

Presidential Discussion at WHCC

Posted on April 21, 2008 by George Van Antwerp

Joanne Silberner from NPR is moderating a panel on the Presidential HC Agenda which includes people from McCain, Clinton, and Obama's campaign.

- Regardless of who wins...we must have reform was the way that Jim Cooper from the State of Tennessee started when talking about [Obama](#). [I must admit I missed much of his talk.]
 - 50% believe it is feasible.
 - 54% believe it would impact cost.
- Thomas Miller who advises [McCain](#) is talking now. A few things I heard from him were a focus on financial incentives and talking about outcomes. (a good point) He talked about focusing on the family and empowering them. (Although I generally agree conceptually, we are a long way from having information in a format that the family can digest and leverage.) He just blasted the Dems for requiring purchase of politically motivated, cookie cutter plans. (I think this is my first experience listening to a political script which is clearly being read.)
 - 45% believed his plan was feasible.
 - 46% believe it would impact cost.
- Chris Jennings is speaking for [Clinton](#). Affordability. IT. Effectiveness. Chronic care management. In concert with doctors and nurses.
 - 54% believe it's feasible.
 - 51% believe it will impact cost.
- All of them should have listened to Halvorson speak in the prior session. He is on the panel so I will be interested to see what he asks and his opinion. Will he support a particular plan?? His comments included:
 - Most sophisticated and informed debate on healthcare ever this year.
 - Candidates talking about chronic care and expenses of system. Talking about IT systems and best practices.
 - Candidates almost ahead of the policy wonks. He says he has great optimism.
 - McCain's plan looks like a Switzerland model.
 - The Democrats look like the Netherlands model.
 - He wonders if they looked at the European models and what they learned.
- George Shultz (former Secretary of State) was also a commenter:
 - Grow the pie...then it's easier to cut a piece out. [I think I missed the point here.]
 - Lots of the things in the system fail to capture incentives to make them work.
 - Compare the GDP in the US in 2050:
 - \$1T difference if you compare retiring at today's age versus scenario where you retire for the same amount of years
 - People are living longer and being healthier is NOT because of insurance. It is from lots of

medications that have come out of research and equipment. “That’s a huge development.” Basic research is the key. Why we are flatlining this research from the NIH makes no sense.

- Universal coverage should be a ground rule.
- Doesn’t work to just mandate coverage.
- Years ago, it was suggested that everyone get a HSA type offering based on a risk adjusted basis. (From Milton Friedman - conservative economist)
- Competitive market for individuals will drive costs.
- Audience question “How will you limit the greatest cost driver - technology - so that universal coverage doesn’t explode costs?” and “Do we need something like in the UK to evaluate new drugs from a value perspective?”
 - Obama Rep - Affordability is the key. UK approach goes too far. No one wants rationing. People will choose wisely with full information.
 - McCain Rep - Technology is how we have paid for technology. Subsidizes have diminishing returns. Need better research. No binary decision making like UK (coverage or not). Need information on how care is actually delivered.
 - Clinton Rep - Support around price management is growing. Will not go as far as UK. Need more support for NIH. But, funding needs to be linked to outcomes.
 - Schultz pushed back on research linked to outcomes. Interesting breakthroughs come from basic research not focused research. Manufacturer only wants applied research.
 - Halvorson - basic research. EMR. Linking EMR to DNA. Dozen different prostate cancers. Targeting based on DNA (genomics) will be much better. need to follow-up on technology once it’s used to see long-term impact. Systematic care delivery and follow-up important.
 - Schultz talks about education and people’s desire for information. People need to take responsibility for their health.
- Another question “Would any of you mandate preventative care? Or provide incentives?”
 - Obama Rep - should certainly be part of any plan. customers shifting across plans limits ROI. Lots of things that could be done to push knowledge out. Tragedy in America that there is an 7-year lag between onset of Diabetes and diagnosis.
 - McCain Rep - can’t get in front of campaign which is thinking about this. Better educated Americans will navigate system better.
 - Clinton Rep - children can’t be exposed to what they are today leading to obesity without addressing this. People without coverage don’t seek prevention. Uninsured have big cost sensitivity. Uninsured going into Medicare drive costs high quickly. Education isn’t enough. There is some information about this in the senator’s policy.
- Another question: “Do you think the candidate would win the presidency if they presented a workable plan that controlled costs?”
 - 68% said yes.
 - Schultz says that people respond well to straight talk. He encouraged the candidates to pledge to each other that they would support the plan of whichever candidate wins