

## Health-care consumer advocates chose moderation, won some successes in Medicaid debate

## August 22 2016

In 2013, Kansas became the first state to completely privatize its Medicaid system. Known as KanCare, the new program drew skepticism from healthcare consumer advocates who worked to ensure Medicaid consumers received the care they need.

"There is evidence to suggest that advocates helped secure modest wins for consumers," said Kevin McCannon, a University of Kansas doctoral student in sociology. "But they faced limits."

McCannon studied how healthcare consumer advocacy organizations shaped the political debate around Medicaid reform. Medicaid is the state and federal partnership that provides care for low-income pregnant women, children, persons with disabilities and older persons who receive long-term care services.

"Given that other states are watching Kansas, it could influence the direction Medicaid takes nationally," McCannon said. "The privatized model presupposes that a one-size-fits-all approach to <a href="health care">health care</a> that emphasizes consumer choice and personal responsibility in the private market will best meet people's needs. However, research finds that such models achieve mixed outcomes for consumers."

As part of his study of the debate, he analyzed documents including news coverage and legislative testimony to construct the discourse of the



debate between proponents of KanCare and its critics.

Even though most consumer advocate groups were likely opposed to KanCare, advocates tended to frame the problem of reform in terms of symptoms, such as accountability, transparency and troubles that providers and consumers would experience instead of a wholesale opposition to privatizing the system, he said.

"The unintended consequence is that this strategy legitimizes market-based solutions that do little to help low-income and poor people. By questioning the underlying premise of privatization, advocates can offer an alternative vision of care to the privatized model, if that is what they want to do," McCannon said. "In the case of Kansas, I am not certain that was their goal. The tradition of political moderation in Kansas is strong, which means groups tend to shy away from extremes and work to maintain relationships with political friends and foes alike. This means compromise."

Nevertheless, bringing concerns of consumers to the table reshaped the discourse on KanCare and attained some successes.

McCannon said after proponents of KanCare called for consumers to be more responsible, advocates demanded the same from the state. Reshaping the discourse on responsibility informed the creation of mechanisms of public accountability, such as a legislative oversight committee and an ombudsman for consumers.

"Although the state gave opportunities for public input into the reform early on, these entities provide new opportunities for future claims for consumers and further democratizes the policymaking process," he said. "In light of the KanCare expansion debate and looming budget cuts, resistance to health care devolution is now enshrined in policy, and advocates could build on these successes to give voice to marginalized



groups and shape policies that affect those groups."

McCannon will present his findings at the 111th Annual Meeting of the American Sociological Association (ASA).

## Provided by University of Kansas

Citation: Health-care consumer advocates chose moderation, won some successes in Medicaid debate (2016, August 22) retrieved 8 May 2024 from <a href="https://medicalxpress.com/news/2016-08-health-care-consumer-advocates-chose-moderation.html">https://medicalxpress.com/news/2016-08-health-care-consumer-advocates-chose-moderation.html</a>

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