

CodeBlueNow! Papers:

NEW VOICES

in American

Health Care

Featuring Articles By:

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Introduction

By Arne Carlson, R, Minnesota; Booth Gardner, D, Washington;
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The CodeBlueNow! Papers you are about to read represent the first in a continuing attempt to make a powerful public case for health care reform, just as the Federalist Papers made a case for the Constitution of the United States. Like the Federalist Papers, these commentaries show how our system is broken and they paint a picture of an improved future health care system that works for our people, our businesses, our communities and our country.

These ten commentaries also exemplify the civil tone this great nation's health care dialogue should have. As former governors who presided over very different states in very different times, we joined in this effort because we believe our health care system is broken and desperately in need of immediate attention. We further believe that only by creating real grassroots pressure will our elected officials finally act.

While health care cost, access and quality are top concerns of Americans, health care has not been on the national agenda for years. We hope these papers will help move health care to the top of our domestic agenda so all our people can have accessible, affordable, equitable, safe and effective health care.

These papers—with authors including former governors, business leaders, foundation presidents, and researchers—bring a strong bi-partisan voice that health care is too important to be left to party politics and that only with grassroots pressure can we fix our health care system. These voices also paint a picture of a better health care future that is founded on wellness and prevention and is affordable.

An improved health care system is possible to build. It must include all our people. It is financially possible to do so. In fact, it is more expensive to do nothing. Our businesses lose ground in an increasingly competitive global economy because of health care costs; our families are losing the ability to afford health care premiums—which now match the annual salary of minimum wage workers; and health care costs wipe out families' savings and cause bankruptcies. Our health care costs are twice those of other industrialized nations, yet in comparison with them for outcomes, we fail every test. If our health care system were our Olympic team, we would spare no resource to compete.

We do not need resources to improve our health care system. We need the political will.

That is why we put our names to this effort. We are no longer content to do nothing.

We invite you to read these CodeBlueNow! Papers, pass them along to friends and then join CodeBlueNow! so we can make a difference. We must mobilize Americans so elected officials will finally act.

Acknowledgements

With extraordinary leadership, Mark Trahant, Editorial Page Editor and Kimberly Milles, Op-Ed Editor and The Editorial Board for the Seattle Post-Intelligencer made a remarkable commitment of running a series of ten commentaries from Sunday, September 18th, running every Friday through November 11, 2005, with the last piece running on the cover of the editorial page on Sunday, November 13.

In times of declining newspaper revenues and editorial space, we at CodeBlueNow! want to acknowledge their leadership and share this remarkable commentaries with the largest possible audience.

The “CodeBlueNow! Papers” were modeled after the Federalist Papers. We hope these commentaries will begin to birth a major American dialogue, framing and giving vision to a safe, effective, efficient, equitable, affordable and accessible health care system.

As you will read in these pieces, dialogue leading to change is possible. The authors explain how our system is broken, and what we could do to fix it and what the key elements of a new system could be—if we have the public will to create that new system.

We invite you to read these papers, share them with your friends and colleagues, and join us on our website as we continue the dialogue about building a health care system together.

This series and this publication would not be possible without the generous support of our sponsors and donors. Notably, Northwest Physician Network, our generous individual donors, and an incredible Board of Directors and staff.

The generosity of Herb and Shirley Bridge for the use of their cabin on Whidbey Island and hard work of former communications director Kerri Petrin, MPH were essential to the realization of this project.

Nor would the series have been possible without the wide range of authors who gave their time, and their reputations, to this project.

We are very thankful.

Kathleen O’Connor, Founder and CEO
November 30, 2005

The CodeBlueNow! Papers

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Re-Creating The Health Care System

By Arne H. Carlson, R, former Governor Minnesota and
Booth Gardner, D, former Governor Washington

By way of introduction, both of us served as Governors for eight years: Minnesota and Washington. As Governors, we created MinnesotaCare and the Basic Health Plan in our states—programs to provide health care for hard working, decent people whose employers did not or could not pay for it. But that was ten years ago. Now these plans are being significantly altered, our economy has changed, and our political climate has eroded.

It is not just Minnesota and Washington. State after state is dismantling similar programs. In Tennessee alone this year--to balance the state budget—over 191,000 adults will be cut from the TennCare program. It will also cut benefits for hundreds of thousands of others because it cannot afford the \$8.7 billion program. Missouri intends to completely dismantle its Medicaid program by 2008. Now, instead of working together to build programs, hundreds of thousands of people are without health insurance with precious few places to turn. This is not inconsequential—one of every five Americans under 65 has no health insurance.

Couple this with changes in the economy and it spells trouble. Jobs are being outsourced to other countries largely due to costs such as health care. This leaves even more people without health insurance, because under the current system when you lose your job, you lose your health care.

Add to this other changes on the health care horizon. More employers are introducing the new health savings accounts that pass more costs along to the employee. The federal government proposes sweeping makeovers of Medicaid and Medicare. We face the most profound changes in our health care system in 40 years. Consider the looming retirement of the Baby Boom generation which will profoundly impact our society by adding pressure to both the workforce which pays for Medicare and our already underfunded retirement programs.

All these changes introduce more instability into our nation than any other time during our lifetimes. Instability is not healthy for a democratic society.

And, just as we face these thunderous changes, we have devolved into a rancorous political climate that does not serve us as citizens. Nor does it serve the health of our nation.

When we retired as governors, a mere 10 years ago, our society respected an honest exchange of ideas to solve a problem. We welcomed a diversity of ideas, albeit often grudgingly. But now we have become a society that approaches its problems by shouting at each other, that is laden with spin, and that considers honest disagreement an act of betrayal. This shakes the very foundation of a democracy.

So, it is time we, the people, speak with the one tool we have—our voices. Public office should be an office beholden to the people they serve, not to special interests that flood the campaign coffers. We need to launch a national dialog, create a vision that works for us, and tell our representatives: This is the health care system we want.

We cannot look solely to elected officials to solve our health care problems. Sadly, they have placed “pork” ahead of legitimate concerns such as health care. We, as citizens, must create the vision, which we start in this series—starting here today. We can create a system that serves our people, our businesses, our economy, our communities and our country.

It is possible. But, as Governors, we know that every time we try to talk about fixing our health care system someone yells “Socialized Medicine.” People have been yelling “socialized medicine” since the 1920s. This is simply a dodge. A means to derail an honest examination of our health care system. So, let us take a look at this so-called system.

First, our health care system is inadequate. Prevention should be first; the foundation; the heart; the goal. Not the stepchild it is now. We have an “after the fact” health plan—one that says we will think about your leg only after you have broken it. It is one that says, don not worry about diet, exercise and smoking, we can fix it. In 1932, the Committee on the Cost of Medical Care lamented that our health care costs were high because we had a disease-based rather than preventive system. This disease-based system persists today and our health care costs continue to rise.

You will see in the upcoming pieces the real price we pay for not investing in the health of our people. We will also see visions and ideas for a better future by people who know that change is possible as is a better future.

Second, as Governors with direct experience, we think our real problem now is lack of leadership. Our leaders are not advocating for prevention that could flatten, if not lower our costs. Our leaders are not creating a vision of a sustainable health care system. Most importantly, our leaders are not fostering a civil, civic dialog necessary for the health of our nation.

Democracy is founded on the free flow of ideas and discussion—something that is sorely lacking today. Democracy is not about winning at all costs. Winning at all costs creates disorder and disorder breeds instability. Instability is not an asset of democracy.

Real leadership invites ideas. Leadership matters. But, it is hard to solve a problem when public dialog is mean-spirited and a “my way or the highway” approach. This does not foster public discussion and, in fact, undermines the very notion of a democracy.

So we need a major national discussion, starting here today—outside the Washington DC Beltway. We must start that dialog, build a vision and layout an expectation for our leadership.

Third, the health of our nation counts. Currently, our health care is becoming increasingly unaffordable. It is a drag on our economy, burdens our businesses and our families, and undermines our international competitiveness. We live in a global economy that ties us together.

Being the lone major industrial nation that does not cover health care for all our people does not serve us as a society. Morally and economically, this is true.

We must focus on affordable health care coverage for all of us. This is what we will see on these pages over the next nine weeks—an open and honest exchange of ideas about one of our nation’s most pressing issues—a sustainable health care system.

The goal here is to set in motion a thoughtful, intelligent dialogue that, hopefully, will lead to the development of a health care system that provides everyone with a proper level of care at an affordable price.

We must ask ourselves—how can we cover all our people? What are different ways we can pay for it? Clearly, we must all participate. In addition, any system we create must first focus on issues of wellness. Prevention is infinitely less expensive than faulty outcomes. Toward this end, your input is most valuable. That is why, at our Town Hall meeting on December 5th and at each Town Hall Meeting, around the country, your ideas will become part of the total discussion and part of our report and that report will be made public.

Our hope also is to change the tone of our national discourse so that we can welcome input and reward thoughtfulness.

We are both honored to be part of this effort.

We are not the only ones who believe this. Please be sure and read what a leading national business leader has to say as well.

*Arne H. Carlson, R, Governor Minnesota and Booth Gardner, D, Governor, Washington—
Members Honorary Board, CodeBlueNow!*

We Have To Be Smarter About Buying Health Care Services

By David Huether, President, Taco Del Mar

For the past 35 years I have worked in the restaurant industry. So, why am I writing about healthcare? Because the wellness of employees and their dependents has a direct impact on the overall quality, effectiveness and success of all businesses. Also, I passionately believe that all citizens should have the ability to effectively purchase quality health care services. Equally important, we all have the responsibility to maintain and promote our own good health.

I am also writing because I worked in the healthcare industry. For 15 years I built and operated multi-site healthcare service businesses whose customers were employers and insurance companies. The patients were everyday people like you and me. That experience gave me an intimate insight into how our healthcare financing and service system function. It also brought me to the conclusion that the current system is totally unsustainable. This is not to say that good health care isn't delivered, it is. But the way in which citizens "buy health care services" is not.

For the past forty years, American employers have been the principal funding source of health care through company sponsored and purchased insurance plans. Beginning in the mid '80's, these program costs began accelerating dramatically, requiring employers to initiate cost containment programs. These containment programs, however, have had little or no effect on the overall increases in health costs. Health care costs have grown at annual rates of two to three times the rate of inflation for the past 15 years.

Providing employee health insurance has grown to the point that it is no longer affordable for most small business and is unsustainable for large companies. Currently, annual health insurance costs approximately \$4,000 for an individual and \$11,000 for a family. This represents 10 to 20% or more of each employee's compensation. It does not count the cost of Medicare which is an additional tax on wages paid by both the employer and employee. Without dramatic changes, these costs will continue to increase and the system will fail.

Individuals and businesses often buy goods and services in the same way. We compare quality, service and price and buy accordingly. That experience is significantly different in health care which does not have an open marketplace system. In fact, it is highly regulated and individuals are unable to shop for either quality or price. Why? Because the vast majority of consumers do not purchase care directly, they use it, but an insurance company pays for it. Further, because individuals are able to 'have someone else' pay for the services, the incentive to buy smart and right doesn't exist. In addition, little or no quality and price information exists which people can use to make informed purchasing decisions.

The use of health care services is further complicated by the heavy promotion of new procedures, devices and medications, all in the name of "improving" our health. Yet we have limited or no information on the comparative benefits, both clinical and cost of these new products and

services. As Governor Booth Gardner once remarked-"I didn't know if I was getting the MRI exam because I needed one or because the hospital needed to amortize its investment." (We could possibly delete this to make up for space).

Cost isn't the only thing that is out of whack in our health care industry. In the rest of our economy, if you purchase a product that does not meet your standards, you vote with your feet by not returning. But, a huge issue in health care is the measurement and reporting of quality, safety and outcomes, and an alarming lack of consistent standards, which means consumers, you and I, cannot evaluate the results to make informed purchasing decisions, as you will see in the next commentary by RAND.

This is no way to run any enterprise—no way to control cost or quality. Continuing what we have is simply not acceptable.

We are not starting from ground zero—numerous groups and ideas exist to build upon as we proceed. We'll hear from others toward the end. What we need now is active participation from individuals and businesses--and from all of us from all walks of life and all parts of our country, to get involved and create a broad based, well-developed policy that is currently missing with the clout to move Congress.

If you have questions about the quality of our care, just read what researchers from RAND have to say.

David Huether, President, Taco Del Mar and Chairman, Board of Directors, CodeBlueNow!

Quality Is Everybody's Problem

By Elizabeth A. McGlynn, PhD, RAND Health

I work at the RAND Corporation, a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world.

At RAND Health, where I am the associate director, we study problems related to the costs of health care, access to the health system and the quality of medical care.

For nearly 20 years, I've been investigating how well the U.S. health care system delivers services that are consistent with professional standards and good science. I've found that most people assume they are already getting top-quality medical care – but unfortunately, this is often not the case. People are dying needlessly as a result.

A major RAND study I led found that American adults on average get only about half of the health care services they need to prevent, diagnose and treat common medical problems that are the main causes of death and disability. The study found that the average adult needed about 16 health services – specific types of tests or treatments – over two years, but usually received only eight of those services.

If you don't get the care you need, you may die or become disabled earlier than you otherwise would. For example, my study found that people with high blood pressure often did not get adequate treatment—and that as many as 68,000 deaths could be avoided each year if the right treatment was delivered.

Other researchers have found that in hospitals - a place where most people expect to get the best treatment - as many as 98,000 patients die each year from medical errors.

My research has confirmed that there are three main problems with the quality of the U.S. health care system - underuse, overuse, and misuse or error. Let me define these terms:

- * Underuse – people aren't getting care they need.
- * Overuse – people are getting care that won't help them and might hurt them.
- * Misuse or error – a mistake is made in the way care is given, like getting the wrong dose of a medicine or having surgery on the wrong leg.

All areas of the United States experience these types of problems in all types of insurance plans, and all of us could potentially experience these problems in our own medical care.

The RAND study found that although people living in the Seattle got the best care among 12 metropolitan areas we studied, they received just 59 percent of the care they needed. In the lowest scoring community—Orange County, California—people received about 51 percent of the care they needed.

My research also showed that the chance you will get the care you need depends on the health problem you have. For example, people with heart disease got 68 percent of the care they needed. But people with diabetes got just 45 percent. People who had a hip fracture received just 23 percent.

In previous studies, we found that about one-third of common surgeries and tests to diagnose medical problems may be unnecessary.

That means these surgeries and tests are not likely to improve a patient's health, and are not likely to be useful in deciding whether or not a patient has a particular disease.

Surprisingly, studies have found the amount of money that is spent on health care does not guarantee that the right things will be done more often. In fact, some researchers have found that higher levels of spending may actually increase the risk of having a quality problem.

Can anything be done to improve the quality of health care we receive? Yes. But, if we don't acknowledge there is a problem, we won't insist that steps be taken to solve it.

This series is intended to make people more aware about what's wrong with our health care system and to begin a conversation about the things that can and should be done to fix the system. Next you will hear from a former governor about what we need to do.

Elizabeth McGlynn, Ph.D. is associate director of RAND Health, part of the RAND Corporation.

Health Care System Lacks Accountability

By John A. Kitzhaber, M.D., D,
Former Governor of the State of Oregon

As a former emergency physician and two term governor of Oregon, I have come to believe that the crisis in our health care system is the single most pressing domestic challenge facing our country today. The major components of this system were created separately at different times, for different reasons and reflect no common purpose. It is a system in which there is little individual responsibility and even less political accountability and in which the needs of the present are being met at the expense and profound detriment of our children and grandchildren.

Because there is no explicit policy of universal coverage in the country, health care is rationed implicitly and impersonally with no one taking responsibility for the tragic human consequences. It is very much like high level bombing where the pilots never see the faces of those who suffer because of their actions.

In February of 2003, for example, in order to help balance the budget the Oregon legislature eliminated prescription drug coverage for some people on its Medicaid program. As a consequence, Douglas Schmidt, a man in his mid-30's was no longer able to afford the medication to control his seizure disorder. He subsequently suffered a sustained grand mal seizure and ended up with severe brain damage and on a ventilator in a Portland hospital. Here he remained for several months until transferred to a nursing home where he died when life support was withdrawn.

The cost of his anti-seizure medication was \$14 a day. The cost of the intensive care unit was over \$7,500 a day – a total cost of over \$1 million – all of which was billed back to the state which did not save any money by its implicit rationing decision.

Indeed, Douglas Schmidt died of political and budgetary expediency based on a policy which says, in effect, that we will not pay a few dollars for medication to manage a seizure disorder in the community, but will pay over a million dollars to keep an individual on life support after his uncontrolled seizures caused severe brain damage. It is a policy that says we will not pay to manage hypertension in the community, but we will pay to care for the victim of a massive stroke in the hospital; that we will not pay to provide all pregnant women with good prenatal care, but we will pay to resuscitate their 500 gram infants in a neonatal intensive care unit.

This should not be acceptable to any of us but we seem to have succumbed to a sense of powerlessness and resignation; to a growing belief that the system is so huge and complicated that taking it on seems daunting if not futile. And, that is exactly the attitude we have to change – because we are running out of time here – incremental change is simply not going to do the job. What we need is a Revolution –not of violence but of vision; not of arms but of ideas. A

Revolution through which we can replace our resignation with hope – and our disengagement with a new community-based activism driven not by partisan politics but by an unwillingness to accept a system that has become obsessed with the delivery of health care as an economic commodity at the expense of health for the American people.

It is unlikely, however, that the leadership to spark this Revolution will come from our political establishment – which means that if we want anything to happen, we will have to make it happen ourselves. It means the responsibility to bring about reform does not belong to someone else. It belongs to us – to you and me and to citizens in communities across America. It means that we must step forward and build a vision of what our health care system could look like in America, what it should look like as the starting point for a national debate.

And that is exactly the task that Code Blue has undertaken. We are not powerless here. We have both the opportunity and the responsibility to change the world our children will inherit – by acting, by leading, by personally reengaging in this effort – not as captives of the status quo, but as architects of a new future.

Community-based action is possible. Read next week what two foundation presidents know from their experience.

*John A. Kitzhaber, M.D., Governor State of Oregon, 1995-2003
Honorary Board, CodeBlueNow!*

When It Comes To Health Care, Communities Know Best

By William C. Richardson, W.K. Kellogg Foundation
And Thomas Aschenbrener, Northwest Health Foundation

The United States has the most advanced system of health care the world has ever seen, and for that we can be rightly proud. Nonetheless, for millions of Americans, our current system has a major failing: it doesn't provide enough of the community-based, primary care that people need on a regular basis to stay healthy. Too often, for those lacking insurance or access to basic care, the only place to turn is the nearest emergency room. And that's a role that ERs, whose care is expensive and geared toward life-threatening situations, were never intended to fill.

As we saw with Hurricane Katrina, when there is a hole in the social safety net, it is the most vulnerable – children, low-income adults, and the elderly – who suffer most. But the good news is this: without breaking the bank, communities can create their own networks of affordable services that benefit everyone.

Through its Community Voices program, the Kellogg Foundation has seen this approach work in 13 communities across the country. Basically, Community Voices has created coalitions that include businesses, schools, and citizens' groups. With their combined buying power, they work to identify and provide the kinds of services that local people ask for. Depending on the community, this might be asthma prevention, pregnancy testing or blood pressure and diabetes screening. Addressing problems before they become chronic keeps children in school and helps working adults stay more productive and financially secure.

A community-based effort in Lane County Oregon is working to expand access to healthcare for uninsured and underinsured individuals. In their biannual survey, the United Way of Lane County found, for the first time, that access to health care was everyone's number one concern no matter what their income, age, education or geographic location. United Way volunteers began conversations about what to do about their community health with leaders from health care, business, government, human services, faith communities, labor and elected officials. These leaders made a commitment to improve access by making key changes in the local health care delivery system. Over eight months, five separate work groups have been working on some promising opportunities to improve access.

By May 2005, the group reported back to the community at a county-wide health care summit, attended by more than 200 people. They reported on a broad range of priority projects that would increase access for Lane county residents—from medication access, to behavioral health services, chronic care self-management, expanded volunteer physician participation, and finding medical homes for the uninsured, as well as county wide prevention activities. The resulting "100% Access Coalition" is now working to deliver "*better care for more people through community collaboration.*" www.Unitedwaylane.org.

Regardless of their location, successful community-based programs typically have these traits in common:

Driven by communities: Local people, more so than state or federal officials, know which services are most needed in their communities. It is essential that local people be part of the decision making process for any community-based care program.

Comprehensive in approach: The trend in U.S. health care has been toward specialization, and medical specialists are crucial to our system. However, community services seek to treat the whole person. With the “one-stop shopping” approach, community care providers often house medical, dental, substance abuse and job training under the same roof (or at least coordinate these services).

Outward-focused and Prevention Oriented: Preventive services can pay for themselves by treating potentially serious problems in their early stages. Many prevention programs include outreach education, and for that, local lay people who are trained as community health workers can be ideal. Because neighbors trust them, they can be a vital link between underserved populations and health care professionals.

Time and again, we have seen how community-based care programs can create new health, hope and vitality in rural and urban communities. And as we look for cost-effective ways to improve access and quality care at the national level, community-based efforts offer some of the best medicine of all. (www.wkkf.org/communityvoices). (www.nwhf.org)

But, don't just take our word for it. Read what the co-founder of AOL and the founder of Clif Bar have to say in the next two commentaries.

William C. Richardson, is President and CEO of the W.K. Kellogg Foundation and Thomas Aschenbrener, is President of the Northwest Health Foundation.

Putting The Patient First

By Steve Case

Co-founder of AOL and CEO of Revolution, LLC

I'm often asked why I chose to enter the health care industry, and become an advocate for sweeping change, even though I have no real background in the field. The answer comes from personal experience. Even a family as fortunate as mine isn't immune from the problems that everyone else faces in dealing with the health care system. In its most extreme form, I saw caring doctors and nurses trapped in an inhumane bureaucracy when my brother, Dan, died from a brain tumor in 2002. And, on the more run-of-the-mill side of things, as a parent, I've been frustrated when a child has developed a fever or a twisted ankle on a weekend – and the only choices were waiting until Monday to see a doctor, or going to a hospital emergency room.

In these experiences, and others, I've seen a system that fails to put the patient first. I've seen waste we wouldn't tolerate in other industries. And I've seen doctors and nurses unable to spend time doing what they do best: taking care of patients, not filling out forms or dealing with paperwork. It doesn't have to be this way. At Revolution Health, I'm putting my money where my mouth is, so to speak, by investing in ideas fall into three categories: content, coverage, and care.

By “content,” I mean that every person should have access to the information and tools needed to help make the best health care decisions for your family. Right now, you can pick a restaurant on line – why shouldn't it be just as easy to find the right doctor on the Internet? Right now, your kids can research their homework online – shouldn't you have equally easy access to the latest fact-checked information about an ailment that you or a loved one has contracted? Right now, you can manage your financial records or bill paying online – shouldn't you be able to do the same for your personal health records and health care finances? Right now, you can easily connect online with folks who share your interest in needlepoint, or motorcycle riding, or baseball teams – shouldn't there also be a place to connect with those who share your health concerns, when you need support, information, or comfort? At Revolution Health, we're building an online portal that will meet these needs, and many others.

Health care coverage is another important need. We believe every American should have it: it should be easy to understand and affordable, as your family should only pay for the kind of coverage you need. We're already working to develop offerings that will advance these goals – but we can't stop there. We also believe that health plans should provide you with incentives to get healthy and stay healthy: exercise, diet, fitness, and preventive care. The very best way to combat the skyrocketing costs of health coverage isn't by slashing health care – but by reducing costs through wellness and prevention programs.

Finally, there should be new options for providing health care. Why should a parent, whose child has an ear infection, have to take time off work to get that child treatment?

Why can't we have clinics in convenient locations — retail stores, pharmacies or grocery stores — open at convenient times? At Revolution Health, we are investing in RediClinics — one of several companies that are creating nurse-practitioner staffed medical clinics inside retail stores. These clinics are inexpensive (about \$39 per visit), open at nights and on weekends, and involve virtually no waiting. They are convenient and affordable — and they free up doctors' offices from routine cases that can be handled elsewhere.

For the critics who say we can't afford health care for all our people, I say we can't afford *not* to make the system work for everyone. Innovative private sector companies have an important part to play, but so do policy-makers and concerned citizens. And these issues do not need to fall along partisan lines: at Revolution Health, I'm pleased to be joined by prominent Republicans, including Colin Powell, and prominent Democrats, including Seattle's own Frank Raines. (www.revolution.com)

By getting patients better and more timely information, by focusing on prevention and wellness, and by engaging and investing as communities, we can have better care, at lower cost, provided more conveniently, for everyone.

Steve Case, was the co-founder AOL and its Chairman and CEO for almost 20 years. Earlier this year, he founded Revolution Health Group, a private company seeking to give patients more convenience, choice, and control in health care.

The Bottom Line Is Where You Draw It

By Gary Erickson

Owner and Founder, Clif Bar, Inc.

About 15 years ago, from a garage I shared with my dog, assorted outdoor gear and a couple of trumpets, I founded the business that would become Clif Bar, Inc. Back then, it seemed natural to combine my passion for endurance sports with a lifelong love of food and pleasure at the table. Today, Clif Bar is the leading maker of organic and natural energy foods and beverages.

You may wonder what I have to add to the discussion about health care. Truth is, I think a lot about the health and well being of my Clif Bar colleagues and our consumers. At its very core, this company is about health.

Clif Bar makes energy products for active people to enjoy while they're out pursuing their passion. We make healthful products, based on sound nutritional science. Unlike most of the chemically-laden products in the sports nutrition field, Clif and Luna bars, gels and beverages are made without artificial ingredients and harmful trans fats. We've converted many of our products and ingredients to organic because we feel that this form of agriculture is better for our planet. We are proud to sponsor athletes of all ages and abilities because we model healthfulness in all aspects of our business.

A focus on health also translates to the way we treat our employees. I'll give you some examples. In our Berkeley, Calif., headquarters, home to about 100 employees, there's a full gym offering about 25 fitness classes, all during business hours. We have four personal trainers working full time to help our employees stay strong. We keep a couple of loaner bikes tuned up and ready to go, so that employees can pedal, rather than drive, to complete local errands. Employees can take part in company sponsored bike rides, ski trips and other outings – strictly optional activities, but you may be surprised at how popular they've become.

Apart from encouraging our employees to be fit, we've thought of other ways to help them improve their overall health and well being. In addition to providing a full complement of health insurance benefits, we offer health screenings, massage, and help with everyday errands – such as car repair and laundry. Every employee is eligible for a sabbatical after seven years with the company. Some of the staff elects the option to work 80 hours every 9 days and take every other Friday off. We also encourage employees to volunteer during business hours, and have committed 2080 hours a year – the equivalent of one full time employee – to community service.

Yes, my colleagues are more productive, creative and nimble when they and their families are well. But aside from that, I really like these people. At Clif Bar, I've tried to create an atmosphere where people enjoy working and playing together; the foundation of this effort has been assembling a diverse group of talented, energetic and just plain likable people.

What's more, it's important to remember that these days, work and life aren't as distinct as they once were. Sometimes the best business solutions hit a person when they're miles from the office skiing or hiking. Other days a parent may be called away from the workplace by an ailing child. As difficult as it is to separate work from life, in my mind it's also impossible to separate health from life. Health shouldn't be something you 'do' a half hour a day, four days a week. That's why at Clif Bar, we strive to integrate health into all aspects of our workplace.

Does it cost money to emphasize the health of our employees? Yes, but it's surprisingly affordable, especially when a monetary bottom line isn't a full and complete reflection of corporate merit. Here, at the company I named after my father, we have outlined five business aspirations that we use to measure our success. As such, we work to sustain our brands, our business, our people, our community and the planet. Without each of these elements functioning in concert with one another, Clif Bar could not thrive.

Why, in a time of cost cutting and bottom line consciousness, have we chosen this path? Simply stated, it is my belief that the bottom line is where you draw it. Business, as one of the largest consumers of health care, must be a part of designing a system that more proactively addresses the physical and mental health needs of its employees. Clif Bar is just one medium-sized, private company, doing what it can to promote the health and well being of its employees. We strive to provide satisfying work, good benefits, and a healthy workspace. In return, we are richly rewarded with a healthy, motivated group of employees who take few sick days, and a have high retention rate. They are fiercely loyal and energetic, and this company is carried to success every day on their shoulders.

Gary Erickson is founder and CEO of Clif Bar, Inc., Berkley, CA

Public Health Has Been Ignored

By James Kyle, II, MD, MDiv, Dean, School of Public Health
Loma Linda University

Mr. Case made the argument for a new health care system founded on the bedrock of health promotion, wellness and disease prevention. We witness senseless hardships every day in this country, however, because of our failure to make that investment.

Dr. Kitzhaber talked about the failure to provide prenatal care, a remarkably cheap intervention. I make my living in public health—the practice of promoting the health of the community. But, before you yawn and say, “oh, no, not public health,” let me tell you a few things you may not realize.

If you don’t think public health matters, then I guess you aren’t worried about the Avian flu, a flu just across the Pacific that has killed half the people who have been infected to date. Yes. Half. It is not a question of *if* we will get the Avian flu. It is a question of *when*. Not only do we live in a global economy, we live in a global health community.

Our life expectancy has increased over the last 50 years, not because of new medical innovations, devices and drugs, but rather because of clean water, safe food handling and processing, and public sanitation. Those of you who live in Seattle may well remember that Lake Washington was unswimmable in the early 50s because raw sewage was pumped into the lake. The lake is now viable. That’s public health.

But, we have ignored the public health—as governors Carlson and Gardner pointed out. We have new epidemics today, such as obesity, that we have the power to change, yet we don’t act. We have stripped physical education and activities out of our schools and replaced them with “money making opportunities” for the schools in the form of soft drinks and largely unhealthy, fast foods. This is a double whammy—providing easily available unhealthy foods with no encouragement for any physical activity. This generation of children is the first in centuries that will not live longer than their parents.

These habits are also bankrupting us. Just take a look.

We neglect the health of our nation to our own demise. Our health care costs are \$1.7 trillion a year of the \$3.3 trillion total world health care spending. Yes, we are spending over half of all the world’s health care dollars—even with epidemics of AIDS in Africa and Asia. Yet we are ranked 37th for the quality of our care. This is unconscionable. We should be number one. We have the intellect, power and technology to be first. What we lack is the public will. We can change that.

So, what could we save monetarily—to say nothing of our health—if we focused on preventing or reducing just four conditions—diabetes; obesity; cardiovascular disease and asthma?

Here is what we know:

- Nearly 130 million adults are overweight or obese. This costs us anywhere from \$69 to \$117 billion per year. Obesity is preventable.
- In 2000, nearly 17 million people or 6% of our population had diabetes, costing over \$130 billion dollars for care. Not only that, a person with diabetes loses 8 days a year from work, totaling 14 million disability days annually. Diabetes is directly related to obesity and diet.
- Heart disease and stroke are the first and third leading causes of death, respectively. Heart disease alone costs us \$300 billion a year.
- Nearly 25 million adults and children have been diagnosed with asthma—which costs about \$14 billion a year. We face an epidemic and we need to find out why.

These are the hard financial costs, to say nothing of the immeasurable human costs of loss of quality of life, productivity and self-esteem.

Of even greater concern is the realization that in the end, as a society, we simply can not sustain our current spending habits for healthcare. We are moving to bankrupt this country, unless we make some very hard decisions, and soon.

Moving toward a prevention system of care is not as impossible as we think. Just think about it—we have cured polio; malaria; chicken pox; mumps—and are near more. Nor do we lack civic action or fresh ideas. We can solve these problems with creativity, focus and commitment. Read next what some of those ideas and energy look like.

James Kyle, II, MD, MDiv, Dean, Loma Linda University School of Public Health and Honorary Board, CodeBlueNow!

Together We Can Fix Health Care

By Kathleen O'Connor, Founder and CEO of CodeBlueNow!
and Maxine Thomas, JD, The Kettering Foundation

We, the American people, are vastly smarter than we are given credit for when it comes to health care. We are also entirely capable of a civic discourse to build solutions together. CodeBlueNow! and The Kettering Foundation believe this absolutely.

CodeBlueNow! was born two years ago out of frustration with the failure of America's health policy dialogue. The public has never been invited. Proposals have been top down with few attempts to listen, find common ground, much less learn from each and proceed. So we offered cash prizes of \$15,000 as an incentive to design a sustainable system and invited public participation. When you ask the American people to solve a problem their practical genius shines forth and we find we have more in common than we are told.

We received energetic, thoughtful and fresh responses with much common ground. No one proposed totally government run health care or totally free market driven health care. So, our own experience shows that when the public is invited, thoughtful people will respond. They came up with solutions that work for them, their businesses, their communities and their families. They also care passionately about health care and are willing to work to effect change.

The Kettering Foundation in Dayton, Ohio is dedicated to making democracy work better. This requires a public which comes together to frame problems in their own terms and deliberate about possible approaches to address these problems. This public work allows citizens to find common ground on apparently disparate issues and viewpoints. We believe people have more in common than they think and we can find common ground if we change the nature of the discussion and focus the discussion around things that the public finds valuable. This is what we call "framing" an issue in public terms, not policy terms.

Let's take health care—we all say it costs too much. But what does that really mean? Will health care bankrupt me and my family? How can I afford to cover my employees, cover my operating costs and still make a profit? My employer wants me to pay more, but how can I? How can I afford my prescription drugs?

Framing an issue is really a process of discovery. By leading with solutions, such as health savings accounts or a single-payer system, we create an adversarial position that doesn't tolerate other viewpoints. This approach leaves no room to learn from each other or work together to solve a problem.

In the mid-nineteenth century, on his famous visit to the young United States, Alexis de Tocqueville observed that deliberation is at the heart of how Americans form opinions on issues

of concern to them. Deliberation is the talking and listening to what others in our community have to say, hearing why they think as they do and letting them hear what you value and why. It includes weighing what is said and searching for an area where we can join together and act together, even when we do not fully agree. This process remains uniquely American. We make choices that are broadly acceptable to us, while remaining perhaps less united in the details.

And so it is in health care. While Americans may not have fully formed ideas about whether we like health savings accounts or a single-payer system, we do have opinions about the importance of having health care for low-income wage earners and their families.

In 2003, some 1000 citizens in 44 different states came together in numerous forums on health care in the National Issues Forums network. They were frustrated by the lack of action to improve the system. They also knew implicitly that there should be rewards for healthy behavior that contributes to good health and penalties for unhealthy behavior. Citizens wanted to deliberate and act.

So, now is the time to begin this new respectful flow of ideas where we can listen, learn, find common ground and proceed. It is now time to act. Don't just take our word for it. Read Sunday what two respected former elected officials have to say about our need to act. It's time we mobilize Americans so politicians will finally act on our nation's health.

Kathleen O'Connor, Founder and CEO, CodeBlueNow! and Maxine Thomas, JD, Secretary and General Counsel, The Kettering Foundation. www.kettering.org

Solutions for Quality Health Care

By Robert D. Ray, R, former Governor of Iowa
and Paul G. Rogers, D, former Congressman from Florida

Over the past several weeks, prominent individuals have been writing about the problems in our health care system and the need for comprehensive health care reform to fix those problems.

It's good news that there are solutions that can provide affordable, quality health care for all Americans. And those solutions are not only doable, they are affordable. In fact, the cost of inaction – of not doing what is necessary to fix the system – is greater than the cost of needed action. It is not more money we need, it's a better system for delivering and paying for health care, and we need it now.

A recent international survey released by the Commonwealth Fund reported an astonishing finding: of six Western nations examined, the U.S. leads all of them in the number of medical errors, out-of-pocket health care expenses, and people going without health care services due to costs. And this is in spite of the fact that the U.S. spends twice as much per capita on health care as any other industrialized nation in the world.

The fact is, we can change the system, and we can afford to pay for it, as well.

Like CodeBlueNow!, the National Coalition on Health Care is rigorously non-partisan. Our Honorary Chairmen are former Presidents George H.W. Bush, Jimmy Carter and Gerald R. Ford. Our members are major businesses, unions, patient advocacy and consumer groups, associations of health care providers, health and pension funds, insurers, and religious denominations. We believe that an effective response to our health care crisis is more than urgently needed. But it requires leadership. Now.

In Seattle, CodeBlueNow! invited ideas on what a system could look like. You, who responded, said you want a system that promotes the health and well-being of all the people in the community and does not bankrupt families or businesses – or our country. You said you wanted a system that was based on wellness, covered all the people and used one claim form – preferably electronic – and one medical record.

Your ideas are consistent with those our Coalition has been working to bring about.

We must cover everyone – we cannot fix the system without assuring everyone has coverage. It just won't work otherwise. Why? Because without having everyone in the system costs cannot be controlled and quality cannot be improved. The Coalition has laid out four options for covering everyone, and any one, or a combination, will work, but participation must be mandatory.

It is affordable to do this – we have priced out each of the four options, and combinations of one or more, and each would save money over time. The country can pay for it – and even pay less than it does now – through a number of mechanisms – general tax revenues, earmarked taxes and fees, employer contributions, individual contributions. We are the only industrialized nation that does not cover all its citizens. We should be able to figure out how to do so.

The costs can be managed – we believe that with a rational system in place, cost can be managed. Right now, nothing or very little is actually being managed. Incentives for providers, patients, and purchasers for more rational behavior can be created, which will decrease costs for all.

Quality and safety can be improved – if the focus is on outcomes, efficiency, and cost-effectiveness system-wide, huge leaps in the quality of patient care could be made across the entire system, not just in a state, an individual community, an employer or an insurance company.

Administration can be simplified – We are buried in needless paper forms for everything from ordering services to billing various payers. The complexity of our current system consumes an amazing amount of money. The nation spends nearly \$300 billion a year in administrative costs.

The status quo is not working. While there are many encounters that produce good outcomes and while there are wonderful individual providers, they are not able to do the best that they could because the system prevents them from doing so. What doctor wants to turn patients away? Well, they are now because they cannot afford either reimbursement rates they are paid by some government programs or the malpractice premiums in their state.

What person doesn't want to know that he/she or he is getting care based on research that demonstrates what is most effective? Who would not like to see less paperwork? Who would not like to see lower costs? Who would not want to have one simple, uniform medical record?

But until everyone is covered, the system will not be less complex. And it is that very complexity that drives costs and negatively affects quality.

We believe that we, as a nation, are capable of fixing the system. CodeBlueNow! started with the public voice and has come to the same conclusions.

So, now, it is time to start that Revolution of ideas and vision that former Governor John Kitzhaber, MD so eloquently called for in October. We urge you to join us in a course of action that can be charted to create a healthy health care system that works for Americans, not against them.

*Robert D. Ray, the former Republican Governor of Iowa and Paul G. Rogers, the former Democratic Congressman from Florida, co-chair the National Coalition on Health Care.
www.nchc.org*