

Progressive Cheverly's Position on Health Care Reform Adopted on February 24, 2009

In response to the call from then President-elect Obama's transition team for community discussions and recommendations on how to improve health care in our country, Progressive Cheverly convened a group of Cheverly residents that met in December 2008 to discuss these issues. This paper was subsequently developed based on that discussion and has become the foundation of Progressive Cheverly's position on health care reform.

1. Redefine the problem

- Provide health care (including mental health, dental, and vision care) not just health insurance.
- Redefine health care to both promote good health and provide health care services from the cradle to the grave.
- Redesign the system to one that is based on rewarding preventive care and not just treating illness.
- Treat health care as a human right, not a commodity.
- Decouple access to affordable, quality health care insurance from place of employment and from ability to pay. There should no longer be a tiered system of health care that provides Medicaid for the poor and private insurance for those who can afford it.
- Eliminate profit-driven health insurers from functioning as gatekeepers for health care decisions.

2. Fix the system. We believe any solution must provide the following changes.

Overall Changes Must:

- Eliminate wasteful administrative costs due to a fragmented, private health insurance system that puts profit ahead of patient care.
- Replace our broken, fragmented, inefficient health system (which is really not a system) with a single-payer health care system designed to meet the health and mental health needs of all Americans. (Medicare was discussed as a possible model but we also recognize that there are many problems and limitations with the current Medicare system.) It must insure access to comprehensive, affordable, quality health care. Such a system would eliminate employer-sponsored health care and eliminate the role of private insurers except to possibly handle billing and payment for the government. We believe a single-payer system can save significant costs while also providing the quality of care many Americans expect from their health care system.
- Establish a transition period to a single-payer system. It may be necessary to continue an employer-based system while we refine a single-payer system that will provide coverage and access for all Americans. It is our understanding that President Obama's proposal, as outlined during his campaign, would allow people to continue their employer-sponsored health insurance while at the same time

provide for a publicly administered plan to cover everyone else. We believe the publicly administered plan should be based on a single-payer model, and that if it is properly designed and administered it will be superior to an employer-sponsored plan; then eventually individuals (and employers) will join the public plan. As an additional benefit, a single-payer plan can achieve the economies of scale that allow dramatically reduced costs.

- Finance the single-payer system through changes in the tax system, using progressive approaches that reflect the taxpayer's ability to pay. This could be done through a combination of employer payroll taxes, corporation taxes, and an individual health premium tax.
- Rebuild the public health system to provide health care to designated communities. Dramatically expand the system of community health centers to provide basic health and mental health services, with special attention to residents in rural and inner city areas. The mandate of public health should be to promote good health care for all people It is of all ages. A good start would be to build on data in the Healthy People 2010 Reports.
- Centralize and regionalize specialized services and procedures to make them more cost efficient and to build centers of excellence.
- Eliminate wasteful, duplicative medical costs through shared, secure electronic medical records and elimination of liability-driven defensive medicine.
- Immediately eliminate the Part D Medicare drug program and incorporate it as part of traditional Medicare which would also allow Medicare to negotiate for lower drug prices
- Provide for payment for complementary and alternative forms of treatment including acupuncture, biofeedback, chiropractic services, and nutritional/diet services. We recognize that alternative therapies must be shown to be effective for given conditions.
- Explore expanding the use of an HMO approach that builds on an approach that coordinates care and treats the whole person. HMOs, as originally practiced, put the patient first and not profits as managed care became.
- Develop a health service corps that trains people to do health education outreach and works closely with follow-up as part of the community health centers.
- Examine our societal fixation with hugely expensive technological solutions that minimally delay the end of life without extending the quality of life.
- Develop a long-term care system that provides quality, humane services to those in need and minimizes use of residential care, promotes independence where possible, and expands use of growing old in home communities.

Delivery of Patient Care Changes Must:

- Promote a holistic approach to medicine that looks at the total person's health and mental health needs and that effectively uses a care coordination approach so patients are not receiving duplicate, unnecessary care that can be costly, unnecessarily invasive, and potentially dangerous.
- Heavily and continuously emphasize patient and family education and prevention to keep people out of hospitals and emergency rooms and to educate patients of the true cost of their health care and what they get for it.

- Restore the health of our children and set them on a lifetime track for good health by expanding free school-based health services, incorporating health education courses aimed at reinforcing healthy personal choices, getting rid of junk food in schools and providing healthy lunches, and increasing physical activity through the restoration of physical education classes and school recess.
- Utilize an integrative team approach to the treatment of chronic care conditions by recognizing the interdependency of chronic health problems, prevention, mental health and long-term care needs. A team approach must include physicians, nurses, allied health professionals, and health educators.
- Incorporate incentives to encourage people to live healthy lives and encourage and educate parents to teach their children to live healthy lives. Benefits should include access to non-medical fitness or wellness programs. We as a country need to educate people to see “Health as Wealth.” The New York State Public Health Department had a poster many years ago with the words “Health is Wealth, make it last a lifetime.” But words are not enough.

Changes Related to Providers Must:

- Expand the pool of health care providers at all levels, including primary care physicians and mental health providers, and provide options to reduce education debt for health care workers, possibly through loan forgiveness programs in exchange for an expanded National Health Service corps.
- Provide fair and timely reimbursement to providers that will encourage health providers to continue to practice. Particular attention needs to be paid to primary care providers.
- Increase the number of allied health professionals and provide for their training.
- Establish adequate nurse-to-patient ratios that ensure quality care in our nation’s hospitals and long-term care facilities.
- Limit hours nurses, interns and residents are required to work in order to protect both the health care providers and the patients.
- Provide for better information on the quality of care provided by doctors and hospitals. Such information must be widely available and more public friendly, and there must be more transparency on outcomes.
- Change medical training to reflect more of an emphasis on complementary and alternative medicine that seeks to integrate both traditional medicine and more alternative approaches that can be more cost efficient and effective.
- Consider options for rewarding doctors for improving patient health.
- Include malpractice insurance reform that provides fair compensation to patients harmed but also does not discourage providers from practicing because of excessive cost for insurance and addresses the need to eliminate the prevalence of defensive medicine which contributes to high health care costs.

3. Be bold and keep it simple!