

August 23, 2007

## **Health Care Coverage for the Uninsured Project (HCCU)- Key Findings Document**

### **SFCG Background**

Since 1982, Search for Common Ground, an international non-governmental organization, has been working to transform the way the world deals with conflict: away from adversarial confrontation, toward cooperative solutions. Our philosophy is to “understand the differences,” but “act on the commonalities.” SFCG is engaged in a long-term process of incremental transformation, so we make long-term commitments. We seek cross-cultural integration of indigenous and international concepts of conflict prevention, and work with partners on the ground to strengthen local capacity to deal with conflict. SFCG currently works in or with fifteen countries: Angola, Belgium, Burundi, D.R. Congo, Greece, Indonesia, Iran, Liberia, Macedonia, Middle East (with offices in Jerusalem and Amman), Morocco, Sierra Leone, Turkey, Ukraine, and the USA. Our “toolbox” includes mediation/facilitation training, community organizing, radio/TV, journalism, sports, drama, and music.

### **Program Background**

The mission of Search for Common Ground-USA is to foster cooperation among people who have different views on how to achieve social progress and to encourage the use of cooperative approaches as a first option for addressing differences. We bring diverse stakeholders together to build consensus solutions to specific, important issues at the national, state and local levels; and we build institutions that foster cooperation and consensus building over time. A hallmark of our work is that we not only foster dialogue and understanding but also engage groups to take actions that serve their shared interests.

The United States Consensus Council (USCC), a diverse, bi-partisan leadership group, serves as a steering committee for the policy consensus and related work of SFCG-USA. Members of the Council include former U.S. Senators, Representatives, Cabinet Officials and Diplomats; former Governors and Mayors; and other leaders from law, business, politics and the non-profit sector.

### **Background of the HCCU Consensus-Building Process**

In 2003, SFCG-USA Executive Director Rob Fersh engaged in conversations with health consumer leader Ron Pollack (Families USA) and health insurance industry leader Reed Tuckson (UnitedHealth Group), suggesting a policy consensus process as a possible means to break the national gridlock on covering the uninsured. Pollack and Tuckson embraced the idea and proceeded to form an advisory group, including other leaders from the health care field, to

oversee a feasibility study for the potential consensus building process. UnitedHealth provided funding for the study.

In the February-June 2004 period, Search for Common Ground-USA and partner Meridian Institute conducted an **assessment**, to ascertain whether, and under what conditions, it would be possible to conduct a consensus-building process on expanding health care coverage for the uninsured. The assessment confirmed that stakeholders were receptive to a consensus process, and that they saw the potential for developing policy options supportable across the political spectrum. As a result, Search for Common Ground and the Meridian Institute organized a **consensus-building process** to begin in the fall of 2004.

Over a two-year period starting October 2004, a group of over 20 leaders in the health care field – representing a wide range of perspectives – met approximately once every two months in Washington, D.C. to generate policy recommendations that could expand health care coverage “to as many people as possible as quickly as possible”. The process was funded primarily by contributions from participating stakeholders, with some support from private foundations. In addition, the Robert Wood Johnson Foundation provided funds to support research and analytical work by the Economic and Social Research Institute and to support cost and impact modeling by the Lewin Group.

Sixteen stakeholder groups endorsed a final agreement in November 2006 and released it in January 2007. The agreement was embodied in a two-page statement of principles and specific proposals. Shortly before the public release of the agreement, most members of the HCCU Consensus Building Group (CBG) began to meet to work on an **implementation strategy** to sustain the partnerships formed during the HCCC process and to insure the agreements reached would have an impact. These meetings among the stakeholder groups, no longer involving SFCG or the Meridian Institute, continue through 2007 as the members work with Congress to enact legislation consistent with their recommendations, especially relating to the coverage of uninsured children.

### **Scope of the Evaluation**

This evaluation is intended to assess the process and the outcomes of the HCCU Consensus Building Process, and to identify lessons learned that could contribute to improving the application of consensus building as a tool to develop more effective and broadly supportable public policy.

### **Research Framework**

At an early stage of the evaluation process, the consultant with the assistance of SFCG’s Design Monitoring and Evaluation (DME) specialists developed an evaluation framework that outlined key research questions; which stakeholder group each question related to; which tools would be used when; and the response format.

The stakeholders for this evaluation included:

- The participants in the process

- The facilitation team
- Subject matter experts involved in the process (SME's)

The following data summarize the key findings from the HCCU external evaluation conducted in early 2007. The document has been divided into two portions: 1) Stakeholders' comments and views; and 2) Facilitation Team's comments.

### **Stakeholder Views and Comments**

A survey was available online for all stakeholders at [www.surveymonkey.com](http://www.surveymonkey.com) for a three month period. During this time 21 participants completed the survey and 10 in-depth interviews were conducted.

#### **Process:**

Stakeholders generally felt the process was well-designed with all due care and attention paid to factors such as logistics, meeting management; and openness on ground rules, objectives and discussion topics. 84.5% were satisfied with their level of input on ground rules (an additional 5% were somewhat satisfied) and 74% were satisfied with their input on objectives. High marks were given to efforts at making the HCCU-CBG inclusive of all relevant interests and positions. **63.2%** felt that the **membership** was sufficiently **inclusive** to meet objectives whereas 26.3% did not comment. Although most acknowledged that there may have been some constituencies that could have had greater (numerical) representation, an overwhelming majority felt that this ultimately had little impact on the validity of the Process. The review on stakeholder substantive input was similar, with 73.7 % feeling that the process provided meaningful opportunities for everyone to give their input, which was received respectfully by others. A small number of stakeholders did however feel that the **"lack of continuity"** of some participants had an adverse impact on the quality of other participant inputs, since "people who had not been intimately involved in the process brought up issues that had already been discussed-almost like they were new".

#### ***On the willingness to compromise:***

*"Everyone had to find their second best solution because you weren't going to get your first. This was a key part of it. The intended purpose was to reach consensus. This was different and wonderful."*

#### **Policy:**

The majority of stakeholders were generally satisfied with the agreement. 64% of the survey respondents indicated they were **satisfied with the agreement reached** and an even greater percentage **88.2%** felt the agreement was **politically realistic or somewhat politically realistic**. As one interviewee said "the political realities ultimately dictated the solutions. What makes it more feasible is the strength and credibility of the HCCU workgroup." In addition, most stakeholders felt a sense of ownership over the final agreement. **In addition, External political context** was once again cited as being the key factor in influencing whether the recommendations agreed to by the group would be acted upon. The second most cited potential influence was the **ability and likelihood of the members of the HCCU-CBG sticking together** to advocate for the recommendations.

### **Relationships:**

The majority of stakeholders (94%) gained new **contacts** as a result of their participation in the HCCU process whereas 5 out of 10 survey respondents stated that the consensus building process enabled them to **form new partnerships**.

In addition, **47%** said although their relationships had fallen short of a “partnership” they had achieved greater understanding and respect. As one stakeholder said, “the personal relationships built were probably the most beneficial part of the process”. Most members stated that participation in the HCCU process **positively strengthened their relationship** with at least one other participant.

*“[The process] changed the trust level that existed among organizations that are traditionally policy opponents and enabled the relationships to be richer in content in a way that allows frank conversations toward a productive end.”*

### **Institutional effects:**

**One third** of those interviewed believed that the **HCCU process would lead to significant changes in the way they approach work**. As one stakeholder said *“In this particular area of healthcare there is a tectonic shift and there is a break of usual established positions. We are seeing organizations open to thinking differently about the way health care operates”*. As another interviewee stated *“...there were clearly diverse parties and an upfront expectation that you were not there to sell your plan.”* Further Interviews revealed that the **participants have maintained contact and continue to work together** engaging in other joint activities including lobbying for new legislation. As one participant put it *“the agreement was not a one-night stand”*. Another stakeholder later commented *“I really do believe this was a unique process. I’ve worked in Washington for 30 years and the dynamic in this was qualitatively different than in other discussions about healthcare. The conception of the approach, the way it was carried out, the people at the table, the way it was explained to them, and the way they bought into the project. I was grateful for it and I thought it was a good use of my time. It will be lasting in its impact.”*

#### **On the possible future impact of the HCCU Process:**

*“I really do believe this was a unique process. I’ve worked in Washington for 30 years and the dynamic in this was qualitatively different than in other discussions on health care. The conception of the approach, the way it was carried out, the people at the table, the way it was explained to them, and they way they approached the project. I was grateful for it and thought it was a good use of my time. It will be lasting in its impact. It wouldn’t be a bad idea to do this evaluation in a few years to see how this process has affected where [we] are now.”*

## ***Quality of Facilitation:***



Almost **8 out of 10** stakeholders were **satisfied** or somewhat satisfied with the **quality of the facilitation** process. **83%** said the team was equally **receptive** or somewhat equally receptive to **all perspectives**. Most stakeholders appreciated both the facilitation and management of the HCCU process.

## **Evaluation Recommendations**

The following list includes three key recommendations provided by the evaluator.

- 1. Emphasize the responsibility of all stakeholders to participate fully in the process, including being adequately prepared for meetings and maintaining continuity of attendance.** Among the stakeholders who were dissatisfied with their input and that of others, one reason cited was the poor participation of some CBG members who raised issues that had already been discussed
- 2. Clarify roles and responsibilities among facilitation team members and between the facilitation team and subject matter experts (primarily the Economic and Social Research Institute) at the process design stage of the project.**
- 3. Manage budget and financial issues like process issues – making long range and contingency plans, establishing boundaries and clarifying roles of all members of the management team.**

## **Reflections from the Facilitation Team (FT)**

### **Process:**

The FT felt the **length of the process was unavoidable**, especially given the outcome of the **Presidential elections** since it led to **change in stance** for certain members of the group. The FT also felt that the role of a small, diverse and influential Advisory Committee was crucial to organizing the project and to its success, even though the Advisory Committee necessarily was dissolved during negotiations so that no participants had a “favored” status.

Members of the FT also cited the **importance of the political context** (the outcome of the 2004 and 2006 elections) in the success of the HCCU process. The results of 2004 led the participants to take the negotiations at a more deliberate pace and over time led, for most participants, to deeper trust and more durable relationships. The 2006 results have created an opening politically to move Phase I of the recommendations of the group.

## **Lessons Learned**

Key lessons included the importance of having stakeholders who are committed to the process. Although the group did not have a formal chair, having committed stakeholders helped enormously in the success of the project. A second lesson was the importance of the timing and political considerations, especially the impact that elections had on the process.

*Source: This document is a summary of the 2007 Evaluation of the Search for Common Ground USA's Health Care Coverage for the Uninsured Consensus Building Process. The full evaluation is available upon request- please contact [rtcherif@sfcg.org](mailto:rtcherif@sfcg.org) for a copy.*

