

# Sen. Clinton Urges Wider Role for Nonphysicians

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 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



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SEN. CLINTON

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, 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 California 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."

This time, Sen. Clinton has a different 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 coverage, 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 a lot of people would still choose a private plan because "if the private plans are competitive and smart, they'll offer a lot of new features. What are we afraid of? Let's see where competition leads us."

Sen. Clinton also expressed her support of the increased use of electronic health records to make the health care system more organized.

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 recent increase in cases of nosocomial infections such as methicillin-resistant *Staphylococcus aureus* "should be a wake-up call for everybody," 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."

"When you look at some of the disparities and disorganization, it's because we don't have a good system to disseminate evidence-based clinically proven treatments," she continued. "It takes 17 years for something that is proven in the lab to be broadly disseminated. It should take 17 hours—17 seconds. With the Internet, why are we so far behind?"

## POLICY & PRACTICE

### Largest-Ever Psoriasis Grant

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has awarded Case Western Reserve University \$6.37 million to establish a Center of Research Translation for psoriasis. The NIAMS funds will be added to a \$5 million donation made in 2006 by the Murdough Foundation, and seek to bring together multidisciplinary teams of scientists, physicians, nurses, and researchers. The NIAMS grant will initially be used for development of Pc 4, a novel photodynamic therapy; for a project to understand the role of S100A8/9, a proinflammatory protein; and, for mouse models for analysis of biochemical processes and cardiovascular risks associated with psoriasis.

### NIH Lupus Research Plan

Government scientists recently outlined their plans for future research in lupus. The goals include laying the foundation for lupus prevention, identifying disease triggers, defining target organ damage mechanisms, understanding autoantibodies, expanding biopsychosocial research, discovering and validating biomarkers, and advancing therapy options. These goals are part of a long-range planning document recently released by NIAMS. The document predicts that lupus prevention could become an attainable goal in the next decade, and outlines a need to advance research efforts to identify disease risk through family studies and genetics. "The ultimate goal of this plan is to identify needs and opportunities from both public and private organizations to continue to accelerate progress in lupus research to further improve quality of life of patients who have lupus," Dr. Stephen Katz, NIAMS director, wrote in the introduction to the research plan.

### MRSA Mortality Reaches 5%

Almost 5% of all patients hospitalized in 2004 with a methicillin-resistant *Staphylococcus aureus* (MRSA) infection died, according to a statistical brief by the Agency for Healthcare Research and Quality. Hospital stays for patients with a MRSA infection were both longer (10 days vs. 5 days) and more expensive (\$14,000 vs. \$7,600) than stays for patients with other conditions. The number of hospital stays for MRSA increased from 1,900 in 1993 to 368,600 in 2005, and more commonly occurred in Medicare patients and those aged 65 years and older. Males and people in the South were also more likely to be hospitalized for MRSA treatment.

### Low Health Literacy Is Costly

Researchers found that 87 million adults, or 36% of the adult U.S. population, have basic or below basic health literacy skills. Using data from the 2003 Department of Education National Assessment of Health Literacy, they estimated that low health literacy costs the U.S. economy between \$106 billion and \$236 billion a year. "Our findings suggest that low health literacy exacts enormous costs on both the health sys-

tem and society," lead author John A. Vernon, Ph.D., said in a statement. The researchers also found that while 7% of those with employer-provided insurance had low health literacy, 30% of those on Medicaid, 27% of those on Medicare, and 28% of those with no insurance had low health literacy. The report, "Low Health Literacy: Implications for National Health Policy," was supported by a grant from Pfizer Inc.

### Push for Medicare E-Prescribing

A coalition of 22 health, business, and consumer organizations has asked Congress to pass legislation requiring physicians who see Medicare patients to adopt electronic prescribing by 2010. "Last year, the Institute of Medicine estimated that preventable medication errors harm an estimated 1.5 million Americans each year," said a letter from the coalition, which includes Aetna, Consumers Union, the Corporate Health Care Coalition, the Pacific Business Group on Health, and the Pharmaceutical Care Management Association, to leaders of the Senate Finance Committee, House Committee on Ways and Means, and House Energy and Commerce Committee. The letter noted that the IOM called on all physicians to adopt e-prescribing by 2010 to address medication errors. "Unfortunately, fewer than 1 in 10 physicians are meeting this challenge," the coalition wrote. The American Medical Association, however, said e-prescribing should be voluntary, not mandatory, and that it should be tied to the Medicare Part D drug benefit. In a letter to several House and Senate members, the organization also said that it is still waiting for the Department of Health and Human Services to issue national e-prescribing standards, called for in the 2003 Medicare Prescription Drug Improvement and Modernization Act. Physicians also need financial incentives and other support to adopt e-prescribing, said the AMA, noting that half of practices are made up of five or fewer physicians. "The costs for such small practices of e-prescribing technology, training, and upgrades are significant," said the AMA.

### California Enacts AIDS Bill

Gov. Arnold Schwarzenegger (R) last month signed into law a measure that its advocates say removes a major barrier to HIV testing by requiring a patient to give simple consent, rather than informed consent, prior to the test. The legislation, which garnered almost unanimous support in the state legislature, also streamlines some of the procedures a physician must follow in testing pregnant women. The law "normalizes the process of testing by making HIV screening a routine part of medical care," said Joseph Terrill, public policy coordinator for Sacramento-based AIDS Healthcare Foundation, adding that the legislation also has provisions to maintain and safeguard patient confidentiality and an individual's right to choose whether to be tested.

—Alicia Ault