

Clinton Deems Health Care Reform a Moral Issue

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — According to Sen. Hillary Rodham Clinton (D-N.Y.), primary care physicians don't get enough pay or respect, and there aren't enough of them. Her response to the problem? The federal government should try to help increase the supply of primary care doctors, but in the meantime nurses, pharmacists, and others should fill the gaps in care.

"I'm intrigued by the fact that a lot of states are permitting pharmacists to give vaccines," Sen. Clinton, a candidate for the Democratic presidential nomination, said



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SEN. CLINTON

at a health policy forum sponsored by Families USA and the Federation of American Hospitals. "What other functions can we delegate out, given appropriate oversight and training?"

For example, she said, "I think nurses have a great opportunity to do much more than they're doing. If we're not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses, and they've got to be given the authority to make some of

these [treatment] decisions, because otherwise people will go without care."

Sen. Clinton, who is in her second Senate term, said that health care would be her top domestic priority if she were elected president.

"This is, for me, a moral question and an economic one," she said. "Do we want to continue to be so unequal and unfair that, if you are uninsured and you go into the hospital with someone who is insured,

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you are more likely to die?" Sen. Clinton said she learned a lot from her experience in her husband's

first presidential term when she led his efforts to develop a universal health care plan. "The fact that the White House took on the responsibility of writing the legislation turned out to be something of a mistake," she said at the forum, part of a series of presidential candidate health policy forums underwritten by the Cali-

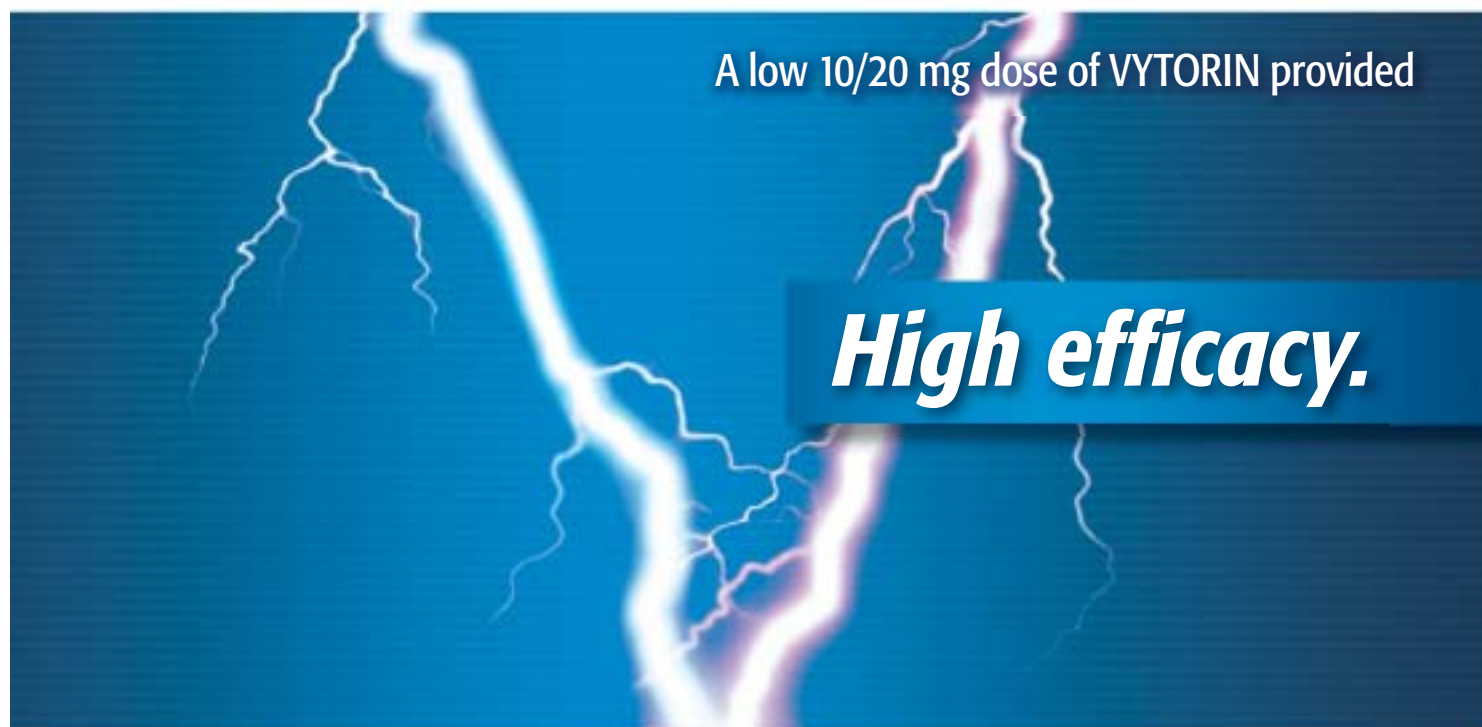
fornia Endowment and the Ewing Marion Kauffman Foundation. She said that now she sees the president's role on health care as "setting the goals and framework but not getting into the details."

Further, the Clinton plan of the early 1990s was just too complicated, she said. "It was a source of concern to a lot of Americans who didn't understand how it could work, and it certainly wasn't presented in the best way."

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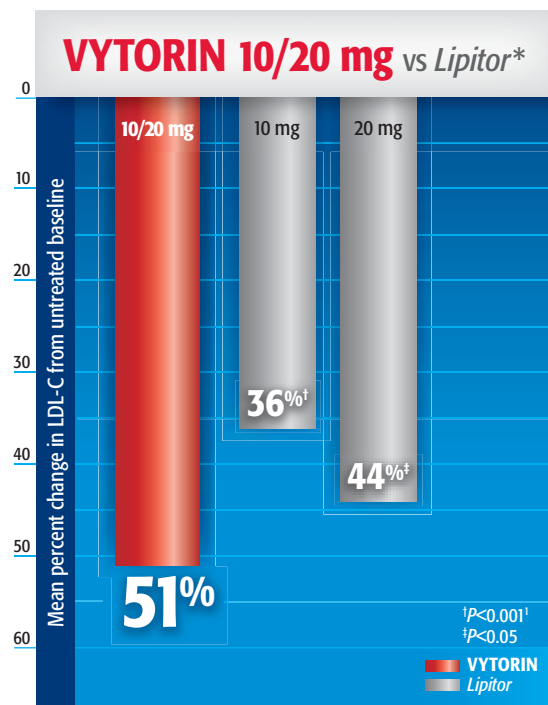


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*Mean percent change in LDL-C from untreated baseline in a multicenter, double-blind, randomized, active-controlled, 8-arm, parallel-group study (6 weeks of active treatment) (N=1,902). Patients with hypercholesterolemia who had not met their LDL-C goal as defined by NCEP ATP III were randomized to VYTORIN 10/10, 10/20, 10/40, or 10/80 mg or atorvastatin 10, 20, 40, or 80 mg. Mean pooled baseline LDL-C values for VYTORIN and atorvastatin were 178 mg/dL and 179 mg/dL, respectively.¹ VYTORIN 10/10 mg reduced LDL-C by 47% from baseline vs 36% with atorvastatin 10 mg (P<0.05).

- ▶ The dosage should be individualized according to the baseline LDL-C level, the recommended goal of therapy, and the patient's response.

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No incremental benefit of VYTORIN on cardiovascular morbidity and mortality over and above that demonstrated for simvastatin has been established.

Reference: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe/simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VYVA) study. *Am Heart J.* 2005;149:464-473.

plan. The "American Health Choices Plan" would allow people to keep their current insurance coverage, but if they didn't like their current insurance or were uninsured, they could choose from a variety of plans similar to those offered to federal employees. They would also have the option of enrolling in a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and fully portable, and that insurers would be barred from discriminating against enrollees based on preexisting conditions. Large employers would be required to offer coverage or help pay for employee health care; small businesses would not be required to offer cov-

erage, but would be given tax credits to encourage them to do so. She estimated the cost of her plan at \$110 billion per year and said it would be paid for by rolling back tax breaks for Americans who make more than \$250,000 annually.

Sen. Clinton said critics who called her plan a back door to a single-payer, government-run health care system were either misinformed or were misrepresenting her proposal.

"I've included the public plan option because a lot of Americans want it," she said. "It will not create a new bureaucracy; it will not create a government-run system unless you think Medicare is government

run. In Medicare, you choose your doctor, you choose your hospital—you have tremendous choice."

Sen. Clinton predicted that many would still choose a private plan because "if the private plans are competitive and smart, they'll offer a lot of new features."

Sen. Clinton also expressed her support of the increased use of electronic health records to make the health care system more organized. "It's very hard to think about having a system when you don't have any way for people to move [their records with them] from place to place."

Paying providers based on their outcomes was another recent innovation

mentioned by Sen. Clinton. She lauded the Bush Administration for announcing that the Medicare program would no longer pay for care occurring as a result of medical errors. "That kind of connection between pay and performance, quality and results ... makes sense. It's hard to do, but we have to experiment."

The increase in cases of nosocomial infections such as methicillin-resistant *Staphylococcus aureus* "should be a wake-up call," Sen. Clinton said. "A couple of hospitals I'm aware of have changed their infection control policies; they have cut the rate of hospital-borne infections. Everybody should be expected to do that." ■

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SELECTED CAUTIONARY INFORMATION

Skeletal Muscle: Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare fatalities have occurred. The risk of myopathy/rhabdomyolysis is dose related. Tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected or CPK levels rise markedly.

Myopathy Caused by Drug Interactions: Use of VYTORIN with itraconazole, ketoconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, or large quantities of grapefruit juice (>1 quart daily) should be avoided because of the increased risk of myopathy, particularly at higher doses.

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil.

The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

VYTORIN tablets contain ezetimibe and simvastatin: 10 mg of ezetimibe and 10, 20, 40, or 80 mg of simvastatin (VYTORIN 10/10, 10/20, 10/40, or 10/80 mg, respectively).

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