

**Arlington, Virginia Healthcare Discussion
Friday, December 19, 2008**

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Overview: During the conversation, we touched base on several of the questions provided by the Transition Team. Several personal stories were discussed, including sick children, chronic diseases, and general frustration. Many of the participants are former federal government or

military healthcare experts. All participants brought personal and professional experiences to the discussion.

What is the Biggest Problem Facing the US Healthcare System?

Coverage

1. The country needs universal coverage.
2. Limited access or no coverage because of pre-existing condition
3. COBRA coverage needs to be extended beyond the current 18-month maximum
4. Extending dependency coverage to 25 years-old, as is being addressed in many of the states.

Access/Quality

1. Access to care is very difficult for millions of Americans.
2. Preventive healthcare is not easily available to all Americans. There is a lack of education concerning this issue
3. The quality of the care delivered hinges upon the accuracy and completeness of the information received by the caregiver. For quality there should be a similar committee as Healthcare Information Technology Standards Panel (HITSP)
4. Physician shortage in pivotal fields such as primary care
5. Coordination of care.

Infrastructure/HIT to Support Health Care Delivery:

1. We need to incorporate HIT into the system to improve quality. Optimizing the administration of healthcare will increase the amount of care that can be provided.
2. HIT is the vehicle to get us to the solution of “healthcare for all”
3. Standards need to be more manageable
4. There is a woeful lack of understanding about HIT and how it can improve the healthcare system.
5. Shortage of an IT workforce that understand healthcare

How Do Participants Choose a Hospital and a Doctor?

1. Personal references
2. Convenience
3. Network Inclusion:
 - a. We use the hospitals and doctors that are within our insurance “networks” – this has nothing to do with the quality of the care provided and everything to do with how well the clinician/hospital negotiated with the insurance company.
 - b. Even if “Dr. X” is the best – we may still not be able to select “Dr. X” because s/he is out of our insurance network
4. Knowledge:
 - a. Why isn’t hospital and clinician outcomes/cost data available on Google?
 - b. Why can’t consumers be more educated about health literacy, especially through the internet or television?

Concerns Voiced Regarding Clinicians and Insurance

1. Who is going to decide on quality metrics? Someone has to. It needs to be a credible voice all stakeholders can agree to.

2. The negotiations between insurance companies and physician groups are resulting in physician groups opting-out of insurance plans.
3. The system under reimburses primary care docs.
4. More docs are opting to be specialists, rather than general practitioner

Have Participants Experienced Problems Paying their Medical Bills?

1. During his career on active duty with the US Navy, Russ Sanford has seen first-hand the devastation families experience due to medical bills. Bankruptcies . . . loss of credit ratings. . .
 - a. Tom Keefe's adult nephew and his wife – uninsured Americans – were faced with thousands of dollars of doctor and hospital when the wife ended up in the emergency room. The bill for treatment was far more than what they could pay. t
2. Vizma Carver told the story of her daughter who ended up in the emergency room during the 3 day period she had changed jobs. She is hoping her coverage under COBRA will cover the expenses but has not been notified if that is the case or not.

How Can Public Policy Promote Healthier Lifestyles

1. Education.
 - a. Change behavior when people are young.
 - b. Madison Avenue has to market healthier lifestyles, especially to our children
 - c. Working with the National Ad Council, produce commercials that would appeal to our youth publicizing the health risks of obesity.
 - d. Communities have to have more activities for the young, including mandatory gym classes.
 - e. Parents have to take a stronger position educating their children about health style choices. We can't let the television serve the role as the babysitter
2. Change Access in Schools
 - a. Obesity in children. People's behavior has to be changed when they are younger. Eliminate soda and chips and pretzels in the schools.
 - b. Eliminate sugar in our diets. Arnol Simmons mentioned report he saw recently on CNN about a school principal who was trying to eliminate soda in her school and the difficulty she encountered when she tried to do so.
 - c. There is resistance from some states when an effort is made to pull soda and chips from school lunchrooms and vending machines because of the revenue it produces for the school. Fred Hannett, the Chair of the Virginia Health Department reported on negotiations between the Virginia Education Department and the Health Departments that were held before the schools would pull soda from the schools.
3. Eliminate subsidies to Florida sugar cane growers and Iowa corn growers. Put the money toward healthcare coverage.