

Kucinich Is Lone Candidate for Single-Payer System

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — Anyone who asks Rep. Dennis Kucinich (D-Ohio) about health care policy should be prepared for the conversation to evolve into other areas—like the Iraq war.

“Health care spending does not occur in a vacuum,” Rep. Kucinich said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals. “You cannot separate this from war.”

Rep. Kucinich, who is seeking the Democratic nomination for president, noted that the amount spent on the war in Iraq is estimated to be \$1.5 trillion, according to a report he cited from the Congressional Budget Office. This is money not being spent on education and health care, he said at the forum, part of a series of forums with the presidential candidates underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

Although he sometimes connects health care policy with other topics, the fifth-term congressman and former Cleveland mayor is very direct when it comes to universal health care coverage for Americans: He is the only candidate who supports a single-payer system financed by the gov-

ernment. “Is health care a right or a privilege? If it’s a right, then it’s appropriate for the government to have a role” in providing it, he said. “If it’s a privilege, and it’s a market-based thing, then we’re left to the predations of the market, which is, if you can’t pay for it, you’re out of luck. And you know what—47 million [uninsured] Americans are now out of luck.”

He noted that studies show health care debt is responsible for half of bankruptcies in the United States. “The median income is \$48,000 per year, and some families are paying \$12,000 a year for health insurance; that’s a quarter of their gross. I’m talking about breaking the shackles insurance companies have on American families.”

Under Rep. Kucinich’s proposal, which has been introduced in Congress as H.R. 676, all for-profit health care entities would be converted to nonprofit entities, with shareholders being compensated by the government. That compensation would be financed through treasury bonds, he said. Physicians would continue to have private practices, but they, along with hospitals and other providers, would be paid by the federal government, which would disseminate federal funds through a series of regional budgets. There would also be separate budgets for capital expenditures

and for medical education. Coverage under Rep. Kucinich’s plan would include inpatient and outpatient services as well as dental care, vision care, mental health care, and long-term care. There would be no deductibles or cost sharing.

When a reporter pointed out that other countries with government-financed health care ended up seeing a private system develop alongside the public one for those who could afford it, Rep. Kucinich said that was no surprise. “Privatizers are at work in every country,” he said. “If health care is such a losing proposition, why are these companies trying to privatize it? Because there’s huge amounts of money to be made.”

Another government-run system that people are trying to privatize is Medicare, Rep. Kucinich said. “Right now, Medicare is discouraging doctors by cutting their fees. There’s a strategy to privatize Medicare by getting doctors to walk away from [it].” The passage of the Medicare prescription drug benefit was another part of that plan, he added.

A for-profit system puts the wrong pressure on physicians, Rep. Kucinich said in an interview after the forum. “Doctors are

under pressure from private insurance not to provide health care,” he said. And when that collides with efforts such as Medicare’s pay-for-performance initiative, “there’s built-in inertia. Of course we want to encourage doctors to improve their performance, but under a for-profit system, doctors have cost pressures.”

During the forum, Rep. Kucinich contrasted his proposal with those offered by two other Democratic presidential candidates, Sen. Hillary Rodham Clinton (D-N.Y.) and former Sen. John Edwards (D-N.C.). Under their proposals, Americans would be required to purchase health insurance; they could choose from a variety of private health care plans as well as a public plan modeled after Medicare. “If you can’t afford it under the current system, how are you going to afford it under [their] system?” he said.

“And if you do buy it, you’re forced into plans that inevitably are going to have extraordinary copays and deductibles, and a limited level of coverage,” he continued. “I’m talking about a plan where everyone’s covered, [and it] covers everything. And the fact is, we’re already paying for it—we’re just not getting it.” ■

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REP. KUCINICH

Cleveland Clinic Unveils State-of-Art Medical Record System

BY JANE ANDERSON
Contributing Writer

The Cleveland Clinic has established a state-of-the-art electronic medical records system to provide the best information not only to clinicians, but also to patients, according to one of the system’s architects.

The goal is to make sure that patients—who now have access to literally billions of pages of medical information online—can get the most relevant and accurate information as part of their electronic health record, said Dr. C. Martin Harris, chief information officer of the Cleveland Clinic Foundation.

“We need to get prepared for the coming consumerism in health care, because patients will have access to medical advice that no longer comes from the physician or nurse,” said Dr. Harris.

He cited research that shows about one-third of medical information available online is of high quality, one-third could be useful but would require some interpretation, and the last third is “completely off the mark.”

“One of the things we clearly have to understand is what information patients and consumers have access to and what

tools they have to gain access, so that we can tailor our services,” Dr. Harris said during a virtual conference sponsored by the Healthcare Information and Management Systems Society (HIMSS).

Over the past 5 years, the Cleveland Clinic has built a foundation-wide e-health program that’s completely integrated with its clinical programs, Dr. Harris said. The e-health initiative features electronic medical records, test ordering and results, pharmacy records, and care reminders for physicians. But it also includes access to medical records and certain test results for patients, along with medical information that’s been vetted for accuracy and appropriateness.

“It allows us to establish an ongoing relationship with patients after they leave the physician’s office and after they leave the hospital bed,” Dr. Harris said, adding that the Cleveland Clinic set out to develop tools for both doctors and patients when it created the system. “It is a single tool that goes from the initial ambulatory visit to the hospital and back again,” he said.

A total of 5,662 physicians use the electronic medical record module, including about 1,500 employed by the Cleveland Clinic and approximately 4,100 who practice in hospitals in the Cleveland Clinic system. Once other clinicians and support personnel are added, there will be a total of about 33,000 users for the system, Dr. Harris said.

On the outpatient side, the

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system integrates schedules, laboratory results, other medical documentation, a computerized physician order entry system, and best practice alerts, Dr. Harris said. In one mode, physicians can communicate either informally or formally; in formal mode, comments are added to the medical record, he said.

On the inpatient side, it’s exactly the same tool, although it incorporates some different elements, including a medication administration record, vital signs, and clerk order entry, Dr. Harris said, adding that “almost all of

our nursing documentation is online at this point.”

The system keeps track of recommended screenings and medical procedures for all patients, and provides that list to the physician electronically at the time of an office visit, allowing the physician to focus on what hasn’t been done and might be needed.

The system also provides safety tools and will alert physicians to potential drug-drug interactions and other possible problems, Dr. Harris said. “It’s virtually impossible for a physician to remember every drug-drug interaction they might see in a particular patient,” he said, noting that the average Cleveland Clinic patient is 65 years old and is taking at least six prescription medications.

Patient services include the ability to view medical records, health reminders, and health care schedules, as well as features that allow them to request appointments and renew prescriptions.

“Our goal is to get as much information in front of the patient as possible,” he said.

In fact, the Cleveland Clinic actually is releasing certain routine test results via this online sys-

tem directly to patients, Dr. Harris said. “We’re moving from having the physician screen it [and approve the information’s release] to having it automatically released after about 24 hours.”

In addition, patients are being sent a list of health maintenance activities, such as routine screenings, they should be arranging for over the course of a calendar year, Dr. Harris said. And, the system produces a “health issues” list for patients to have and share with their physicians.

The Cleveland Clinic’s system also provides a streamlined process for getting a second opinion for a serious diagnosis. This process, Dr. Harris said, is available to any patient, not just those in the organization’s service area, and is offered directly to patients with payment expected up front; patients are provided with instructions on how to seek reimbursement from their insurers.

The goal of all this is to provide the best, most complete information to patients in a format that’s easy to use and understand. “What we know is, we’re going to have to make these tools available to patients and add value,” he said. “This provides health information so they’re not generally searching on the Internet.” ■