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To: Tom Dacschle, Health and Human Services Secretary-Designee  
Obama-Biden Transition Team

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**Re: Health Care Discussion Report**

On Tuesday, **December 30<sup>th</sup> 2008**, an Obama-Biden Transition Team sponsored health care discussion was held between 5-6:30 pm at **Eldercare Services, Walnut Creek CA**. Although involvement in this event was by invitation only, the intent was to gather an array of individuals ranging from health care providers to health care consumers. Among the **thirty** attendees were a few nurses and medical/geriatric social workers from acute care and community agencies; an administrator/regional manager of skilled nursing facilities; small business owner of a care management/home care agency; administrator of a hospital-based home health agency; a private geriatric care manager as well as a number of individuals who are or had been family caregivers or had themselves experienced a major health problem, such as ALS or stroke. The ensuing dialogue was spirited and energizing with all the participants expressing a hope that this forum would not be a sole event but the beginning of a series of discussions. Despite efforts to encourage the participants to share their compelling stories of no or inadequate health care insurance coverage as well as obstacles in securing needed services for themselves or their loved ones, the group members preferred to keep the discussion at a broad policy level for this event.

The general discussion focused on two topics:

- What is broken in the current health care system; what are the biggest problems?
- How can the ailing system be repaired by public policy?

In regards to the problems in the current health care system, there was consensus among the participants that the **profit motive** in health care needs to be carefully examined and harnessed to improve better efficiency, higher quality and wider access. In other words, the ubiquitous unnecessary services performed by fee-for-service providers and denial of services by insurance companies should be a major focus of any health care reform effort. Additionally, attendees agreed that the **pharmaceutical industry and insurance company lobbies** are able to exert too much influence over governmental actions on health care. Concern was also raised about the **unregulated drug advertising** currently allowed in the media and in health care settings.

Another focus of what is broken in health care centered on the lack of consistency in health care treatments and disparity of what services the different insurance companies will cover. For example, the treatment offered at a university-based teaching hospital may be different from treatments offered by a community physician or hospital.

There was agreement that **health care is a right of all our citizens** (need for **universal health care**), that **mental health services need to be on parity with medical services** and that denial of health coverage based on **pre-existing conditions** should be banned. Furthermore, the need for health care decisions to be made between physician and patient versus by an insurance bureaucrat was also emphasized. The question of who would pay for this universal health coverage was also raised. The group members felt that costs 1) should be shared equitably with employers having a fair share but not carrying the entire burden and 2) might require income tax

increases. The risk and burden of caring for the medical needs of the sick and disabled should be shared by the whole society, not just those who have the misfortune of falling ill.

The issue of **rising health costs and disparity in health care reimbursement** was also highlighted. It was noted in the discussion that Medicare administrative costs are far less than the administrative costs of private health insurers and managed care organizations (with the exception of Kaiser Permanente which was held as a strong model for health care service delivery) and that better outcomes exist with Medicare coverage than with managed care. Therefore, the participants wondered whether **expanding Medicare into a broader, public plan** might be a possibly desired outcome to reform efforts.

Finally, one participant who is in her early 80's raised the questions of by whom and how will her care be provided when she no longer is independent and requires long-term care, whether at home or in an institution. One of the nurses posed a corollary question, what is the source of the next generation of nurses in this country when the average age of today's nurse is 47 years old.

The attendees listed the following possible solutions to improving our ailing system:

- **Focus on preventative services;**
  - Mandate the FCC to air PSAs that focus on preventative care and healthier lifestyles
  - Ban TV drug ads in the media and at physician offices
  - Provide incentives for promoting preventative services or health education on TV, in health care setting and on mass transit
  
- **Incorporate what has worked in other countries providing universal health care coverage** (e.g. Canada)
  
- **Provide incentives for better outcomes and better care**
  
- **Examine where health care dollars are wasted and how to reduce administrative overhead/expense**
  
- **Development and expansion of successful chronic disease management programs into all health coverage**

All the attendees were willing to meet again to work on the important task of health care reform. To this end, the majority felt that more information on specific proposals for health care reform would be most helpful to focus discussion and move reform forward (**Yes we can!**).