# Edwards Urges Tort Reform, Universal Coverage

***Editor's Note***
*This look at the health care proposals of former Sen. John Edwards (D-N.C.) is the first in a series that will highlight the health policy views of candidates in the 2008 U.S. presidential race. Each article is to be based on a 1-hour health policy forum with an individual candidate held at the Kaiser Family Foundation in Washington, sponsored by Families USA and the Federation of American Hospitals. Forums that have been announced so far feature Sen. Hillary Clinton (D-N.Y.), Rep. Dennis Kucinich (D-Ohio), Sen. Joe Biden (D-Del.), Sen. John McCain (R-Ariz.), Sen. Christopher Dodd (D-Conn.), former Gov. Mike Huckabee (R-Ark.), Gov. Bill Richardson (D-N.M.), and Rep. Ron Paul (R-Tex.).*

BY JOYCE FRIEDEN
*Senior Editor*

WASHINGTON — According to Democratic presidential candidate and malpractice attorney John Edwards, the best way to solve the malpractice insurance crisis is to put the onus on … malpractice attorneys.

Mr. Edwards, a former U.S. senator from North Carolina, spoke at the first of a series of health policy forums with presidential candidates sponsored by Families USA and the Federation of American Hospitals.

"I think that the bulk of the problem is created when cases are filed in the legal system that should never be there," he said. "The result is years of litigation and costs incurred by the health care provider that should not have been incurred. What I would do is put more responsibility on the lawyers."

In Sen. Edwards' ideal world, before a medical malpractice case could be filed, the plaintiff's lawyer would have to conduct a complete investigation, which would include independent review by at least two experts in the field "who determine that the case is, first, meritorious, and second, serious," he said. "Then you require the lawyer to certify that that has been done as part of the filing. … If they fail to certify, the lawyer should bear the cost. If they do it three times, it's three strikes and you're out; you lose your right as a lawyer to file these cases."

The bigger topic at the forum, though, was covering the uninsured. In February, Sen. Edwards unveiled a universal coverage plan, which calls for expanding both the State Children's Health Insurance Program and Medicaid, and for keeping Medicare in place. Employers would be required either to provide coverage to employees or to contribute to a system of regional Health Care Markets—nonprofit purchasing pools offering a choice of insurance plans. At least one of the plans would be a public plan based on the Medicare program.

Once the markets were set up and other provisions put in place—including tax credits to help people purchase policies and limits on premium contributions for low- and moderate-income families—an individual mandate would go into effect requiring all citizens to obtain health insurance. The penalty for people who did not sign up for coverage would likely be "losing your individual tax exemption or some [other] tax consequence for not signing up," Sen. Edwards said at a press conference after the forum. "Anybody who comes into contact with the health care system or any public agency will be signed up. If you go into the emergency room and are not part of the system, in order to get care you will be signed up."

To help save costs in Medicare, Sen. Edwards said beneficiaries should have a "medical home" with a single provider responsible for coordinating chronic care "so we don't have overlapping care or unnecessary care."

He also said that he favors three steps to lower the cost of prescription drugs in the Medicare program: using the bargaining power of government to negotiate prices with pharmaceutical companies, allowing prescription drugs to be "safely imported" into the United States, and "[doing] what we can constitutionally to control drug company ads on television."

**Beneficiaries should have a 'medical home' with a single provider to coordinate care.**

**SEN. EDWARDS**

This universal coverage plan "was not intended to take us from where we are today directly to [a single-payer system]," Sen. Edwards said at the forum. "It was intended to allow Americans to decide whether they want government-run health care, or whether they want to continue the private system they have today."

He noted that there are "real benefits to single-payer [systems]. The administrative cost associated with [government-run systems like] Medicare is 3%-4%, compared with 30%-40% profit and overhead in private insurance companies." But some people hate single-payer systems like those in Canada and the United Kingdom, and they say that people have to wait too long for some procedures, he added.

"We're going to let Americans make that decision" by choosing which type of plan they prefer, he said. "Over time, we will see in which direction this system gravitates. It will be an extraordinary American model for what works and what doesn't work."

Sen. Edwards said that the cost of his plan was estimated at $90–$120 billion, and that he would pay for it by reducing tax cuts for people making more than $200,000 a year.

A reporter asked Sen. Edwards about the differences between his plan and that of rival presidential candidate Sen. Hillary Clinton (D-N.Y.), who released a plan in September with many provisions similar to Sen. Edwards's plan, such as an array of private plans for people to choose from as well as a public plan similar to Medicare.

"One difference [is] … how big a priority you made this and how early you came out with a comprehensive plan," he said. "It's a huge priority to me, and I will not bend on universal [coverage]." Further, "Sen. Clinton appears to believe that you can take money from health insurance and drug company lobbyists and sit at the table with them and negotiate a compromise. "I absolutely reject that. The way you get it done is to convince the American people about the rightness of what you want to do," Sen. Edwards said. ■

# Health IT Adoption Rate Varies Greatly Among Specialties

BY MARY ELLEN SCHNEIDER
*New York Bureau*

Adoption of health information technology varies significantly among physicians in different specialties, according to a new study from the Center for Studying Health System Change.

While only 12% of physicians overall have adopted comprehensive electronic medical records, physician uptake of specific health IT functions, such as obtaining guidelines or writing prescriptions, varies depending on specialty. For example, 74% of emergency physicians have health IT systems that can access patient notes, compared with just 36% of psychiatrists.

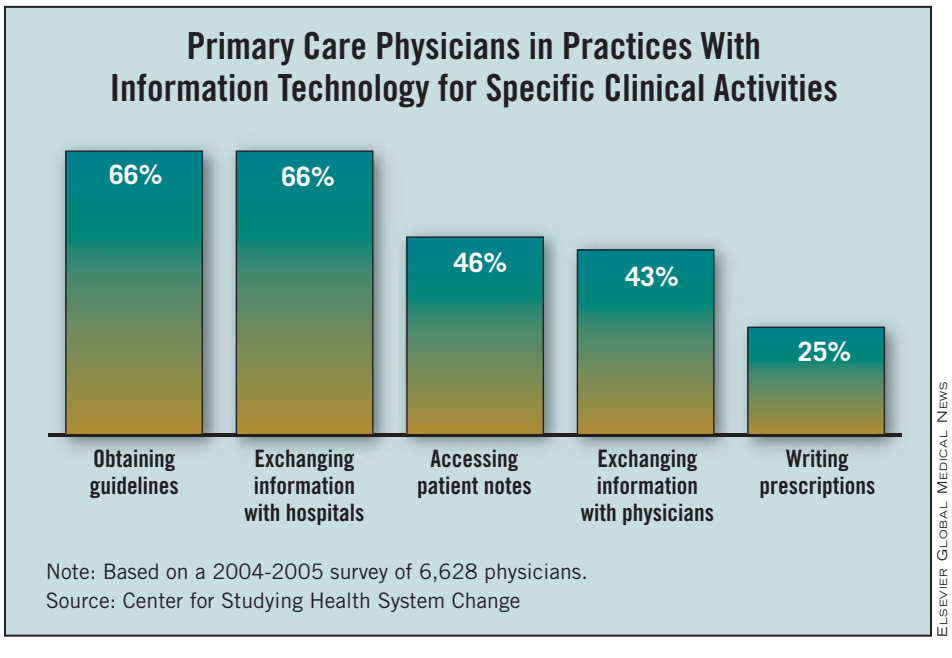
The findings are based on the Health System Change (HSC) 2004-2005 Community Tracking Study Physician Survey, a nationally representative telephone poll that included responses from a total of 6,628 physicians.

As part of the survey, physicians were asked about practice-based availability of information technology across five clinical areas—obtaining information about treatment alternatives or recommended guidelines; retrieving patient notes or problem lists; writing prescriptions; exchanging clinical data and images with other physicians; and exchanging clinical data and images with hospitals. Because physicians were asked about the availability of these health IT functions, not whether they actually used the technology, they were considered to have an electronic medical record if they answered that they had access to all five functions.

Surgeons trailed medical specialists in obtaining guidelines, accessing patient notes, writing prescriptions, and exchanging information with other physicians. Primary care physicians were less likely than specialists to access patient notes and exchange data with other physicians.

There were also variations across specialties and subspecialties. For example, within primary care, internists were more likely than family physicians or pediatricians to have access to patient notes. Among subspecialists, oncologists were more likely than other specialists to obtain guidelines, exchange information with other physicians, and exchange information with hospitals.

One factor in the variation among specialties may be that certain clinical activities are more relevant for certain specialties. "Surgeons may have less need for IT to write prescriptions since they typically prescribe a narrow range of on-formulary medications on a short-term basis, in contrast to medical specialists and PCPs who treat chronically ill patients taking multiple medications," Catherine Corey, an HSC health research analyst and one of the study authors, said in a statement. ■

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