, in several instances participants came up with new options to be included in the discussion. One example is the support that participants voiced for Maine’s public health system, clearly an instance where the public spontaneously forced policymakers to acknowledge that progress in health

reform needed to include more visible support and integration of public health.

The “Tough Choices” process was a bold experiment toward cultivating more robust public engagement in Maine’s health reform efforts. The process did not come up with comprehensive solutions, but it helped to educate and engage hundreds of Mainers around the complex topic of health care reform. The day fell short, however, of the goal of getting people to understand and to discuss the real crux of the issue—that our collective health care resources in Maine are finite, and that tough choices must be made by each and every one of us, every day.

Can Mainers make the tough choices needed for a sustainable health care system? This meeting was a step in the right direction by helping to engage people from all over the state in the discussion. It is a discussion we need to continue. 🐟

## ENDNOTES

1. All comments were recorded without attribution and are anonymous.



**Wendy Wolf** is President and CEO of the Maine Health Access Foundation, the state’s newest and largest nonprofit health care funder. For nearly 20 years, Dr. Wolf served as a faculty member engaged in clinical care, medical education, and basic and clinical research. In 1998, she received a master’s degree in public health from the Harvard School of public health. On the basis of her degree work, she was recruited by the U.S. Department of Health and Human Services to serve as a senior advisor to the administrators for both the Health Resources and Services Administration and the Agency for Healthcare Research and Quality. At the Department of Health and Human Services, Dr. Wolf received former Secretary Shalala’s Award for Distinguished Service.