

NATIONAL PUERTO RICAN COALITION HEALTHCARE FORUM
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COMMENTS PRESENTED BY
CATHERINE G. SCOTT, PRESIDENT, AFSCME DISTRICT COUNCIL 47

From your point of view, what can be done today to manage healthcare cost while still maintaining healthcare benefits.

From my perspective there are some preliminary statements I think help further our discussion. Presently in the US we provide:

1. Sick care not health care.
2. Health insurance costs are driven by 2 factors, demographics and utilization. If you have an older population or larger families, as a rule your costs are higher. The higher the use of the benefits, the higher your costs will be.
3. Presently there are very few incentives for preventative care. On the contrary the more treatments are given, the more money is paid.
4. Philadelphia is a very expensive health care market. It is a hub for medical research and drug research. There is very little incentive for primary care practitioners. There is a strong focus on specialized health care.
5. The average health care consumer:
 - A. Does not understand their coverage.
 - B. Does not have a good understanding of nutrition.
 - C. Has been raised in an advertising culture where drugs are the answer to chronic health problems.
 - D. Has a sedentary lifestyle.

6. Health Care costs do not operate in a consumer driven manner. The lack of transparency of charges and outcomes contributes to the mystique associated with medical care.

With this background, managing chronic health conditions provides the greatest benefit in managing costs, maintaining benefits, and improving quality of life for the member.

One example of a significant chronic condition is the rise in rate of type II diabetes which is life style driven and requires behavioral changes such as nutrition and diet education, exercise awareness, personal responsibility, knowledge of necessary tests and implications of those test results.

A fund must know the major chronic conditions of its members which are the high cost conditions, aggressively educate the members as to the need to manage and, if possible, improve those conditions, and offer support services to accomplish lifestyle changes. In addition members have to be encouraged to obtain preventative screenings to identify health conditions before they become chronic conditions.

The present health insurance reform debate has shown the health care illiteracy in our country. The assumption that young people don't need health care because they are basically healthy, should educate us as to how broad and deep a challenge health care funds face. Especially when we are seeing type II diabetes diagnoses in children as young as 7. Forty years ago, autopsies performed on 21 year old soldiers killed in Vietnam showed cardiovascular systems of 40 year old men.

As a society we have to move from sick care to health care.

Fact 1

According to a recent study:

Medication adherence rates among people with chronic conditions runs less than 50%.

1/3 of all patients cite medication costs as the principle reason for not getting an RX filled.

More focus on chronic conditions which removes barriers to medication compliance. Presently, the response to increased costs is cost shifting to the participant in multiple ways which include raising the monthly cost of insurance, raising the co-payments for prescriptions and doctor visits, and reducing the benefits provided. Instead incentives should be provided for people with chronic conditions enrolling in programs which help them manage those conditions and having test results which support that management (evidence based medicine). Those incentives could include waiving co-payments for medicine and doctor visits related to the chronic condition.

Fact 2

A review involving the medical records of 41 million Medicare patients identified 238,000 preventable deaths — if the airline industry ran like this no one would fly. There are 1.5 million preventable medication errors annually in the US costing over \$200 billion

There are a variety of reasons for preventable medication errors. Our lack of electronic records and electronic prescriptions, the failure of managed care to deliver a team approach to patient care with doctors writing prescriptions without a verification of other medications prescribed for the patient which might have contra indications and lack of patient education about the drugs prescribed to cite a few. The lack of staff and overtime requirements causing staff fatigue is a contributing factor. The shortened doctor visit time increases the possibility of incomplete information. The reliance on the patient's recollection of medical history is problematic. I think these issues are greater contributors to error than lack of regulations.

Fact 3

55% of Americans say they do not understand their healthcare coverage. The Congressional Budget Office Projects the Senate Finance Committee's health care bill will cost \$829 billion over 10 years.

We have to acknowledge that our present lifestyle is a big contributor to health insurance costs. Our schools have to educate children about nutrition, physical activity should be a part of the daily school activity, and unhealthy foods should not be available for purchase in schools.

Health funds need to educate and engage plan participants more in preventative care, the negative effects of drugs and possible alternatives to drugs, the costs of different medical facilities and outcome rates for conditions in those facilities, and incorporating evidence based medicine in coverage decisions.

Government needs to play a bigger role in health care. In Philadelphia routine care is virtually unavailable on weekends and evenings, Philadelphia has no public hospital, health centers are understaffed leading to long delays in getting appointments and health education is virtually unavailable. Some areas of the city have no food markets offering fresh fruits and fresh vegetables which increases the rate of chronic illness among the poor. In a City with so many medical resources, more needs to be done to enhance primary care services and healthier life styles.

The lack of urgent care which forces emergency room usage is a public health issue.