Solana Beach, California Healthcare Discussion
Monday, December 29, 2008
7:00 – 9:00 p.m.

LOCATION: Solana Beach, CA 92075
HOST: Dave Roberts

ATTENDEES:
1. Dave Roberts
2. Wally Oliver
3. Roger Boyd
4. Mary Jane Boyd
5. Julie Ustin
6. Laurin Pause
7. Hal Lefkowitz
8. Ellen Lefkowitz
9. Rena Monge
10. Jeanine Dreifuss
11. Caroline DeMar
12. Sharon Omahen
13. Ona Russell
14. Al Shenk
15. Dr. Nick Yphantides
16. Orlando Portale
17. Bianca Kaplanek
18. Ann Kraemer Campbell
19. Hillel Katzeff
20. Karen Smith
21. Sue Sherry
22. Rae Jean Hoyos
23. Bill Spooner
24. Steve Goetsch
25. Nancy Tomich Zapp
26. David Holzman
27. Rose Campbell
28. Shary Kee
29. Art Cohen
30. James Boyd
31. Mike Savage
32. Tom McGreal
33. Claire McGreal
34. Margarita Cortez
35. Lynn Herring, M.D.
36. Rachel Zahn
37. Alison Brysk
38. Elen Kirk
39. Nanci Oeschle  
40. Sherry Wallace  
41. Sherry Edwards  
42. Carol Kerridge, RN, MPH  
43. Teddy Shah  
44. Dr. Kevin Ellis  
45. David A. Cain  
46. Leslie Marcum  
47. Dr. Geoffrey Smith  
48. Aline Koppel  
49. Joy de la Ren  
50. September Flannery  
51. Glenda Key  
52. Marilyn E. Miller  
53. Julie Thompson  
54. Bill Kruger  
55. Mary Elizabeth Bond  
56. David Sizemore, Esq.  
57. Mark Branning  
58. Robert D. Finney, Ph.D.  
59. Thomas W. Oakes, MD  
60. Pat Hegemeyer  
61. Roger Kingston, DDS  
62. Lorri Greene, Ph.D.  
63. Fred Spong, MD, MBA  
64. Jack Hegenaer  
65. Judy Hegenaer  
66. Paul Taparauskus  
67. Irene Taparauskas  
68. Phillip Cohen  
69. Dana McCoy  
70. Cynthia Waage  
71. Gunnleiv Waage  
72. Maggie Houlihan  
73. Karen Lund  
74. Robert Roberts  
75. Michele Nolta  
76. Gary Rotto  
77. Lynn Salsberg  
78. Heidi Haerr  
79. Irma Cota  
80. Irina Gronberg  
81. Thea Glazer  
82. Gil Field  
83. Pat Field  
84. Jim Brown
Event Details: Our event convened on Monday, December 29, 2008 from 7:00p – 9:00 p.m. in the home of Councilman Dave Roberts and Wally Oliver. 91 people RSVPed and almost 80 attended the discussion. Six sent comments that could not attend. Because of the largest turnout, the attendees were divided into four groups with moderators Mary Jane Boyd, Roger Boyd, Mark Branning and Dave Roberts facilitating the discussion. Dave can be reached at droberts@himss.org or (858) 775-9241.

Background: The attendees included a wide range of healthcare stakeholders predominantly from Solana Beach and other San Diego County cities.

Host Dave Roberts and his 13-year old son Robert greeted guests at the front door and promptly started the meeting at 7:00 p.m. Here is a summary of his opening comments:

1. Welcome on behalf of my family – “I’m Solana Beach Councilman Dave Roberts – host for tonight and also Vice President of Government Relations for HIMSS, a healthcare IT non-profit association” - THANK YOU for attending!
2. 90 folks either RSVPed to attend or send in their comments
3. Recognize:
   a. Mayor Maggie Houlihan – Encinitas
   b. Tom & Claire McGreal – 50th Congressional District Obama Coordinators
4. Reminder on “Why are we here tonight?”
5. 55 days since November 4th and the much anticipated historic change that the American people want.
   a. Election is over and need to put politics behind us.
   b. This is a non-partisan event!
6. Only 22 days until Inauguration of President-Elect Obama
7. Obama-Biden Transition’s Health Policy Team asked Americans all across the country to host healthcare community discussions over the last two weeks of December to solicit input and ideas from their friends, family, and communities.
8. Over 4,300 of us chose to open our homes and serve as hosts for these discussions.
9. Tonight is just the start. President-elect Obama wants to bring the voice and healthcare concerns of all Americans to Washington, D.C.
10. These healthcare discussions will be part of the President-elect’s continuing efforts to reach out and directly involve the American people in their own government.
11. Healthcare is a top priority for President-elect Obama and he wants our help in designing a system that provides quality, affordable healthcare for all Americans.

12. As a local councilman, I know the impact of healthcare on our community.

National League of Cities SPOTLIGHT: City Officials Say Make Health Care, Transportation, Education Priorities

Skyrocketing health care costs, crumbling infrastructure and failing schools are taking their toll on local governments across the U.S. According to 2008 State of America’s Cities: Annual Opinion Survey of Municipal Officials, a new NLC survey of 365 city officials, seven in 10 report that the availability of affordable health care/services and quality of transportation infrastructure is a problem for their city. Health care, transportation and education top the list of issues that city officials feel are the most important for the next presidential Administration and Congress to address.

13. Tonight, we are here to talk about healthcare. Healthcare is 16.6% of our Gross Domestic Product or 2.1 TRILLION dollars. That's 12 zeroes to the left of the decimal point. A trillion is a million million dollars. One trillion dollars would stretch nearly from the earth to the sun.

14. Because of the overwhelming response to our discussion tonight (See agenda), we are going to divide up into 4 groups.
   a. Dave Roberts will lead group in dining room (Rows 1, 2, 3 and all standing)
   b. Roger Boyd will lead group in living room (Row 4)
   c. Mark Branning will lead second group in living room (Row 5)
   d. Mary Jane Boyd will lead group in family room (Row 6)

15. Our Goals tonight:
   a. To discuss healthcare reform and draft input for Transition Health Policy Team
   b. To use a process that respects and empowers all attendees
   c. To identify stories that exemplify the need for healthcare reform

16. At 8:15 p.m., we will all get back together here in our dining room for the moderators to brief the discussion recommendations from your group. We will conclude by 9 p.m.

17. Again emphasize that this is just the beginning and we want to keep this policy discussion going forward and I will keep you posted via e-mail on future information or discussions.

18. Are there any generic questions before we break into our groups?

TONIGHT’S AGENDA

7:00 – 7:15 p.m.  Welcome by Dave Roberts and family
Explanation of Goals of the Healthcare Community Discussion

1. To discuss healthcare reform and draft input for Transition Health Policy Team
2. To use a process that respects and empowers all attendees
3. To identify stories that exemplify the need for healthcare reform

Explanation of Procedures for Meeting
7:15 – 8:15 p.m.  Separate into Small Breakout Groups
   - Living Room #1 (Roger Boyd, Moderator) – Row 4
   - Living Room #2 (Mark Branning, Moderator) – Row 5
   - Family Room (Mary Jane Boyd, Moderator) – Row 6
   - Dining Room (Dave Roberts, Moderator) – All others
Individual “Introductions” and “Why are you attending?”
Discussion Questions
Participant Survey

8:15 – 9:00 p.m.  Breakout Group Results Presented by Moderators
Drafting of Group Submission for Transition Health Policy Team

9:00 p.m.  Wrap Up and Thank You by Dave Roberts and family

GROUND RULES
1.  Please respect everyone
2.  Please listen to everyone’s opinion (empower)
3.  Please include everyone so that they have an opportunity to speak
4.  Please engage in a spirited discussion without being disagreeable

STAY CONNECTED
Solana Beach Councilman Dave Roberts
droberts@himss.org
Findings:

1. What do you perceive is the biggest problem in the health system?
   a. Cost of health insurance.
      Health care costs are skyrocketing due to various testing procedures to get to a diagnosis. Sometimes the overhead for new technology is past on to the insurance companies and may not be anymore effective than old technology, but is used in the name of progress rather than effective measures based on experience and past results.
   
   b. Cost of health care services.
      The previous question helps to answer this question. Due to overhead and incompetence in testing, many tests are required more than once and many of these tests and surgical procedures are still unproven to be effective and add significantly to the health care bottom line.
   
   c. Difficulty finding health insurance due to a pre-existing condition.
      What is defined as a preexisting condition? A failed surgery, a drug reaction, poor nutritional habits, obesity, lack of exercise, being a smoker or a drinker of alcohol, old age, or is it based on an anomaly that has had no intervention? Most preexisting conditions can be managed through prevention and costs should be determined and based upon being healthy not sick.
   
   d. Lack of emphasis on prevention.
      Prevention is the cure, exercise programs like the National council on physical fitness, nutritional information, screenings before people actually have surgeries that are sometimes not necessary, educational programs in the schools based upon health care and wellness concepts, resources in the hospitals based on wellness rather then sickness
   
   e. Quality of health care
      More and more of the population is becoming unhealthy. Prevention is the cure and that is based upon preventative health care mechanisms the patient can do for themselves. However they have not being educated or motivated to do what is necessary to be healthy. Quite often, the health care specialists are unhealthy themselves and to think that more medication with all of the side effects are the answer, it just boils down to big business - not quality health care.

2. What do you think is the best way for policy makers to develop a plan to address the health system problems?
   a. Community meetings like these. Grass root meetings help a great deal to develop an immediate regional public awareness, but a complete comprehensive plan to create a larger picture for the public, much like some non smoking campaigns, only on a smaller level. Rather than continue to talk about disease and sickness it would be wiser to look at people that are enjoying better health with a message of good health and how to get it.
   
   b. Traditional town hall meetings. Same as answer #1
c. Surveys that solicit ideas on reform.
Yes, on a national level.

d. A White House Health Care Summit.
That is a great idea as long as everyone is included with true emphasis towards a viable solution that takes into consideration the health, wellness and welfare of every man, woman, and child.

e. Congressional hearings on C-SPAN would be a component, however, the people that need to hear may not watch. We need to have progressive meetings with actual strategies with results that will implement the necessary changes in small steps.

3. After this discussion, what additional input and information would best help you to continue to participate in this great debate?

a. More background information on problems in the health system.
The problems are clear the solutions are difficult because many parts of the health care system are broken due to non profit status and private enterprise which is still better than socialization of the health care system.

b. More information on solutions for health reform.

c. More stories on how the system affects real people.
Every one of us has a family member, a friend or relative that has directly been affected by the inadequacy of our health care system. We have all heard the stories of poor quality or the surgery was a success but the patient… well you know the rest of the story. Lets all work together to create solutions to the problems instead of more talk and another band aid.

d. More opportunities to discuss the issues

1. Briefly, from you own experience, what do you perceive is the biggest problem in the health system?
The over medication of our society and too many tests with not enough results.
The ability for direct access to healthcare without managed care stipulations.

2. How do you choose a doctor or hospital?
I choose a doctor based upon either an interview or due diligence from people that I have talked to, information on the web.

What are your sources of information? How should public policy promote quality health care providers?
Hospitals have the public at their mercy based upon managed healthcare or contractual agreements with doctors who do procedures in their facilities.

3. Have you or your family members ever experienced difficulty paying medical bills? Yes, family members.
What do you think policy makers can do to address this problem?
Make healthcare more affordable by having a tiered system based on what can be paid with insurance coverage or without based upon a minimum - aspirin should not cost $4.00 per. based on insurance reimbursement. Hospital stays should be minimized and not just for observation. Educational hotlines should be implemented with larger emergency rooms.

4. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?
Private plans through an insurance exchange based on health savings plans. Medicare is government regulated and cumbersome.

5. Do you know how much you or your employer pays for health insurance?
Yes. As an employer, I am well aware of what premiums are for healthcare. What should am employer’s role be in a reformed health care system?
Employers should use healthcare savings programs based upon the health of their employees with pre-employment and post employment health screenings to determine health risks the employees may already have.

6. Below are examples of the types of preventative services Americans should receive. Have you gotten the prevention you should have?
Flu shots have not been proven to be effective at preventing the flu. In most cases, it has caused a stronger strain. There should be other preventative services such as spinal screenings to determine the necessity of surgery performed on any part of the spine and other types of screenings to determine the indicators based on the big 5.

7. How can public policy promote healthier lifestyles?
The public needs to educate the younger generation to come that will be making healthcare decisions based upon wellness and good health, rather than sickness and bad health. Every media component should be used to promote good health. Drug commercials should be ban from television – they are a mechanism that insinuates everyone needs to go to the doctor and take medication to be healthy. There are as many side-effects to drugs as tobacco or alcohol which were banned several years ago.

SAMPLING OF NEEDS HEARD FROM PARTICIPANTS:

1. Task force that addresses the issues of mental health care for the chronically mentally ill within the context of an emerging new approach to healthcare in America. Models of care for the chronically mentally ill, especially those with complicated mental illness such as co-occurring traumatic brain injury, co-morbid medical problems, and/or homelessness need to be reviewed for more cost-effective interventions and long-term care practices for mitigating acute episodes and promoting stabilization. Current practices and lack of access to adequate
long-term care result in costly multiple quick-fix, short-term inpatient hospitalizations, emergency room visits and crisis interventions. Innovative models of long term care, such as Gould Farm in Massachusetts, Vinland Center in Minnesota and Brookhaven Hospital in Oklahoma are worth investigating as examples for reducing overall costs and increasing the positive outcomes for long-term mental health care.

2. Task force that addresses the issues of mental health care within the context of an emerging new approach to healthcare in America.

3. Government sponsored and paid, single payor universal health care system with access for all.

4. It is simple and in place. Expand Medicare to include all Americans unless they choose to purchase private insurance.

5. Doctors should be paid on a fee for service basis. Consumer driven healthcare can only be on a fee for service basis.

6. Overuse by doctors can be overseen by a committee who checks the overall use by individual doctors. For example, if a one doctor is doing a much greater number of hysterectomies than the all other doctors, he should be asked for an explanation and monitored.

7. Patients should pay a very small percentage directly to Medicare. This will set up a system of checks and balances and prevent doctor’s fraudulently charging the system. The patient will report over charges. There also needs to be a simple web based system for reporting.

8. Drop the “gate keeper” referral system in managed care. It is a waste of time money & resources. Triage can be accomplished by nurses or even a simple email questionnaire.

9. Increase use of technology. Doctors should be paid for phone calls and emails.

10. Use technology based home tests, surveys. I.e. blood pressure, heart, respiration urinalysis can be done at home, downloaded analyzed and screened by technicians and referred to doctors when needed. Monitoring devices are already set up in drug stores. Add a downloading system to them. Use the resources we already have.

11. Make use of urgent care rather the ER’s. Presently urgent cares are barely used while ER’s are overused with no less than 3 hour waits.

12. Have the system pay for alternative medical care which reduces costs by prevention
13. Have the system pay for preventative and tertiary which will cut costs when health conditions escalate.

14. Have the system pay for child and adult education. The costs will be recouped in less needed healthcare down the road.

15. To get a Medicare card each person should sign an end of life directive so that people are not held on life support when it isn’t what they would have wanted.

16. Insurance companies should be eliminated from the health care system except as individual business offering ancillary services such as private rooms in hospital and other luxuries. Necessary services should be supplied by the healthcare system.

17. Employers should be excluded from the healthcare system except if they want to purchase ancillary services from insurance companies.

18. Insurance companies take from 20 to 30% of our healthcare dollar. Medicare takes 4% and could be reduced even more with proper checks and balances.

19. Have patients take more responsibility for their health care records. I.e. I carry all my healthcare records in a carefully organized, divided binder. Doctors don’t have to go digging for charts. Doctors should dictate summary of visit at end of each visit which should be posted to web based, password protected locations, unless the patient objects.

20. Electronic web based password protected records should be kept and available to patients and other doctors. Again password protected.

21. The stress of our healthcare system is making us sick!

22. Healthcare issues apparently peripheral to a healthcare system in America but that directly impact the quality of health and life of the American people include: access to clean and pure water, clean air, uncontaminated soil for growing food crops and grazing of animal herds, and the production of safe seed sources for future agricultural use. Assurance of these resources is essential for a healthy environment and healthy lifestyles. Consistent with assuring high quality natural resources, it is important to examine the science; for example, behind genetically modified foods (GMO produced foods). GMO foods are already introduced into the food chain of the American diet and the science supporting the safety of this type of food engineering contains abundant research indicating GMO produced foods are likely very dangerous, not only to people but to the environment as a whole. The system of resources that the American people draw on for day to day health maintenance is an important context that needs careful investigation and
legislation to assure a natural environment that is consistent with good health now and in the long term.

23. For further cost cutting and medical efficiency and quality patient care, we need a standardized method for access to all a patient's records and tests. At this time, Sharp can't access a Scripps MRI, either thru the hospital but also sometimes when they are put on disk as different programs and standards are used. This could be posted web based or other ways. It is an IT problem which needs to be addressed by IT people to standardize medical records and it must be password protected with patient permission and patient control of the password.

24. The idea of preventive healthcare care is an important one that needs to be considered within the context of the attachments people have to lifestyles they are used to. Physical health occurs within a context where individuals have eating habits, for example, that have emotional implications (i.e. comfort foods), as well as food preparation, purchasing habits and exercise habits that are influenced by income, ethnic culture and family culture that can be very difficult to change. Wellness – move the model from sickness to wellness. Focus on prevention and education starting in elementary school.

25. The capitalization of healthcare may be the biggest obstacle to making substantive healthcare change for the better. To the extent that we can truly find common ground between individuals, healthcare providing systems and corporate interests, we stand a better chance of making progressive change in the health of the American people. The value of the bottom-line income of companies invested in healthcare management being based on the sickness level of individuals has to change. This climate breeds a focus on medication as the healthcare intervention of choice, rising costs of care due to costs of expensive and multiple drugs needed and medication side effects, lack of high-cost treatments for those who are severely ill, as well as lack of attention to the complexity of factors that influence a person’s health (factors affecting stress, response to one’s genetic legacy, emotional dispositions, cognitive paradigms and a variety of lifestyle choices, self-chosen and also imposed by our national and regional lifestyles).

26. Coverage – what are the components
   a. BASELINE includes
      i. Basic services for all (e.g. model after dental care where all preventive services are covered)
      ii. Not linked to employment
      iii. Continuity
      iv. Patient and provider expectations are set. End of life agreements.
      v. Single Payer – Medicare was considered a good model.
   b. ADDITIONAL Coverage is available for additional cost

27. Additional thoughts
   a. Why do we think change can happen now?
      i. Costs are a critical point (16% of GDP)
ii. Advocates for change are now on both sides of the aisle
iii. The number of uninsured has reached critical mass
b. Technology has not been leveraged
   i. (your example of reduction in mailing costs is a good one)
   ii. Getting rid of paper charts; as Newt and others have said “Paper Kills”
c. Malpractice system is an obstacle that has to be removed
d. Pay for Performance models need to be incorporated.

**Personal Stories**
I was active in the women’s health care movement of the 60’ & 70’s. I introduced Lamaze Method of Childbirth to Western Canada and taught and delivered babies for 11 years. I was instrumental in having husbands and partners admitted to delivery rooms, reducing the level of drugs to laboring mothers, reducing cerebral palsy by reducing the time the baby was in the birth canal, raising apgar score of babies by not over drugging and teaching mothers with the help of coaches to push their babies out.

I have been involved in these community meetings before. They went nowhere. I hope this will be different. We need to be heard and changes need to be implemented.

I have lived and worked under the Canadian system, expensive insurance plans, HMO’s PPO’s CMA Medicaid, and Medicare. Medicare is the best for doctors and patients. Medicare can use simple suggestions for cutting costs.

I watched my best friend, Gisela Caldwell, (an attorney) die as her disease progressed and she worked herself to death taking more and more death penalty cases to pay her health insurance that rose with the progression of her disease. I believe at the end of her life, she was experimented on by Sharp Hospital. I would like her records investigated. As a friend I have no power.

My daughter can’t afford the thyroid tests that will result in more costly care later if she doesn’t get treatment now.

I have been kicked out of 6 HMO practices. HMO’s are paid on a capitation rate. That means the practice gets about $13 per patient whether they see the patient or not. This discriminates against seniors, the disabled, people with chronic diseases because there is an active practice of weeding out the people who require service. The clinics want to keep only the healthy patients that they get paid for but do not have to provide service. Ultimately when I turned 65, Medicare gets to pay for all the healthcare I didn’t get when I was privately insured.

On Medicare, doctors are glad to see me. They don’t have to spend money on administrative costs trying to bill insurance while their staff spends innumerable hours waiting on the phone and filling out paper work for the patient. They don’t have to file prior authorizations ie papers requesting tests and service for their patients over and over again. Doctors are glad to see me because they get paid on a fee for service.
basis. Medicare is a perfectly good system. Lets extend it to everyone, implement some checks, balances & cost cutting measures. WE don’t need to complicate matters. Simple! We’re done!

Dr. Nick lost 270 lbs without surgery and was able to discontinue all medications for cholesterol, diabetes, heart disease, etc. He now enjoys a full and active life with no health problems.

Sharon Omahen’s (from North Coastal Community Foundation) husband’s business dropped 60% and closed down. They had to give up their health insurance because they could not afford it. COBRA was too expensive. She is very fearful about the future and what it might mean if there is a serious medical issue. She wants “choice of doctors” if we go to single payer.

Bill Kruger’s (Scripps pharmacist) father is 84 years old and in failing health. His family wants him cared for and kept comfortable but do not want him in and out of hospital, etc. How to do it right? Very difficult; extending life or prolonging death is a gray area.

OTHER FEEDBACK
1. Discussion of the first issue (biggest problem in health care) focused primarily on cost of health care and access to healthcare. Data from published sources shows that healthcare has risen from 5% of the Gross Domestic Product in 1950 to 17% at this time. No other nation allocates more than 11.6%, with 7 to 8% typical. Over $2 trillion is spent each year in the United States on health care, or $4178 per capita (highest in the world) which is far more than Number 2 Switzerland at $2794. Yet healthcare data indicates that we are far from the world leader in life expectancy (77.2 years versus 79.7 for Canada and 80.7 in Sweden); infant mortality (U.S. ranks #42, just behind Cuba and Taiwan) and maternal mortality (8.9 deaths per 100,000 births versus 2.9 in Germany). Clearly, we are not getting the health care we are paying for and 46 million people are not getting health care at all. We should not need to pay more for health care than we are paying already: it is just inefficient and not well distributed.

2. Loss of insurance due to divorce can be devastating: COBRA continuation insurance is very expensive. Also: Veterans of the wars and Iraq and Afghanistan have serious medical issues (Post Traumatic Stress Disorder and Traumatic Brain Injury just to name two) and funding to help veterans is inadequate.

3. Information flow between hospitals is very poor, especially for people who have no insurance and come to emergency rooms to be seen for problems.
4. Another major issue is “end of life” issues. Medicare spends 27% of its budget to deal with the last year of life. How should this care be spent and who should decide?

5. Health lifestyle choices in diet and exercise are big issues. Perhaps a majority of chronic disease (e.g., diabetes) may be due to lifestyle choices. Not enough attention is paid to preventive medical care. Incentives must be given to encourage people to help themselves instead of getting in trouble and asking the physician to “fix” them.

6. New York Times article on prescription drugs states that $300 billion is spend annually and about half of the drugs are not effective. Add to that the deaths and illness caused by drug interaction; for example, the state of Florida published a study that found more people died of prescription drugs than illegal drugs. Again my source was the NY Times.

7. Current healthcare strongly focus on western medicine practices. Practices should be expanded to actively include alternative medicine.

8. Healthcare in America must evolve to be right for 100% of our population. It currently is perceived to be privilege, especially by the underserved population.

9. Our health care system is broken. It has evolved from the strong preferences and influences of our government, the medical business industry, and the affluent class of our population. It serves their interests to the detriment of the needs of ALL Americans.

10. The confluence of politicians, lobbyists, and the medical insurance industry, primarily based in Washington D.C., needs to be challenged, broken, and replaced. They represent their parochial needs and not those of the served community. A bottoms-up reorganization must be implemented to replace this dysfunctional system.

11. The insurance industry has evolved to be a gate-keeper. The primary gate-keeping function must be re-assigned to the highly trained medical professional function, i.e. primary care doctors, etc.

12. A base level of health care must be provided and accessible for ALL. This will be a base-line from which alternatives and options may be added to satisfy individual wants and needs. This can be established by starting with the existing clinic system and growing from this base as needed.

13. Also, a “Medical Home” function needs to be added. Positive response to medical care is best provided when individuals are treated in a respectful environment.
14. Preventive medicine must be made available for ALL. This includes many facets, i.e. continuing education at all levels, western medicine plus alternative medicine practices, etc.

15. Information systems must improve to provide universal access to medical records. The systems used by the Veterans Administration (VA) the Bureau of Indian Affairs (BIA) are excellent operating examples.

16. War veterans must be included as a special constituency to be served. They are underserved now, and will disappear as a special class as time passes.

**SUMMARY COMMENTS**

1. Medicare payments to providers should be sent electronically, thus eliminating up to $11 billion in postage paid by Medicare.

2. As in Sen. Tom Daschle’s book, Critical, we should consider taking healthcare out of politics by having the details of the system controlled by a National Health Care Board with Regional Health Care Boards in various parts of the country, similar to the Federal Reserve Board.

3. American healthcare costs twice as much per person compared with other industrialized nations but we are not better off health wise and worse in many instances.

4. People should not have to choose between paying for Insurance coverage and paying rent/mortgage.

5. Citizens should have self responsibility and be educated in prevention via nutrition, exercise, and safe health practices. Some suggested financial “incentives” to encourage people to be non-smokers and non-obese. These could include increased premiums for those people or payment to them to be healthier.

6. Communities should be “Wellness Centered.”

7. There should be good communication in regard to health matters between all agencies of government, not just the obvious ones. Example: EPA and Agricultural Dept in regard to public health.

8. Mental Health should be on a parity with Physical Health and should be more readily available.

9. “Help Lines” where citizens can call for medical advice should be available to try to decrease unnecessary ER trips by those who don’t have family elders to turn to for advice as grandparents and parents, Aunts, Uncles, etc. are now scattered around the country.
10. Women should have affordable birth control available.

11. There is a problem of people who have lost coverage and don’t realize it….such as when a spouse dies who had the family’s health insurance, the widow and kids are left without insurance and often don’t even realize the ins. is gone.

12. Physicians in private practice are having trouble making enough money to cover their overhead.

13. Costs are too high….a gentleman noted that he had an ER visit that lasted 2.5hrs for kidney stones and the bill was $7700.00. He was sent home from the ER after diagnosis and treatment. He wondered why it was so expensive.

14. A parent reported that even though his son had the family health ins. coverage, his college required him to purchase the college’s insurance for his son while he was in college, thus making him pay for health insurance twice.

15. All people should have the same health care coverage and it should be the same as that of Senators and Representatives.

16. Capitated payments from HMO’s may lead to doctors not being motivated to care for the patients as well as fee for service motivates them.

17. Medicare should be expanded to cover all people.

18. “Quality” in healthcare should be defined.

19. Medicare administrative expense is about 4% but insurance co. admin. expense (includes profits) is 40%.

20. Junk food vendors should not be in schools…..includes coffee vendors, soda pop, unhealthy snack foods.

21. Malpractice Insurance and malpractice cases are very costly. Not so in Canada and other countries. Why? This needs to be addressed.

22. Too much money is being spent on “end of life” care. People need to be educated that their expectations may be too high of a cure at the end stages of diseases. Perhaps people should be required to fill in an end of life wishes form before receiving a Medicare Card so that their family cannot feel they have “to do everything” to keep a sick elder alive who cannot be well. The form used needs to be reviewed and approved by physicians as well as others as many of the current forms are medically impossible from the Dr.’s viewpoint.

23. Alternative and Integrative medicine should be part of our healthcare system.
24. Health Insurance in general is too expensive.

25. Employees not paying for their health insurance should be educated on just how expensive it is.

26. Drs. should be educated on how expensive everything they order is.

27. Health care is a right, not a privilege.

28. There should be access to basic healthcare for all, including Vets & Immigrants.

29. Primary Care providers such as Family Medicine Docs, Internists, Pediatricians, and Gynecologists need to be increased in number. Due to their lack of income & prestige compared with other specialties, less med. school grads are going in to these fields.

30. The topsided management both in government health depts. and in insurance companies needs to be downsized.

31. Having a “Medical Home” should be possible for all people (this is an idea of the American Academy of Family Physicians).

32. Prescriptions are too expensive.

33. Get rid of TV commercials for prescription drugs.

34. MD’s should be able to prescribe the “best” medicine for a condition, whether or not it is generic.

35. Medicare Part D should be discarded and the drug part of Medicare coverage completely redone such that competitive bidding is included.

36. Single payer system.

37. Health Care should have continuity and not be linked to an employer.

38. Patient and Provider expectations would be better if education in these areas began in schools.

CONCLUDING COMMENT
As the meeting concluded at 9:00 p.m., attendees suggested follow-up meetings. One suggestion was a session focused on HHS Secretary-designate Tom Daschle’s book “Critical”.

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Host Dave Roberts will complete a summary of the notes and share with attendees and submit to the Transition Team’s website NLT Friday, January 2, 2009.