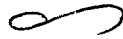


**EVEN SOME BUSINESS LEADERS WHO NORMALLY CRINGE AT THE  
THOUGHT OF GOVERNMENT INTERVENTION OR REGULATION  
FIND THEMSELVES CALLING FOR A SYSTEM OF NATIONAL  
HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.**



**A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT  
THE BEGINNING OF LAST SUMMER.**

**TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE,**

**EACH CALLED FOR A NATIONAL HEALTH SERVICE.**

**THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE**

**MANUFACTURERS,**

**AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST**

**CONSERVATIVE BODY.**

**RECENTLY I'VE NOTICED A STRANGE INTEREST IN THE CANADIAN SYSTEM.**

**EVERYWHERE I GO PEOPLE SAY TO ME, "WE NEED THE CANADIAN SYSTEM." SO I SAY, "TELL ME, WHAT IS IT YOU LIKE ABOUT THE CANADIAN SYSTEM.?"**

**THEY ALWAYS ANSWER, "I DON'T REALLY KNOW, BUT IT'S A GOOD SYSTEM."**

**THE GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH SERVICES IS BASED MORE UPON DISSATISFACTION WITH OUR SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE. MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.**

**EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN  
GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH,  
THEY PROVE --IN TIME-- TO BE DETRIMENTAL. EVENTUALLY  
THERE IS AN EROSION OF QUALITY, PRODUCTIVITY, INNOVATION,  
AND CREATIVITY. THIS IS ESPECIALLY TRUE OF RESEARCH.  
THEN, LACK OF RESPONSIVENESS TO PATIENTS. FINALLY,  
RATIONING AND WAITING IN LINES.**

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,  
ESPECIALLY FOR MEDICAL CARE.**

**THE MAJORITY HAS BECOME ACCUSTOMED TO AVAILABLE CARE,  
IF NOT ACCESSIBLE CARE.**



**AND WE DESIRE PERSONAL CARE.**

**NOW, IT MAY NOT BE POSSIBLE TO HAVE THE SAME PERSONAL  
RELATIONSHIP BETWEEN DOCTORS AND PATIENTS THAT OUR  
GRANDPARENTS HAD.**

I STUDIED THE CAN. SYSTEM IN THE MY

TV. SERIES

I CAN PHYSICIAN OUT OF THE WAY

I worked for the National Health Service in England for 7 years and came here because I thought the Can system was better. Now the UK NHS is a shambles, and the Can. system is crumbling and falling in its footsteps. Why would you ever look at the Canadian system.

**TODAY, URBAN PEOPLE, ESPECIALLY, RELY UPON EMERGENCY  
ROOM CARE AND GROUP PRACTICES, AND THE EFFICIENCY THEY  
BRING HAVE COME AT THE COST OF THAT PERSONAL  
RELATIONSHIP.**

**BUT, WE CAN DO A LOT TO RESTORE THE DOCTOR-PATIENT  
RELATIONSHIP, A RELATIONSHIP THAT IS UNFORTUNATELY  
BECOMING CHANGED TO A PROVIDER-CONSUMER RELATIONSHIP.**



**I REALIZE THAT THERE ARE SOME BUILT-IN PROBLEMS. PEOPLE  
AREN'T HAPPY ABOUT BEING ILL, NEEDING TO GO TO A  
PHYSICIAN.**

**HAVING TO PAY A HIGH PRICE FOR IT MAKES IT EVEN MORE  
UNPLEASANT.**

**BUT WE NEED TO SUBORDINATE THE ECONOMIC ASPECT OF THE  
RELATIONSHIP TO THE CLIMATE OF TRUST BETWEEN THE  
DOCTOR AND THE PATIENT.**

**IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A  
CONSUMER, GETTING THE MOST FOR HIS MONEY, SHOPPING  
AROUND FOR A DOCTOR WHO CHARGES \$5 LESS FOR AN OFFICE  
VISIT, HE AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF  
THE SELLER, GETTING THE MOST FOR HIS SERVICES.**

**IF THE DOCTOR IS PRIMARILY CONCERNED ABOUT COLLECTING  
HIS FEE, HE AUTOMATICALLY AROUSES THE CONSUMER  
MENTALITY IN HIS PATIENT. WE CAN'T HAVE PATIENTS  
WONDERING IF THEIR TREATMENT IS DETERMINED BY THE  
DOCTORS FINANCES.**

**WE ALSO NEED TO REFORM THE MALPRACTICE MESS, THE TORTURED TORT SYSTEM THAT FORCES DOCTORS AND PATIENTS TO VIEW EACH OTHER AS LEGAL ADVERSARIES. WE CAN'T HAVE DOCTORS WONDERING IF THEY'LL NEXT SEE THEIR PATIENTS IN COURT, FLANKED BY THEIR LAWYERS.**

**WE NEED TO GET PAST THE STAND-OFF BETWEEN DOCTORS AND LAWYERS.**

**I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD  
PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED  
TO HAVE.**

**IT CAN BE RESTORED.**

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF  
THE STETHOSCOPE.**

**BUT IF WE DON'T OFFER SOMETHING BETTER, WE WILL GET A  
GOVERNMENT CONTROLLED MEDICAL SYSTEM, AND LOSE  
FOREVER THE PRESENT POTENTIAL FOR THE BEST SYSTEM  
POSSIBLE.**

**THE FALLACY OF ECONOMIC CONTROLS IS THAT THEY ATTEMPT  
TO FORCE CHANGE AND REORGANIZATION AGAINST THE WILL OF  
THOSE PROVIDING HEALTH CARE. IT IS NOT IN THEIR INTEREST,  
AS THEY SEE IT, BECAUSE THE MORE INEFFICIENT PROVIDER,  
THE MORE REVENUE, REGARDLESS OF HEALTH PRODUCED, OR  
NOT PRODUCED.**

**WE ARE IN A PERIOD OF TIGHT FINANCIAL CONSTRAINTS, AND IF YOU READ THE LIPS OF THE PRESIDENT -- NO NEW TAXES.**

**IF THAT WERE NOT SO, I THINK WE'D HAVE A GOVERNMENT-CONTROLLED NATIONAL HEALTH SERVICE ALMOST IMMEDIATELY. THAT WOULD SEEM MARVELOUS AT THE BEGINNING, BUT DISSATISFACTION WOULD COME UNTIL YOU COULDN'T WAIT TO CHANGE IT AGAIN.**

**THERE IS A BETTER WAY, AND IT PREVENTS THE FURTHER INTRUSION OF THE GOVERNMENT INTO THE DELIVERY OF HEALTH CARE.**

**A MARKET-BASED STRATEGY MUST ADDRESS THE FORCES  
DRIVING COSTS UPWARD WHILE AT THE SAME TIME ATTACKING  
BARRIERS TO ACCESS.**

**WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE  
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME  
TIME. AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL,  
UNBRIDLED BY INFORMED PURCHASERS, MANY PEOPLE ARE  
DENIED BASIC PREVENTIVE AND PRIMARY CARE.**

Alpha Health Network

Improve Quality - Costs go down

I visited one hospital

Last year 8.1 % over previous year

This year 3.9 % less than previous year



**TWO THIRDS OF OUR POPULATION - ABOUT 160 MILLION AMERICANS ARE COVERED BY EMPLOYER-PURCHASED HEALTH INSURANCE. EMPLOYERS AND WORKERS TOGETHER MUST IDENTIFY THE LEADERSHIP TO BRING HEALTHCARE COST UNDER CONTROL.**

**SUCH A NATIONAL ALLIANCE HAS BEEN FORMED AND IS GROWING. AS THIS REFORM IN THE PRIVATE SECTOR IS TAKING PLACE THERE MUST BE FURTHER JOINING OF FORCES WITH GOVERNMENT - AT FEDERAL AND STATE LEVELS - WHERE MEDICARE AND MEDICAID ARE ADMINISTERED,IF WE ARE TO RESTRUCTURE THE ENTIRE SYSTEM OF PURCHASING AND PROVIDING HEALTHCARE.**



**NOT LONG AGO A COALITION OF BIG BUSINESS AND LABOR  
UNIONS FORMED TO ADDRESS THIS PROBLEM.**

**I THINK THAT THIS IS THE WRONG COALITION.**

**THAT IS HOW WE GOT TO OUR CURRENT PROBLEMS OF  
PROFLIGACY AND POOR CARE.**

**WORKERS WANT QUALITY HEALTH CARE, NOT A NATIONAL  
HEALTH SERVICE.**

**EMPLOYERS WANT TO FURTHER ESCALATION OF HEALTH COSTS,  
NOT A NATIONAL HEALTH SERVICE.**

**THE COALITION THAT NEEDS TO BE FORMED COMBINES  
BUSINESS AND ORGANIZED HEALTH CARE. TOGETHER THEY CAN  
FORGE THE ALLIANCE THAT REWARDS HIGH QUALITY AND HIGH  
EFFICIENCY WITH MORE PATIENTS, RATHER THAN REWARDING  
POOR QUALITY CARE WITH DOLLARS AS WE DO NOW.  
BUSINESS AND MEDICINE HAVE THE MOST TO LOSE: POOR  
QUALITY MARRIED TO GOVERNMENT CONTROL.**

**WE NEED TO COMMUNICATE BETTER ABOUT HIGH-QUALITY AND EFFICIENT CARE. THEN THE PATIENTS WILL COME FROM THE POOR QUALITY, INEFFICIENT SYSTEMS WHICH WILL HAVE TO IMPROVE OR PERISH.**

**WE WILL NEED - AND THEY ARE BEING DEVELOPED - TOOLS TO MEASURE MEDICAL NECESSITY, APPROPRIATENESS, EFFECTIVENESS AND OF COURSE OUTCOMES. QUALITY, AND EFFICIENCY ARE DIFFICULT IF NOT IMPOSSIBLE TO MEASURE. BUT THEY ARE MORE IMPORTANT THAN MERE QUANTITY.**

**FOR THOSE WITHOUT ACCESS, THE GOAL IS UNIVERSAL  
COVERAGE TO BE ACHIEVED THROUGH COMPREHENSIVE  
REFORMS OF GOVERNMENT PROGRAMS FOR THE POOR AND  
UNINSURED COMBINED WITH RISK POOLING. MEANWHILE  
INTERIM STEPS INCLUDE MEDICAID EXPANSION, UNDER  
EXISTING LAW, AND TAX INCENTIVES TO ENCOURAGE SMALL  
BUSINESS INSURANCE COVERAGE. THESE LATTER ELEMENTS  
ARE THE ONLY ONES THAT REQUIRE PUBLIC POLICY REFORMS.**

**ONE WAY TO GET THINGS MOVING IN THE RIGHT DIRECTION IS THROUGH A PRESIDENTIAL COMMISSION.**

**I URGED THIS IN A PRIVATE CONVERSATION WITH THE PRESIDENT IN AUGUST 1988, SEVERAL MONTHS BEFORE HIS ELECTION,**

**AND I'VE MADE THE SAME SUGGESTION IN EDITORIALS IN NEWSWEEK AND FROM MANY PLATFORMS AROUND THE COUNTRY.**

**THIS IS THE BEST WAY TO GET ACTION, BECAUSE THE CONGRESSIONAL MEMBERS OF A PRESIDENTIAL COMMISSION WILL TAKE THE PLANS BACK TO CONGRESS FOR DISCUSSION, A VOTE, AND THEN IMPLEMENTATION.**

**THE OPPORTUNITY IS NOW.**

**THE TIME IS SHORT.**

**THE STAKES ARE HIGH.**

**THE ALTERNATIVES UNDESIRABLE.**

**IT REMAINS TO BE SEEN WHETHER OR NOT THE PRIVATE SECTOR  
SEIZES THIS ONE AND ONLY OPPORTUNITY, WE'LL SEE.**

**WE ALL NEED TO BE A PART OF THE EFFORT.**

**BUT THERE IS NO QUICK FIX.**

**FROM HERE TO THERE COULD TAKE A DECADE, BUT WE'D  
IMPROVE YEAR BY YEAR ALONG THE WAY.**



**choose: prevention ending, or international health ending, or both**

**IN THE MEANTIME, EVERYDAY, ALL OF US WHO ARE PART OF THE  
HEALTHCARE SYSTEM, ALL OF US WHO ARE PART OF AMERICAN  
SOCIETY FIND OURSELVES IN THE MIDST OF A GREAT  
REVOLUTION.**

**THIS REVOLUTION IS MORE IMPORTANT THAN THE NEEDED  
REVOLUTION IN THE STRUCTURE OF HEALTH CARE OR IN THE  
FINANCING OF HEALTH CARE.**

**THIS REVOLUTION CHANGES EVERYDAY INDIVIDUAL BEHAVIOR.**

**YOU ARE A PART OF THAT REVOLUTION, AND YOU'LL IMPROVE  
THE HEALTH OF THE AMERICAN PEOPLE --AS WELL AS YOUR  
OWN HEALTH-- IF YOU PLAY YOUR PART.**

**TWO CONCEPTS FORM THE BASIS FOR THIS REVOLUTION.**

**FIRST, YOUR HEALTH AND THE HEALTH OF THOSE WHO COME TO  
YOU PROFESSIONALLY WILL DEPEND MOSTLY UPON THE  
PREVENTION OF DISEASE AND DISABILITY AND THE PROMOTION  
OF GOOD HEALTH.**