

# Sen. Clinton Urges Bigger Role for Nonphysicians

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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 primary care physicians, we need more ad-



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SEN. CLINTON

vanced 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 or a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and portable, and insurers would be barred from discriminating against enrollees with 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 get 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 expressed support for 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 and job to job."

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," she 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

### 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 the year 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 Inc., Consumers Union, the Corporate Health Care Coalition, and the Pharmaceutical Care Management Association, to leaders of the Senate Finance Committee, the House Ways and Means Committee, and the House Energy and Commerce Committee. "In the report, the IOM called on all physicians to adopt electronic prescribing (e-prescribing) by 2010 to address this problem. Unfortunately, fewer than 1 in 10 physicians are meeting this challenge." The coalition has urged Congress to approve legislation this year calling for full physician adoption of e-prescribing in Medicare.

### Medicaid Enrollment Declines

Enrollment in Medicaid declined in 2007 for the first time in nearly a decade, primarily because new documentation requirements have caused significant delays in processing applications and because the strong economy and lower unemployment have reduced enrollment, according to a new 50-state survey from the Kaiser Family Foundation. But states expect enrollment and spending to increase in 2008 as they move forward with program enhancements, according to the survey. "States are turning to Medicaid to address the rising number of uninsured to help fill in the gaps for low-income families," Diane Rowland, executive vice president of the Kaiser Family Foundation, said in a statement. With the nation's growing uninsured population, 42 states report efforts to expand coverage for the uninsured using Medicaid as a financing vehicle. In addition, every state implemented at least one provider payment increase in 2007, and almost all the states have adopted an increase for 2008.

### Chronic Disease: \$1 Trillion a Year

Seven chronic diseases—cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions, and mental illness—have a total impact on the economy of \$1.3 trillion annually, including \$1.1 trillion in lost productivity, according to a study by the Milken Institute. That figure could be nearly \$6 trillion by midcentury, the report said. "By investing in good health, we can add billions of dollars in economic growth in the coming decades," said Ross C. DeVol, the institute's director of regional economics and principal author of the report. He noted that much of this cost was avoidable. "With moderate improvements in prevention and early intervention, such as reducing the rate of obesity, the savings to the economy would be enormous." West Virginia, Tennessee, Arkansas, Ken-

tucky, and Mississippi have the highest rates of chronic disease. Utah, Alaska, Colorado, New Mexico, and Arizona have the lowest.

### Traditional Medicare a Better Deal

Private Medicare Part D plans have higher administrative expenses and negotiated lower drug rebates, compared with traditional Medicare, according to a report released in October by the House Committee on Oversight and Government Reform. The total 2007 administrative costs of the 12 leading private Part D plans (9.8% of total benefit costs) were almost six times those of Medicare (1.7%), and will reach \$4.6 billion this year, \$1 billion of which is profit. In addition, the private insurers negotiated drug rebates from manufacturers of only 8%, compared with 26% obtained by Medicaid; the drug prices paid by enrollees of Part D insurers are no better than prices at discounters like Costco and Wal-Mart. However, private insurers will pocket \$1 billion in rebates on drugs that are paid for entirely by beneficiaries during coverage gap periods. "The program's inflated administrative costs and meager drug rebates will cost taxpayers and seniors \$15 billion this year alone," Committee chairman Henry A. Waxman (D-Cal.) said in a statement. The report can be found at [www.oversight.house.gov](http://www.oversight.house.gov).

### 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 system 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.

### MRSA Mortality Reaches 5%

Almost 5% of all patients hospitalized in 2004 with a methicillin-resistant *Staphylococcus aureus* 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) 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.

—Leanne Sullivan