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Mirabella Health Forum

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REMARKS BY THE FIRST LADY
AT WOMEN'S ISSUES FORUM SPONSORED BY
MIRABELLA
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Cannon Bldg. Conference Room

Thank you. Thank you very much. I am delighted to be here, I feel so at home because I look out in this audience and see people with whom I have worked and am working. I am particularly pleased to have been introduced by Tipper Gore who is a remarkable woman and doing an extraordinary job in making clear that mental health is part of health care. It is not to be marginalized, ignored and treated as though it were a second class part of our health care system and she deserves a large part of the credit for making that case, as she has all over the country. I am also pleased to be here with members of Congress, particularly women members. Three of whom we have already heard from; Senator Mikulski, Congresswomen Schroeder and Snowe both of whom chair the Women's Caucus. There are a number of the other caucus members, both Republicans and Democrats here in the audience. Ever since I was given the responsibility of working on health care I have been so supported by the extraordinary work that has gone on before by individual members of Congress. But particularly women members who have been fighting battles about health care and women and children's health concerns for a number of years. I also add my thanks to Mirabella and the other participants in this symposium.

I want to spend a few minutes talking about the future and where we go. I think that the kinds of issues that have already been touched on by the other speakers particularly the women members of the House and Senate who have already spoken about what has been accomplished in the last several years. The results of the survey as well as Tipper's comments helped set a context for where we are at this point in history when it comes to health care in general and women's health care in particular. We have a number of challenges that confront us in creating a health care system that is responsive to the issues that have already been discussed.

First and foremost, we need a health care system that emphasizes primary and preventive health care. A system that rewards the kind of action that is taken on a personal basis to seek health care at the front end of a problem, as opposed to permitting it to deteriorate to a point of acuteness. Now, the reason we have to alter our health care system to take that into account, even though it is a very common sense approach, is that historically we have built up a financing system for health care that paid for procedures, tests and the kind of acute care that comes with the back end of health. It is really a system of sickness care as opposed to health care promotion. That dates back to the very earliest insurance systems that covered surgical interventions and other kinds of hospitalization and became then the pattern which we have lived with ever since, in both the private and the public sector.

We need to reverse our priorities. Yes, we have to continue and expand coverage for acute care and hospitalization, but we have to take a different approach if we are going to have a health care system that truly promotes health. So to that end when the President comes forward with a plan, it will emphasize primary and preventive health care. That will be particularly important for women and children. We will put on a par with other kinds of medical care, well-child care, prenatal care, and the kinds of diagnostic tests that can pinpoint a problem early instead of letting a condition deteriorate. If we focus on primary and preventive health care we will need to change the mix of health care practitioners which we currently have. Because our current balance is about 70% specialist and 30% generalists. In order to have universal health care coverage for all Americans that emphasizes primary and preventive health care, we need more primary and preventive health care physicians, nurse practitioners, physician assistants and others who will be on the front lines delivering it.

One of the most significant findings of the Mirabella survey was the one which asked women what they want in their physicians. Because what they want, is someone who will listen, who will take time and will once again have a personal relationship that is really a basic doctor-patient relationship again. Because what we have done through the system we have financed and created over the years, is to rachet down the kind of reimbursement that we give for that sort of clinical time. You do not get paid adequately if you are a family practice physician, if you are OB/GYN, a pediatrician, an internist who cares about looking at your patient as a whole person. That is what not just women, but I would argue, men as well want, but the system has not promoted that kind of interaction. One gets paid better for the least personal interaction and the more tests and procedures that can be ordered, that has to be reversed. We have to change the way of thinking that has interfered with the doctor-patient

relationship and undermined the kind of feelings that really serve as the basis of trust in a health care provider. That will be a major thrust of the movement we will try to have be part of health care reform, as we move to primary and preventive health care.

Secondly, we will provide a basic package of benefits for every American, that will include mental health and substance abuse treatment. I stress this because there have been a number of articles speculating about how it seems un-economical, one might even argue frivolous, to include mental health coverage and substance abuse treatment in a basic benefit package. My response to that position, which I think is wrong on the merits, is that it overlooks the inter-relationship that mental illness and substance abuse have with other health care problems. This is all part of a package, people who have substance abuse problems often are more difficult to treat for other medical conditions and we are beginning to understand the relationship between mental illness and other kinds of medical symptoms. To try to say we will only treat these bodily symptoms and not understand what we now are finally recognizing about how health is really rooted in the whole person and must be looked at in that regard, is to ignore both common sense and the kind of increasing awareness that we are building up about how best to help heal people as whole beings. So part of what we are emphasizing with the mental health and substance abuse treatment is that yes, there are real problems out there, some of which Tipper enumerated and yet it is unfair to tell people seek treatment for alcoholism or drug addiction but have no treatment available. But in addition, we have to change our cultural understanding about what health and sickness are and realize that a much more holistic approach is going to be more effective and more cost effective if we pursue that.

Thirdly, we have to provide a health care system that includes everyone, and excludes no one based on their employment status, on a pre-existing condition or any of the other exclusions that are currently operating. I have been somewhat surprised by some of the recent writing about how our concern about the uninsured is misplaced. You may have seen some of these articles in some major publications. Who are the uninsured? Why, they are all healthy 25 year olds who don't want insurance. They are self-sufficient people who understand that they can take care of their health needs, all 37-40 million of them, I guess. It is not only a gross distortion of who the uninsured are but it totally misunderstands one of the critical reasons we have a health care crisis. That reason is because we have so much uncompensated care from the uninsured and underinsured. It is not true to say that in America there is no health care for Americans without insurance. What is true is to say there is health care usually at the last minute and the most expensive kind. That is why so many of your hospital bills,

those of you who are insured, bear kind of bizarre notations-$50 for 2 tylenols. Now, is that because the hospitals are uniformly seeking to rip you off? No, of course not. It is because, for all of those healthy uninsured that some people write about, several million everyday have something happen to them and they show up at the emergency room. Maybe it's an out-patient treatment but maybe its something more serious. Maybe they can pay a little bit, but more likely they cannot pay the whole bill. So the $50 tylenol enables the emergency room of the local hospital to keep taking the people who show up with their conditions rather than turning them away. Then you and I compensate the hospital for that care.

We can not have cost containment, which must be a critical objective of health care reform, without universal access that is reimbursed at a fair rate. If we do not stop the cost shifting that currently effects the bills of those that are insured by private 3rd party payers and in the 2 major governmental programs of medicaid and medicare, we will continue to see a never ending upward spiral of costs. So it's not merely the right thing to do to insure every American it is absolutely necessary if we expect to have both healthier Americans and a healthier economy.

The fourth point I want to make, to this group particularly is that although we will come forward with major changes in the way we finance and deliver health care there will be a significant piece of these changes that will have to rest on each individual becoming more responsible. Becoming a more responsible consumer of health care making more informed choices, taking, better care of ourselves.

As it is now, too many Americans do not understand the real costs of health care. Somebody else pays for it, somehow it gets taken care of. They don't relate to the huge programs that are paid for out of general taxes. They do see their payroll contributions to medicare but they aren't quite sure what that actually buys. They're very aware of their own insurance, if they have insurance, and how much their co-pays and deductibles are but they aren't so aware that part of the reason their cost is going up is because of choices that are made by other people. Employers who choose not to employ people and pay insurance, individuals who choose not to be responsible with their own health care and on down the line. One of our goals with health care reform is to create more of a culture of responsibility when it comes to health care. To encourage people to take responsibility for themselves and their families. To provide incentives for the kind of behavior that leads to better health and frankly to provide some disincentives for behavior that doesn't. Because ultimately each of us is responsible for our own health care.

We all read the surveys, like the one that Mirabella conducted. You know, as I sometimes do, you cringe when you get to all those things you know you are suppose to be doing, and maybe you fudge when they ask how many times a week you exercise. You say," well 3 or 4", when you know in truth it's 1 or 2 on a good week. Yet, we all know in order to be as healthy as we can be, we are going have to change how we think about the health care system and we are going to have to be willing to change our own behaviors. I am very heartened by the increasing awareness on the part of all Americans but particularly women. About the issues facing us in this health care reform debate. We have a lot at stake. We have already heard reports from our members of Congress about the changes in the research protocols that have taken a very long time to occur. But which hold finally, real promise for problems that are particularly women's health problems. We have seen a lot of struggles fought over the last years to gain respect for both women practitioners and women patients.

But we still have a lot of miles to go before we have a health care system that is able again to care more about the whole person than worrying about filling out the endless forms, hiring yet another clerk to hassle with, yet another insurance company to get reimbursed for something. And yet we know what we can do as a people, if we remain committed to basic principles of reform that enhance the individual dignity of all of us and will particularly make it possible for women to be treated on a par with men, given the kind of health care they need, the kind of time and attention their problems deserve, and the outcomes that will lead all of us to be healthier and at the risk of going out on a limb, happier. Because I think that there is a relationship not only to our individual health but to our collective health and the social well being of our people. For me, health care reform is not about just eliminating administrative hassles, not about just giving us more general practice physicians to balance our specialist, not about just organizing ourselves and taking responsibility, it is about the vision of the kind of people we can become if we once again have a ethos of caring and we really do try to give each other the kind of help that enables all of us to be healthier. ~~Thank you very much.~~

Heathy as individuals. And Healthy as a Society. Thank you very much. END