

Transcript Details

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Healthcare Reform: Focusing on Fundamentals

PUBLIC HEALTH POLICY IN AMERICA

Our presidential election is only days away. Forty eight million people in America are uninsured and healthcare costs are rising 2 to 3 times faster than our Nation's GDP. Where will America's Healthcare System be in 5 years? Welcome to ReachMD's monthly series focussed on Public Health Policy. This month we explore the many questions facing healthcare today.

Beyond debating how to control cost and provide medical care to the uninsured, there are a number of long-term and fundamental issues that need to be addressed to fix the nation's healthcare system. An effort known as the Aspen Institute Stewardship Project aims to do just that.

Welcome to the clinicians' roundtable on ReachMD XM 157, the channel for medical professionals. I am Bruce Japsen, the healthcare reporter for the Chicago Tribune, and with me today is Dr. Michelle McMurray, who is director of the Health Biomedical Science and Society Policy Program at the Aspen Institute. The Aspen Institute is a nonprofit think tank that works to bring various groups together from government and industry to scholars and policy expert. Trained in Pediatrics and Molecular Immunology, Dr. McMurray, has transitioned into Health And Sciences Policy focussing her work on the intersection of biomedical research funding policies and healthcare disparities in global health MFTs. She has been a global health fellow as a council for foreign relations and is adjunct assistant professor of health policy at George Washington University amongst her many past academic and policy roles. She joins us today from the Aspen Institutes Offices in Washington DC. Dr. McMurray, welcome to ReachMD XM channel 157, the channel for medical professionals!

DR. MCMURRAY:

Glad to join you!

Mr. BRUCE JAPSEN:

Also, tell us about this Aspen Institute Stewardship Project because there are so many things going on this year with the election and the uninsured, so if you could just give us a little background on it and how it is going to set itself apart in all of the exciting things that we are going to be going to be talking about this year.

DR. MCMURRAY:

You know one of the things we had to deal with when we thought about how could the Aspen Institute contribute in these areas, the fact that clinicians, in particular myself included, just get bored about the conversation about health reform some times, you know, we know

it is critical, we know there is so much to be done, but often, we feel like we are speaking in to the void when we try to involve policy makers and make them understand how complex this systems is and yet how important it is to try to address it. So, what we thought we do is apply what Aspen does best, which is really bring together bipartisan convenings of thought leaders from a wide spectrum of background, including clinicians, and really get them to say okay. For the first time in our presidential election history, we have both sides of the isle talking about expanding access to health insurance now, granted they have many different ways of getting there and there is a lot to debate about, which of those approaches would be most effective, but for the first time, we have both republicans and democrats and we need more access to affordable health insurance. So, if that is an agreed upon goal now. We have not yet agreed upon the means, we have at least agreed upon the goal. Then, what is going to come next because if most clinicians know health insurance alone does not guarantee that people are going to be healthy that our nation is going to get healthier that health costs are going to be under control at some point in the future and that people have a healthier future to look forward to. Currently, if we just try to put more people under the slinky tank that we feel is our healthcare system, we think it is going to be under the threat of collapse. So, we really said out to say okay, what would really make the nation healthier? Insurance is important, but beyond that, what are we going to do to really fix the system?

Mr. BRUCE JAPSEN:

Where do you think this will head or where is at one point, because you bring up some interesting points, I mean, I think that providers of medical care doctors, a lot of people, their eyes kind of glaze over, they get cynical because they have heard all this before on the policy front, but when you are talking about healthier lifestyles and rather than just simply expanding the pool of health insurance, I mean those are interesting things. I mean, do you think that the stewardship project will? What do you think it would start off addressing or what are some of the people involved bipartisan group involved, what are they want to tackle first?

DR. MCMURRAY:

First thing we did is we brought the group together. We have an amazing advisory board and our 4 coaches include Christine Todd Whitman, Joe Hogan, the CEO of CE Healthcare, Mark Ganz, who has a Blue Cross to Shield out in the Pacific Northwest and Elizabeth Teisberg, who co-wrote Redefining Healthcare with Michael Porter, who is also on our advisory board, and we brought the script together and said okay. If you really had a blank slate, what would you say is most important and they devised 10 principles in getting this group to concur on 10 principles of building a healthier nation is really quite a feat, but it was an amazing process to watch, I mean the minds that were just stimulating, and they made some very good points. The first point you will see in our name, we call it the Aspen Health Stewardship Project and record that because we feel that health is a resource that we should be stewarding, both individually and collectively. Much likely, think about stewarding our financial resources or our environmental resources. We really think that is important going forward that we as individual and a nation realize that this is something valuable that we need to protect and invest in. If we invest in it, it will grow. If not, it will continue to be squandered, and so that was the first thing that they all agreed on. Then, they came up with these principles, which are just amazing to think about. I mean the very first one is kind of grabbing. It says access is not enough, which is the point I eluded to earlier when I said that health insurance is so important and it is so critical, every American should be insured, but access to health insurance alone will not make you healthy and so how can we really achieve that goal, which is our primary goal, and rest of the 9 principles really address that.

Mr. BRUCE JAPSEN:

I think that that often is a key and the fact that while we have a largely doctor audience with this show and a lot of people get upset about having to spend a lot of money to invest in information systems to make sure that they are prepared for electronic medical records or e-prescribing, and things like that. At a time, that perhaps Medicare reimbursement or Medicaid reimbursement is being squeezed. So, that is a great idea that these folks are talking about investing in health because a lot of people just look at it as like we have to give more money, throw more money in order to cover people.

DR. MCMURRAY:

Exactly, and you know, we are not saying that Medicare reimbursement rate should not be higher. I personally think that they should be much higher, and we are not saying that efforts to expand health insurance are not important, they are incredibly important, but as most clinicians know there is so much else to be done. I mean, one of our principles was, "I am in-charge of my house," and that was not

trying to blame the victim. This is not using the catch phrase, personal responsibility, which some people take to mean blaming people, who are ill for their illness. This is just saying that the best health advocate is often the patient themselves, but they can only play that role if they are armed with the information that they need and that information is acute, meaning it is available to them when they need it, it is accurate, and it is actionable, and so we feel that that is so important to create a system that really empowers the individuals, so that they can maintain their health when they are healthy and then provide that really active patient role that every clinician wishes for when they are ill. We think that is so important, and you mention investing in IT and how that has really strapped our healthcare provider's stay and know that is the case. One of the things we really wanted to do was make sure that we call for an effective and transparent healthcare system and one of our principles addresses that, but then in addition, we also really had a call to action to turn information into insight. If we are asking clinicians to do all of this to invest in information and technology and to submit clinical data, we should be trying as a nation to harness that conclusion, so that we can gain from that data and really make sure that we are using the best practices going forward and I know best practices of some controversial, now who gets to determine what is best and should the government really be telling us how to practice medicine and medicine is as much an art as it a science? All that is understood, but we can find better ways to work together, so that as a whole, we are getting as much information as possible out of all the treatment we are providing and becoming better as we practice.

Mr. BRUCE JAPSEN:

Could you give our listeners an example of, I am a physician and the patient listening, when you talk about being a health advocate or having the best information available, perhaps walk us through something that is not being done that could easily be done that perhaps some of these folks on the committee have talked about it.

DR. MCMURRAY:

Well, you know one of the questions that come up quite often is, you know, de-identifying the patient's data, so that it can be amassed in large quantities and looked at and examined for new insights and new treatment regimens and then you know the whole question about submitting efficacy data, both for individual clinicians and hospitals. I know that is sometimes controversial and I know that often the best clinicians treat the sickest patient and so sometimes efficacy rates might be a bit deceiving, but as one of our coaches Elizabeth Teisberg has said, "what you measure, will improve," and so making sure that we are capturing that data and discussing it publically, and if our measurements are not the right ones, then we also need to be discussing that and coming up with better measures of our success, so we know when we are doing well and also know when we are doing not so well.

Mr. BRUCE JAPSEN:

And you bring up an excellent point because in my many years as a reporter, covering the industry, you know, you look at the Vioxx situation or some of these situations where the FDA is reliant on a lot of providers out there to report adverse events and physicians are not reporting adverse events and so, you kind of, wonder when we talk about transparency in getting the best information, there is got to be a better way to gather this, so people know what is out there because you could have prevented a Vioxx earlier in the process rather than after it was on the market for several years. Also, you know, you brought up something earlier about expanding access to health insurance and the fact that this is a very interesting year because both candidates are talking about that, that is important because that has not always been the case.

DR. MCMURRAY:

So interesting, most people forget that the very first President to try to get universal health insurance was FDR and it could not get it as part of the new deal. I mean Johnson wanted it as part of the great society and failed as well, Truman even had an attempt at it, as did Nixon. It has been a very difficult road, however, for many persons and I think it is something we are getting closer to, something we have to work harder at, but I also think that part of the consistent failure that we have seen in this effort since the 1940s is the fact that increasing access to what we currently provide could cripple us, and as much as clinicians want to make sure that they can treat everyone and most clinicians already do so they want to make sure they can be paid for treating everyone, which is only fair. We also have to realize that as a nation a lot of our policy makers have other priorities, so how do we make the case and part of that is proving the value and the quality of what clinicians provide every day, and improving that value and quality if possible, so that we are paying for the most effective things. One of our principles is we should focus on health span not the lifespan, and that means focussing on

increasing the number of healthy years and not the number of years of life, and interestingly enough when we poll the American public on some of these principles, they are very much in favor of that principle, and yet it is not reflected in how we pay for healthcare today. We do not pay for many of the preventive services that clinicians provide often out of the goodness of their hearts currently and we do not focus our entire system on moving people towards that goal and we also do not show the value of prevention in the way we currently measure success or failure in treatment. So, making sure that we are measuring the impact of prevention, we are providing prevention at services and then covering those services, so that they are not provided haphazardly and then also making sure that we are paying for high quality care when people do get sick, are all very important parts of the process.

Mr. BRUCE JAPSEN:

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We would like to thank Dr. Michelle McMurray, who has been our guest. She is with the Aspen Institute Steward Project, and if you like more information on the Aspen Institute stewardship project, you can go to www.aspenhealthstewardship.org and find out about this evolving project in what is a very exciting year in potentially expanding health benefits and access to healthcare in this country.

My name is Bruce Japsen of the Chicago Tribune. I have been your host and I would like to thank you today for listening.

To listen to our on demand library, including this program, visit us at ReachMD.com. Register with promo code radio and receive 6 months' free streaming for your home or office. If you have comments or suggestions, call us at 888 MD XM 157, and I would like to thank you today for listening.

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