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**McCain Discusses Health Care During “Call to Action Tour”
Town Hall
Lehigh Valley Hospital
April 30, 2008**

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ELLIOTT SUSSMAN, M.D. Good afternoon. I am Dr.

Elliott Sussman the President and CEO of Lehigh Valley Hospital and Health Network. I would like to welcome all of you, and in particular our special guest. I also want to make a special welcome to our colleagues who are viewing this from over in our auditorium at Cedar Crest, our auditorium at Lehigh Valley Hospital Muhlenberg in Bethlehem and in downtown Allentown at the 17th campus.

We are privileged to have with us today, Senator John McCain. A word or two about Senator McCain. Senator McCain as many of you know graduated from the U.S. Naval Academy. He then served 22 years as a Naval Aviator and he then also participated in the Vietnam War, came back served two terms, beginning in 1982 in the U.S. House of Representatives, and then in 1986 was elected to the U.S. Senate. And today he visits us as the presumptive Republican Nominee for President of the United States of America. [Applause]

We have got three different parts of our program. We are going to hear in just a moment or two from Senator McCain, in terms of health policy issues that he is very concerned about. We will then do a bit of a lecture and we are going to share with the Senator and with all of you some clinical vignettes of how we use health care technology to care for our

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patients. And then we will have plenty of time where the Senator will take questions from the audience.

Senator McCain we are honored to have you with us, an American Patriot, a distinguished representative. And Senator welcome to the Lehigh Valley and Lehigh Valley Hospital.

[Applause]

SENATOR JOHN McCAIN: Thank you very much, Dr. Sussman. Thank you very much doctor and thank you for your kind welcome. And before I make any other comment except, that I am honored to be in the company of American heroes. People who devote countless hours and countless effort and love and affection on people who are in need and helped of their help, especially in trying and difficult times. So, I am proud to be in the company of the wonderful people who are here at Lehigh Valley Hospital, and I might add that you are a tribute to modern medicine and a striking example of the power of innovation. But the real strength here is, Dr. Sussman and Dr. Swinfard, would all agree I am sure is that it is the people, the people are here who have literally dedicated their lives to helping others and I am honored to be in your company and I thank you.

I have had a wonderful time touring the American Health Care System so far this week, and I am honored to be here. On Monday I was at Children's Hospital in Miami, where technology allowed an infant born with a complex congenital heart disease,

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a tiny infant to survive and strive in a vigorous young body to survive an awful accident. Medical professionals developed surgical procedures to correct bilateral cleft and our medical device industries invent innovative breathing support.

Yesterday I toured the Moffitt Cancer Research Center in Tampa, where they are making dramatic progress in the fight against cancer. With skilled ingenuity and perseverance they are turning new technologies against one oldest enemies of humanity. And I know you would never lose sight of the fact that you are each involved in one of the great locations doing some of the great work that there is to be done in this world.

My friends any serious discussion of health care should recognize that for all the strengths of our health care system, we know right now that it falls far short of the ideal. Underline the many things that trouble our health care system are the fundamental problems of costs and access in innovation that will be at the heart of providing better care at lower costs for every American. Innovation, as I am going see and you know, is the well spring that will bring us new treatments, better information and put families in charge of their health care.

An important part of the landscape of health care is the treatment of chronic conditions. We can make tremendous improvements in the costs of treating chronic disease by using

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modern information technology to collect information on the practice patterns, cost and effectiveness of physicians. By simply documenting and disseminating information on best practices, we can eliminate those costly practices that do not yield corresponding value. But it will take modern information technology to produce these insights into high value care and the same technology to allow ready and cheap access by families who need to know their options.

We also know from experience that coordinated care, coordinated care offers better quality and can cost less. We should pay a single bill for high quality disease care, not an endless series of bills for pre-surgical tests and visits, hospitalization and surgery and follow-up tests, drugs and office visits.

Innovation of new treatments as we are about to see, as I am about to learn, the adaptation of new technologies to reach patients and improvements and the design of work places will as we all know improve the quality of care.

Paying for coordinated care means that every single provider is now united in being responsive to the needs of a single person, the patient. Health information technology will flourish because the market will demand it.

In the course of my campaign we will have a much needed health care discussion. It is much needed across this nation.

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I believe we can strengthen our system if we put families in charge, harness better information and competition to control costs and to provide the right incentives for the power of innovation to make our lives better.

I am pleased to see this innovation that is on display today, and look forward to learning more about it and then responding to any questions or comments or insults that you might have. [Laughter] Thank you, it is wonderful to be here. Thank you very much. Thank doctor. [Applause]

ELLIOTT SUSSMAN, M.D. Senator, thank you. You will see in just a few moments how we do embrace technology and innovation, and particularly how we use information. So we are going to take you on a tour of our innovations, and I am going to introduce Dr. Ron Swinfard as our tour guide this afternoon as we in fact, go through three different important medical innovations with you.

RON SWINFARD: If you will join me over here, Senator McCain. We only had a brief moment to speak with Senator McCain before we came in, and he emphasized to us that he truly is on a journey of learning, that he is here to understand the health care system better and what is going on and particularly innovation that is going on in health care, and we think we have more than our share of innovation and we want to share that with Senator McCain.

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First, I would like to introduce you, Senator McCain to Mary Joyce Robinson. Mrs. Robinson is a patient of ours, who unfortunately after Thanksgiving last year learned that she had ovarian cancer. First step of course, in the treatment of cancer is the surgical step, and she underwent a seven hour procedure that was a multi disciplinary team led by Dr. Martin Martino, a Gynecological Oncologist, and assisted with some of the OB/GYN residents, such as Fonda Campbell who is with us here today also.

In the care of this complex patient, she has also had chemotherapy since then, underwent her sixth and final round of chemotherapy last Wednesday. Has been doing well as you can see, and so I would like to have Dr. Martino share with you how we have harnessed technology to assist in her care.

MARTIN MARTINO: Thank you, Ron. And good afternoon, Senator McCain. From the moment I first met Mary at our remote office in Scranton, our team used the latest technology to help follow her through her course. My clinical notes from our first visit were uploaded to her electronic medical record, and from that point on, any physician in our network who needed them could view Mary's record, and it is secure. You can learn about her past medical

SENATOR JOHN McCAIN: Could we point out that there is no such thing as a dumb question in this discussion. [Laughter]

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MARTIN MARTINO: Sure.

SENATOR JOHN McCAIN: How did she have the electronic records? Many Americans do not, is that true?

MARTIN MARTINO: Yes. It is true.

SENATOR JOHN McCAIN: Go ahead.

MARTIN MARTINO: Actually, many Americans have a chart, that is very much like this chart. And you all might have seen a chart like this because it is probably your own, or not your own, but you may have one like that. [Laughter]

SENATOR JOHN McCAIN: So, Mary was fortunate that she happened to have her records electronically, where there is a very large number of Americans who do not have their records in that fashion so that you could and others have access.

MARTIN MARTINO: That is right. And we can learn her past history and her past surgical history, her medicines and her allergies. And all of this helps us to become more efficient and provide better care for our patients.

In terms of efficiency though, let me show you another thing that you might have seen. This is a film jacket with x-ray's, and does anyone have any idea how long it may take to go through these films and put them up on an imaging center and find that one image that we are looking for to discuss with our patients? Well, fortunately, with this technology we no longer have to do that. Today, we have an image system known as PACS,

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and that stands for Patient Archive Communication System, and it allows us to view Mary's images right here across the internet, or wherever we can establish an internet connection. It has allowed me to instantly view the status of Mary's tumor while she is on chemotherapy.

SENATOR JOHN McCAIN: The x-ray is automatically transmitted?

MARTIN MARTINO: Yes Sir.

SENATOR JOHN McCAIN: It never goes into a old style.

MARTIN MARTINO: It does not have to do that anymore. And, when Mary was diagnosed with ovarian cancer, in November, we were able to view her images in the operating room as well as afterwards and see how she has responded. And I do have some good news to share with everyone and with Senator McCain. If we look together we can see there is a four millimeter area by a 22.9 millimeter area of disease which is left. Before this was over four centimeters and she had a large amount of disease in her pelvis. Today, this is the disease that is left in Mary, [Applause] which tells us, that means that after six cycles of chemotherapy, with the last one being one week ago, Mary's tumor has thankfully become smaller. The chemotherapy which is part of an NCI sponsored GOG Clinical trial that we are lucky to have here at Lehigh Valley Hospital, is

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effectively shrinking Mary's tumor. Please join me again in giving in Mary a warm round of applause. [Applause]

Let me show you how some other technologies have helped Mary. When I rounded with Residents like Dr. Fonda Campbell after surgery, who is one of our OB/GYN Residents, and Mary told us that she needed pain medication. We entered that order directly to a handheld life book, like the one she is holding right here. Mary's request was processed immediately and on it's way to her before we even left the floor. This particular technology is known as CAPO, Computer Assisted Physician Order Entry.

Now, we doctors realize that our handwriting may not be the best. [Laughter] When I was a resident we wrote our orders in the patient charts. We would only hope that our nurses would be able to interpret and read our handwriting. CAPO helps us to eliminate this problem. Essentially, we can put our orders in and they are transmitted electronically. What it has done, it has removed our handwriting ability and now things are entered electronically.

Now residents like Dr. Campbell look for these technologies when they choose where to go for their graduate medical education, and we are sure lucky to have Dr. Campbell training with us here. We are among the fewer than 10-percent of hospitals nationwide with a 100-percent CAPO Compliance.

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That means that all of the physicians on our staff here are using CAPO.

SENATOR JOHN McCAIN: And there is no paper.

MARTIN MARTINO: Not with Physician Order Entry.

To make sure Mary receives the right dose of the right medication, at the right time, we use bar-coding technology. Just like the one you may see in the supermarket. Our nurses work on computers with wheels, like this mobile unit right here. And they scan the medication with Mary's wristband, with the medication to assure it is a perfect match. This allows our nurses to spend more time caring for each patient at the bedside and it is just another reason why our nurses have achieved magnate recognition year after year. [Applause]

SENATOR JOHN McCAIN: What has been the result in the percentage of medical errors?

MARTIN MARTINO: All of this technology has reduced our medical errors by 80-percent, which is tremendous. [Applause] We have eliminated legibility and transcription errors. That means that we are giving the most appropriate care and the safest care to Mary and all of the people we care for, both in our community as well as in the remote line areas.

What is most comforting to know, as a physician here, and Mary might not have known this, was that while Mary was in our advance intensive care unit, she was remotely monitored by

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our specialist throughout the night. It is nice to know again, as a surgeon, after a long surgery that when we admit patients to our intensive care unit that we have got eyes on them, and we are taking good care of them. 20 years ago, Mary might have been in the hospital for several months after a surgery like this. But today, in nine days she is able to go home. She is teaching us all to live each day to its fullest because life truly is gift. Mary, thank you so much for sharing your story with us today. [Applause]

SENATOR JOHN McCAIN: Mary, would you like to say a couple of words? [Laughter]

MARY JOYCE ROBINSON: I would like to thank Dr. Martino. I do not believe that I would be feeling as well as I am today if it was not for him and his staff and other doctors and nurses here at Lehigh Valley Hospital. And she saw him demonstrate the technology helped in my survival after, and my recovery after surgery. But it also continues in my quality of life as I continued chemotherapy and testing here. I am confident that this is the place to be for me in the combination of the quality that I get from here and the advancement and the technology that my family and I will see me improving over the years and I thank them for that. [Applause]

SENATOR JOHN McCAIN: What has been the effect on costs of this kind of technology as oppose to the old way of doing

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business with the stacks of records and the pictures and the, what has been that effect?

MARTIN MARTINO: As you can imagine, when we have images like this, and these images are stored in a certain hospital and they are not universally accessible, then physicians can order multiple images, and multiple points in a system. And if a patient presented to one hospital, they may get a CAT Scan of the chest, abdomen and pelvis. And then the next week, doctor may not know they had that and they can order another one.

So, now with having this centralized, we are able to order only one test and all the doctors are speaking off the same record.

SENATOR JOHN McCAIN: So that is bound to be significant, not only reduction in errors, but on costs must be dramatic?

MARTIN MARTINO: It is tremendous. And I have been at certain places where, when we go back and look at patient's records there is over 15 images and CAT Scans ordered in one year. Here, with what this PAC System, that would not happen. So it definitely I think, reduces costs.

SENATOR JOHN McCAIN: And each CAT Scan is a expensive procedure?

MARTIN MARTINO: Yes sir.

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SENATOR JOHN McCAIN: Sorry for the dumb questions.

[Laughter]

RON SWINFARD: What you do not know that I was a high school teacher before I was a doctor, so I have go to do a summary here, okay. [Laughter]

SENATOR JOHN McCAIN: Alright.

RON SWINFARD: We have got bar-coding, we have got PACS, that is the picture for archives system, the images that we have. As you have heard, we have Physician Order Entry. And, so these are some of the building blocks that are the foundation for our delivery of care to our patients.

Mary is from Carbondale, up near Scranton. And if you will follow me, we are going to go over to this station and you can see how we use technology to help with our high risk pregnancy patients.

SENATOR JOHN McCAIN: Thank you, Mary. Thank you, Dr. Martino, thank you.

RON SWINFARD: We have now gone to Wilkesbury and we are looking in on an exam room in Wilkesbury and this is Rochelle Magnese, [misspelled?] and she is an ultrasound technician, and does ultrasounds on pregnant patients there. With her is Jennifer Hannon, and in her arms is Ellie, her three month old.

SENATOR JOHN McCAIN: Hello, Ellie. [Laughter]

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DR. RON SWINFARD: So, let me briefly tell you why we are sharing this story with you. Last May, Jennifer learned she was pregnant. A joyful event for all of us, any of us. Unfortunately, that also brought some trepidation to Jennifer's family because she had previously lost two children to miscarriage because of some blood clotting disorders. This made her pregnancy a complicated one, and so we needed to involve physician's who deal with high risk pregnancy in her care and those were not available in her community.

So, we were able to provide the technology to basically transport some of that care to her and keep her, so that you can see the product of this three month old, Ellie in her arms. I would like to introduce you to her high risk pregnancy specialist, a pareonatologist or maternal fetal medicine physician, this is Meredith Rochon. With her is Mr. Joe Tracy. He is our Vice President for TeleHealth, former President of the American TeleHealth Association and has testified many times before congress on TeleHealth issues. He will talk to us a little bit later about the technology.

DR. MEREDITH ROCHON: Good, afternoon, Senator McCain.
Hi Jennifer, hi Ellie. [Laughter]

SENATOR JOHN McCAIN: Have you ever met them personally?

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MEREDITH ROCHON: I have actually. [Laughter] I have fortunately performed several procedures on Jennifer and we had a very successful result.

SENATOR JOHN McCAIN: Wonderful.

MEREDITH ROCHON: As Ron said, Jennifer has a clotting disorder. And her two previous pregnancies resulted in miscarriage. To decrease the chance of that happening again, Jennifer was treated with a blood thinning medication during this pregnancy and followed closely with frequent ultrasounds and blood work. At 20 weeks, we noted on one of those ultrasounds an additional complication for Jennifer and that was that her cervix, which is the opening of her uterus was starting to open and become shorter, significantly increasing her chance of losing this pregnancy. Now, 20 weeks is only four and a half months, too early for the baby to survive on the outside.

To try and prevent that from happening, Jennifer came down here to Lehigh Valley Hospital and had an emergency procedure, called a cerclage, which put a stitch in her cervix to try and stop the process. Fortunately, that was successful and after a few days, Jennifer was able to return home, but placed on bed rest for the remainder of pregnancy which we hoped would be five months. Now, Jennifer lives more than an

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hour from here, and so it was very difficult for her to be on bed rest and travel more than an hour for each of her visits.

To continue giving her the care that she needed closer to her home, we coordinated her care through Montage Center for Specialized Medicine, which is located in Moosic, Pennsylvania, about an hour and fifteen minutes from here.

Through our PAC System, which Dr. Martino just showed you, Jennifer was able to continue to have her ultrasounds, and we, her physicians, more than 70 miles away were able to view those pictures. Montage further has the technology that if we find something unexpected, we can discuss it with the patient face to face via televideo, and I can also watch the ultrasounds in real time and direct Michelle, our sonographer to show me any special images that I may need to make the appropriate evaluation.

We followed Jennifer and Ellie's progress very carefully during this pregnancy. One of those ultrasounds was very special, wasn't, Jennifer?

JENNIFER: Yes, it was. [Laughter] It was an ultrasound that I had up here at Montage when I was 26 weeks pregnant. I am sorry if I might cry, but that was the first time that my husband and I were able to see our daughter's face. So, when that picture came up on the screen, we were in awe, we were so amazed. And I carried that picture around with

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me for a long time. It was so reassuring to be able to see her face, and the picture that you see up there on the screen, she still looks like that today. [Laughter] She still hold her little hand. Though it was really amazing to have that picture. If it was not for Lehigh Valley Hospital, and Health Network, and the care of people like Dr. Rochon and Michelle, we would not have a baby today. Our family will always be grateful for that. So, thank you.

SENATOR JOHN McCAIN: Wonderful story. [Applause]

MICHELLE: As Dr. Rochon stated, if Jennifer were pregnant today, we would be able to provide an even higher level of care through the Telemedicine Network. And what that does mean is that the Maternal Fetal Medicine Specialist can interact with the obstetrician's through a Telemedicine Network to provide a consultation and a real time ultrasound examination to make it more convenient for mom and baby.

I personally have had the experience of having a high risk pregnancy which had an unfortunate and tragic outcome. During my pregnancy, I had to travel to several different facilities, even as far as 2.5 hours away to get my final diagnosis.

This Telemedicine technology probably could have facilitated my care a little bit quicker, except for tertiary care. Because of this I appreciate the Telemedicine

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technology, and I am sure that by offering this Telemedicine service, it will help the specialist bring more happy babies like Ellie into the world.

SENATOR JOHN McCAIN: Thank you, Michelle. So, we are talking about cost savings just from travel alone that is remarkable, plus the access to the best minds that is available.

RON SWINFARD: Care that is not available locally in their community, correct?

SENATOR JOHN McCAIN: Thank you, Michelle, thank you very much. Jennifer, thank you.

JOE: You mentioned the access part, and that is what this is all about. This is just one example of what we can do for maternal fetal medicine patients, as well as other types of patients, and we took a look at some of the cost factor. When we use this kind of technology to deliver healthy, normal babies, like Ellie, the costs kind of go way down. Because a baby that stays in a neonatal intensive care unit as a premature birth, can spend a lot more time than a normal newborn and the cost is usually about 20 times the cost of a normal newborn. So, when we can use technology like this to promote that level of access, good outcomes I think we lower the cost greatly.

SENATOR JOHN McCAIN: Thank you.

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RON SWINFARD: Thank you Michelle, Jennifer, Ellie, Joe, Meredith.

SENATOR JOHN McCAIN: Thank you, Michelle, Jennifer, Ellie. Be sure to vote. [Laughter] [Applause]

RON SWINFARD: I think Ellie has a present for you [Laughter]. Let us all through Ellie a kiss back, what do you say?

SENATOR JOHN McCAIN: That is very touching, thank you. That is a wonderful story. [Applause].

RON SWINFARD: Come on over here. We will have our third and final example for you. Our patient here is Martha Hudaling [misspelled?] they are in the middle. We have now gone to Bushkill, Pennsylvania, which is up in the Pocono Mountains. And about three years ago she developed a severe case of influenza, as you know that can be a fatal disease and she was unconscious in her bathroom and was brought emergently down to our intensive care and through the use of our technologies pulled her through what was a very, very serious illness. The team that helped her were, Dr. Matthew Mccambridge, one of our critical care physicians, and Kathy Baker, one of the nurses that works with him. We will here from both of them.

SENATOR JOHN McCAIN: Could I just ask, was this sudden?

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MARTHA HODALING: It was very sudden. It started with like a light cold on a Wednesday. I was in the doctor's office by Friday and I was in the ER by Saturday, about 6:00 in the morning. So, it did happen very rapidly.

MATTHEW MCCAMBRIDGE: Senator, at the Lehigh Valley Hospital we have 988 beds, and a 140 of those beds are intensive care unit beds. We have 6 ICU's here at the Cedar Crest site and another one across town at our Muhlenberg Campus. We also monitor 18 beds at the Good Shepherd Hospital which across town.

And all 140 of those critically ill patients are monitored all night long from 7:00 at night until 7:00 in the morning using something called an Advanced ICU. An Advanced ICU is a physician and two nurses monitoring all 140 patients. And it is true that Martha was very critically ill when she came to see me.

SENATOR JOHN McCAIN: That is not a lot of people to monitor that many patients. [Laughter]

MATTHEW MCCAMBRIDGE: Well, the way we set up,

SENATOR JOHN McCAIN: I mean without that you would be almost one on one.

MATTHEW MCCAMBRIDGE: Right. This type of technology allows us to monitor all those patients at the same time because, what we have is a monitoring system where I monitor

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all 140 patients would be listed here, and then I would set the monitors to tell me when their white cell count, their laboratories are abnormal or their heart rate or their urine output, and then I am sitting there with two nurses whose screen through all these alarms and then we can go to the patient's bedside. We have two way video and two way audio, so I can go into every room, whether it is here at Cedar Crest, or across town at Muhlenberg or at the Good Shepherd Hospital. We use an ICU electronic medical record. We use to put everything on paper, but now the information is fed from the patient wirelessly from the rooms to us across town. This room is actually four miles from here and you can see their heart rate, their blood pressure, their temperature, what type of ventilator they are on. So, if a nurse calls us from the room we can pull up all the information on the patient before we even go into the room.

With the electronic medical record, we can look at their old transcriptions, we can look at all of their x-rays and we all monitoring all 140 patients at the same time. Again, from 7:00 at night until 7:00 in the morning when things can happen.

SENATOR JOHN McCAIN: There is no such thing as a dumb question. What is the warning, you are sitting there and there

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is a 140 people. How do you know when there is something wrong?

MATTHEW MCCAMBRIDGE: You can see the warnings. They will have a six warning. They are categorized as one through six and four would be an elevated glucose which is 250, which is too high, we would take care of that. But a really bad abnormality is this one here, a critical potassium 2.7.

SENATOR JOHN McCAIN: What does that mean?

MATTHEW MCCAMBRIDGE: That is fairly low. If we do not take care of that quickly, then something potentially bad could happen to the patient.

So the old model of practicing medicine would be, the nurse would get that lab, it might take an hour to get to the nurse's bedside, she would try to call the doctor at home who is sleeping, wake him up and say, I have a potassium of 2.7 on a person in this room, what do you want to do about it? But, now since we are monitoring all the patients at the same time, we are getting real time data, we can act immediately on all this information. And we can go and actually talk to the patient and their families at the bedside and tell them what is going on.

SENATOR JOHN McCAIN: Which is one of the most important parts for the family?

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MATTHEW MCCAMBRIDGE: The families absolutely love this technology. Initially, when we did this four years ago, we did not know how it would be received. But now the families wait for us to come 7:00 at night to get their update on their family. We had talked to Martha's mom quite a few times through the camera. There is Martha's mom. [Laughter]

This whole thing was built by just an amazing number of people at our hospital. Our Chief Information Officer, Harry Lukens is right here, Donald Levicks [misspelled?] is sitting behind us. He is our medical doctor who helps us with IS. And then there is so many people in the room. I do not want to say any more names or else I am going to get in trouble.
[Laughter]

I just sit down at night and turn this on and it miraculously works.

SENATOR JOHN McCAIN: What am I looking at here?

MATTHEW MCCAMBRIDGE: Well, this a spine. I wish it was an x-ray, because I know a whole lot more about x-rays than spines, but that is a spine.

RON SWINFARD: That is the PAC system that is available to them also there.

MATTHEW MCCAMBRIDGE: They are digital x-rays.

So, when Martha came to us, it is true that she was very critically ill. She came at 8:00 at night, she got

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emergently intubated and placed on life support. Within the first 24 hours we did about 150 things to try to keep her with us, including not only the life support, but we put a heart catheter in her. We had to do a number of surgeries on her arms to relieve deadly pressure. And this was all being supervised by the Advanced ICU, this Telemedicine system.

And I think you can see that she had spent about five weeks with us. They can only keep her in rehab for about five days, so she wanted to get out of there. [Laughter] and then about eight months later, she was dancing at her wedding.

[Applause]

SENATOR JOHN McCAIN: You saw little, Ellie there.

[Laughter]

MARTHA HODALING: I did not get that far. [Laughter]

SENATOR JOHN McCAIN: Could I ask what that is?

MATTHEW MCCAMBRIDGE: That is a heart catheterization. That is another type of digital image where we can look at the patient's heart catheterization and see if they have blockages. We can get echo cardiograms. We do not use paper anymore. Everything is put right on the computer for us. In the middle of the night I can look at all this information.

SENATOR JOHN McCAIN: Could I just ask again. My understanding is three people that are monitoring 140 patients?

MATTHEW MCCAMBRIDGE: Right.

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SENATOR JOHN McCAIN: Before you put your information technology in that, how many people would that be?

MATTHEW MCCAMBRIDGE: It usually takes about one doctor per 12 patients. The reason that we came up with this technology, sir, is that what I do for a living, I am an intensive care unit doctor, and there is only 6,000 of them in America. It sounds like a big number, but for 300 million people it is not a lot.

And we are blessed to have a number of intensive care. Dr. Riley one of our trauma doctors is here. We have 16 of them here at this hospital, but other communities do not even have one. So we use this technology to view ICU's where they do not have intensive care unit doctors.

SENATOR JOHN McCAIN: How long did it take?

HARRY LUKENS: It took us about three years to develop that package that you see. That is eight different systems tied together. Absolutely, coolest thing I have ever done?
[Laughter]

SENATOR JOHN McCAIN: And what was your model, Harry. What was your model, where did you get this?

HARRY LUKENS: We actually did not have a model. We knew what the docs wanted. And we looked for a primary system to give Matt the ICU information, and then as we built that, then we would say, so what else we need here, Matt, and he

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would say, the PAC System. The Emergency Room System, the EMR. So we would constantly build on that. There really is not a system like this in the country.

SENATOR JOHN McCAIN: Are others imitating?

HARRY LUKENS: Absolutely.

MATTHEW MCCAMBRIDGE: Well, we have had 125 tours to date. We have tours from Australia. We had a tour last month from the Canary Island, which was a very interesting tour, all over. Initially, we were one of the first people in the country to have this and it was very interesting when we had places like Harvard coming to see us and they subsequently had put something similar in like this.

If I could though, I would like to introduce you to Kathy Baker, who is one of our nurses. She is my partner in crime in this whole project. [Laughter]

KATHY BAKER: It is nice to meet you, Senator. I am here representing the nurses who utilize this technology and benefit from it. [Applause]

SENATOR JOHN McCAIN: That a nurse lobby. [Laughter]

KATHY BAKER: As Matt told you, we monitor over 140 patients, from 7:00 p.m. to 7:00 a.m. And this is above the care that is at the bedside. So, we are a supplement, we are a help, we are another pair of eyes. So, there is not a nurse

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who does not have a access to an intensivist led, critical care team in this institution.

There is not a family who cannot speak to a physician, and there is not a patient who does not have this extra set of eyes watching their care. In fact, everyone benefits from this program.

SENATOR JOHN McCAIN: How long have you been in the profession?

KATHY BAKER: Thirty-two years. [Laughter] [Applause] And I was a night nurse for 20 years, [Laughter] so I really could understand how this could help.

SENATOR JOHN McCAIN: Could I just ask, did you ever believe that something like this would be available to you?

KATHY BAKER: No. As soon as they had the idea and Harry Lukens team and Pulmonary Associates said this is something we are thinking about, it just ranged true for me as a nurse who had worked nights and needed to call physicians and try to tell the story over and over and over again on the phone. We do not have to do that anymore, we just call. We call at the box, [Laughter] we call the box and the doc he is seeing exactly what we are seeing at the bedside. So, there is this early development of a plan and care. So it is a continuity of care.

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SENATOR JOHN McCAIN: So, it really played a role in Martha's.

KATHY BAKER: Yes, Martha is just a great example of what really can be done, and she can really attest to our capabilities.

MARTHA HODLING: I am in awe of how far [Laughter] I have come, all the technology that has come about and I am a living testament to what is going on here. I am able to do all the things that I love, like go horseback riding, spend time with my family, my husband. Anything that I can imagine, and I was able to dance at my own wedding, I was able to walk down the isle and I had a lot of fun. I can't thank all my caregivers, especially Dr. Mccambridge, Kathy, and it was just an amazing period of time. I do not remember a lot about being in the tele-intensive unit, but my mom did tell me that they were able to keep in contact with both my mom and dad and keep them abreast of all the information that they needed about my health care.

SENATOR JOHN McCAIN: Mom, [Laughter] could you just, I am sorry to take up the time, but tell us about how important it was for you to get this briefings and updates.

ROBERTA MCCAIN: It was very important, because one minute they said they had to cut her arms, the next minute they

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had to do something else, and when they said they may do a heart transplant on her, it was crazy.

SENATOR JOHN McCAIN: And you were kept up to date, literally, hour by hour.

ROBERTA MCCAIN: Abreast, yes. I use to talk to Dr. Mccambridge, I called him, doc in a box, [Laughter]

SENATOR JOHN McCAIN: Well, do you approve of your son-in-law?

ROBERTA MCCAIN: Oh, yes. [Laughter] [Applause]

SENATOR JOHN McCAIN: Well, thank you, thank you mom. [Applause] Thank you, Martha.

RON SWINFARD: Thanks Matt, Martha, Kathy. Speaking of lobbies, [Laughter] there is no additional reimbursement for this technology that we use. [Laughter] It is value added because it is the right thing to do for patients.

SENATOR JOHN McCAIN: But the initial investment must have been.

RON SWINFARD: Was several millions. Harry do you know the answer to that?

HARRY LUKENS: About \$4.5 million.

SENATOR JOHN McCAIN: And where did the funds come from? [Laughter]

MALE SPEAKER: We are like most hospitals in America, a community owned, not for profit institution, that does not mean

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though, that we can avoid generating a surplus every year. We do that, and the reason we do that is to invest in projects like this, that in fact provide better care for our patients. I do not think that Martha would be with us if we did not have the doc in the box, as corny as it sounds.

SENATOR JOHN McCAIN: Could I ask both of you again, to comment again on the cost issues as to savings. You both have been in the business for a long time. And the reason why I keep coming back to this, in all respect, and I think the vital part is saving lives, which you have done so magnificently, but it is also getting our costs under control and reducing health care costs so it can be available and affordable.

What has been the overall impact of this on your overall costs of doing business?

MALE SPEAKER: Well, I think if we talk about our overall costs of doing business in the ICU, we have seen that compared to what it would have been, this is clearly less. Let me give you one specific example. By having this type technology, for example, no longer having nurses write things on paper and worried about those big paper sheets, we can see in an average 12 hour shift, nurses have 90 more minutes at the bedside.

Now, there would be a choice, we could theoretically use fewer nurses, we do not make decisions that way. We use

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our nurses then to provide more care for patients meaning the quality of their care gets better, the communications with family members are more often.

I would say to you the following, I do think that good health care is expensive, but, you are absolutely right, that there are lots of opportunities in health care to get actually higher quality and get it at lower costs, and that is the mission we are on for our community.

SENATOR JOHN McCAIN: And, so it is hard to calculate that because of this incredibly increased efficiency of treatment, it is hard to calculate what the costs might be with a sicker patient that takes longer to cure, to the increased personnel costs. You probably can figure the increased personnel costs, but the additional costs of the old type of care is hard to calculate, but clearly a major factor, here, is that.

MALE SPEAKER: That is true, perhaps another way to approach this question is, if we look at ourselves compared to similar institutions, in fact, our quality measures are at the upper point, let say the 90th-percentile, meaning we are at least better than 90-percent of those and our costs are down at the 30th or lower-percentile.

So with all this technology, we are in a high quality, relatively low cost position. And, good health care is

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expensive. It is not going to be free. But, yes we can all do somewhat better. We need lots of help to get that done. Like funding systems like this, no question. And because Ron has his lobby, I will stick with the nurse lobby, [Laughter] that is a powerful lobby.

SENATOR JOHN McCAIN: I guess [inaudible] because I know that there are questions from the audience.

The medical errors situation obviously, is one that not only serious because of its affect, but the confidence of the patient and the community. Maybe you could just talk a little bit about that, because a lot of places that I have been, medical errors have literally had obviously, significant damage.

MALE SPEAKER: Well, I would briefly say that medicine, nursing, all those caring professions are about people. And when we have people involved we will have errors. People do not go into medicine, nursing to make mistakes, but there are inevitable, they are a part of who we are. What you have seen today is, how can we build a better system that in fact, reduces those errors. And, clearly there are ways to do that.

When we heard that Dr. Martino said our error rate was decreased by 80-percent, we started from a very, very low number. We are now down to less than one error per hundred thousand. So we are getting pretty darn good. But, it is by

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employing this technology and this technology can again, as you have pointed out, raise quality because fewer medical errors are higher quality, and reduce cost.

When patients get sick inadvertently, because of things that are unfortunate, but occur in terms of a medical error, that cost to society, to the patient and to the people who are paying the bills, no question about that.

SENATOR JOHN McCAIN: Well, I thank you for this briefing. It has been very impressive and very touching, and I am very grateful and I appreciate it.

I would just like to make one additional comment that has impacted me. Because I come from a state where we have large populations centered in two major cities and we have, believe it or not, large rural areas. And one of those areas, my friends, is our Indian Reservations, our Native Americans. And I think it is just a fact of life that because of the light population we would probably never have facilities built there, certainly not sufficient numbers.

This is already being employed, but not anything near what I think the potential that it holds for rural America, and in particularly our Native American Reservations, and so I am going to go back more motivated and talk to the Indian Health Service to try to get them to come here and have one of your 500th briefing or tour [Laughter] to maybe, because we do have

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an obligation that we are centered into a solemn treaty with our Native Americans, and one of them was to provide them health care, and we have not done that. And this maybe, I think a big part of meeting that obligation.

MALE SPEAKER: We love to help.

SENATOR JOHN McCAIN: Thank you, thank you. [Applause]

MALE SPEAKER: I know that we are all particularly grateful to our caregivers and to the patients and their families who have been so gracious in sharing their stories. I would say we have been lucky here at Lehigh Valley Hospital to get some national recognition for these efforts. We are on the 100 Most Wired list of all hospitals, the 25 Most Wireless list, and that recognition is nice. But, at the end of the day, as you said earlier it is about how our doctors and our nurses use this technology to care for our patients. And that is what it is really all about. And thank you for recognizing that.

I think now we are going to have a chance to turn things over to you. There are going to be I am sure, lots of questions from our audience who would like to probe a little bit more deeply, in terms of what we can expect in terms of health care in the future and how we use technology.

SENATOR JOHN McCAIN: Thank you, sir. And if you

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would just raise your hand, if you have a question or comment, and we have people here with microphones. Yes sir.

LUKE SAVAGE: Hello, Senator, thank you for coming. My name is Luke Savage. I work in the information services department and I help support some of the stuff you have seen today. Given that most technologies that we have seen here and a lot of the technology and therapy that underpins the medical industry begins with research at academic institutions or research in hospitals like this, I just want to ask, what is going to happen to the funding for research programs, in universities across the nation, be it a new technology, or a new sort of cell therapy, if you are elected President.

SENATOR JOHN McCAIN: I think obviously, we have to encourage and we have to fund it. But it brings up a larger issue, if I could share with you for a minute. And by the way, you do not have to give back the microphone until I am confident that you are satisfied with my response.

You know one of the things about these gatherings, as it is one thing for you to stand up and ask a question, and then I give an answer that may not satisfy the question that you have, so I would like to have you hang on the microphone. I am sure that I will totally satisfy whatever, [Laughter] but I think we need to fund, and I think we need this to be, this incredible technology and what they are doing at Miami

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Children's Hospital, and what they are doing at the Moffitt Institute. Now we have got to knit all that together. But one of the problems I see in Washington, today, is there is a competition, and I think Dr. Sussman would agree with me, there is a competition for funds which sometimes is depending upon the political influence of the groups or individuals or cause or technology that they want funded, as oppose to frankly, a objective view. And there is never enough money, we know, there is never enough money to fund cancer research, there is never enough money to do these things.

So, rather than have it decided in all do respect, among my colleagues in congress, I would like to see a group of Americans appointed by the President who are the best in their business. Whether it be doctors, whether it be nurses, whether it be the technicians, the ones who know about the technology and objective scientific opinion and knowledge so that they can say, okay, here is our first priority for funding, here is our second, here is our third, here is our fourth.

One, it would save people a lot of travel expense back and forward to our nation's capitol, but more importantly, I think that all of us could be better served in the funding, and a much needed research treatment information technology by getting the smartest people in America together and have them make the recommendations. Now, maybe congress would not always

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follow those recommendations, but at least we would have a bases for our funding, rather than people literally coming to Washington with their hand out and trying to have precedence or priority over other much needed funding as well for other causes. Do you see my point?

LUKE SAVAGE: Yes, I do, and I count myself as a researcher who lost their funding, so I understand what you are saying about the way that it would change, and I think.

SENATOR JOHN McCAIN: And I think maybe you would have been satisfied more if you knew that there was a most qualified people in America to make judgments that were recommending that you not receive that funding, rather than a process that frankly, is opaque at best.

LUKE SAVAGE: Yes, I agree. I think that would be an excellent change.

SENATOR JOHN McCAIN: Thank you. Goodbye. [Laughter]
Yes sir.

RAY SINGER: Senator, my name is Ray Singer. I am a heart and lung surgeon here at Lehigh Valley Hospital. One of the cost drivers, are physicians who feel they have to practice defensive medicine. When you look at the three major candidates running for President, you seem to be the only one addressing national liability reform. Could you share that with us today?

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SENATOR JOHN McCAIN: Yes sir. I do not have to ask any physician in this room exactly how many procedures or tests that may not be absolutely necessary that are administered to patients, that are good to know the results, but perhaps the primary reason is for the fear or concern about finding themselves in court. And I think clinical guidelines are very, very important, and I believe that any physician who can prove to anybody's satisfaction that they adhered to those guidelines then they should have some protection from frivolous lawsuits.

And I believe also, that if we do not have reform of this very litigious situation we have in America that it is going to be increasingly difficult for us to reduce the overall cost of health care. And, I do not have to tell you, I am obviously almost insulting your intelligence and experience, but my friends the cost of insurance of physician's today, particularly in some specialties is staggering, it is staggering. And in some states, it literally drives physicians in certain specialties out of those states. And that is not right, that is not right. People in America should have access and availability to the best health care, and I wonder if that is too strongly stated?

MALE SPEAKER: No, we certainly agree, and it also drives people out of certain specialties, not just locations. In my own specialty, in cardiac surgery, only 60 students went

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into training programs in 2007 in the entire country. 50-percent of all heart surgeons are going to be retired in the next ten years who are 55 years and up. So this could be a real problem as the baby boomers get older.

I think one of the reasons is, on top of a stressful field, being under the microscope, the liability concerns are real.

SENATOR JOHN McCAIN: And in conversations with doctors who have a choice of what their specialty is, that is one of their concerns?

MALE SPEAKER: There is no doubt. When you talk to medical students today, students are avoiding high risk fields.

SENATOR JOHN McCAIN: Well, I just want to assure you that that reform will be one of my agenda items if we are truly going to address seriously the problem of escalating costs of health care in America. [Applause]

KATRINA FRITZ: Hi Senator McCain, my name is Katrina Fritz, I am a nurse here. I work in cardiac quality. And in light of what Dr. Singer just said, which is very true. Two part question, how do you feel about preventative care because, honestly that is what keeps us from getting into those problems and if you would not become the President, how would you feel about expressing those viewpoints that you have that are very

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good? I have heard you talk and I agree a lot with what you said, how would you work with whoever became the President?

SENATOR JOHN McCAIN: Thank you. Let me just by beginning to state the obvious, that our friends in the health care profession, know and one of the most alarming statistics in America today, is the increase obesity, high blood pressure and diabetes amongst young Americans. There is no health care system in the world that can sustain the costs of a continued increase in those. In just those three aspects of America's health, and it is impossible to reduce the cost of health care in America if that is the case. But more importantly, we are as we have seen through many, many years and maybe century's an increase in the life span of Americans. That could level off because of the health wellness of another generation of Americans.

I would like to see everything ranging from insurance companies rewarding their clients for wellness and fitness to employer's rewarding their employees if they join a health club, they would pay their dues, the insurance companies would give reduced premiums to people who obviously have displayed wellness and fitness, etc., so that there is incentives financially. But also I would love to see, and I know that this is a little utopian, but I know that young Americans like and admire and respect me, those that know me at least I hope

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that most of them do, but the people they really look up to in America are our great athletes, and I would love to see my friend, Shaquille O'Neal who just finished the playoffs last night, [Laughter] as the Phoenix Suns were defeated by the San Antonio Spurs again. [Laughter] That he inaugurated a program in Miami when he was a member of the Miami Heat, and it was called Shaq's Challenge, and I had at Miami Children's Hospital a chance to meet a young man who had lost 76 pounds, who had taken up Shaq's Challenge, and by exercise and by dieting this young man was in good health today.

Now, in all do respect to my prestige and influence, I am not sure he would have taken up max challenge, [Laughter] you see what I mean? So, I would love to see our great athletes who young Americans and women athletes that young women look up to and admire and all people that are admired by young people to go around to the schools in America and talk to them, and try to motivate them. And that we lay out programs that they can follow and give them diets that they can follow.

And, I understand the other thing I would like to have parents do is go to their school and find out what is in the school lunch program. And I would also like to have parents and school board members find out what the physical education program is in schools in America today.

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But for older Americans, that are out of school, then I think we have got to put in specific incentives for people to practice wellness and fitness. And I just want to add one other point, I am sorry for over answering, but I really believe that this is one of the crucial aspects of providing available and affordable health care to all Americans, and that is smoking. My friends, I smoked for a long time. It use to be the thing that Navy pilots did, it was part of our image. I am happy to say I quit many years ago. I am also unhappy to tell you that I still want a cigarette, [Laughter] but I have not had one in 20 some years since I have had one. But smoking is really, really, unfortunate, especially with some young Americans on the rise. And we have taxes on cigarettes as you know today. And that money, instead of going to programs to disincentivize young American to smoke and treatment of tobacco related illnesses, it is going into general revenues. The tax that is paid on a pack of cigarettes was supposed to be going to these programs. And it is not. And I think we should demand that it be so.

And they have proven in some states, where there is active anti-tobacco use programs, that they have been successful, they have been successful. So, it is not a question of whether they work or not, it is whether we are going to devote those funds, which are specifically imposed on

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the sale of tobacco products to be devoted to those programs, including the treatment of tobacco related illnesses. So, wellness and fitness, wellness and fitness. Yes, sir.

[Applause]

JIM RILEY: Thank you, Senator for coming. My name is Jim Riley, I am one of the trauma surgeons here. You mentioned earlier the need to make objective decisions with respect to health care.

SENATOR JOHN McCAIN: Funding for research is especially.

JIM RILEY: Research or even policy making. My question is really about objectivity, and every time I see a debate on health care, I really wonder whether or not the statistics and the data that people are discussing are accurate, reliable, and it is pretty easy to put something on the table and have somebody else take it off. As this is a statistic that will refute any other statistic, and so are you satisfied with the information that you are getting in terms of its ability to allow competent decision making?

SENATOR JOHN McCAIN: I think on the major statistics, I am. And here is the most disturbing fact of all, and I do not think it is disputed. Forty-seven million Americans are without health insurance today. Half of them will probably, it is because they are out of a job and they will gain employment

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and they will then be able to obtain health insurance. And that is nice to know, but the other half, which 8 million are children, and many of those children of course, is just we have not been around to sign them up.

But then you get down into what you and I all know is with the big looming fiscal problem and challenge and that is, those with chronic diseases or pre-existing and or pre-existing condition, and that is the area where we really need to address because the insurers will not insure them. They are either making too much money to qualify for Medicaid or other reasons like as I mentioned, there are some children that simply are not in the SCHIP Program just because they have not been signed up for it.

But there is a group of Americans that with pre-existing conditions and with chronic diseases, and as you there are five that consume 75-percent of the health care costs in America, where we are going to have to sit down with the Governors and the Legislatures and the health care providers and the patients and come up with a way of providing them access to health care in America. There is 21 states. I think now that have placed restrictions on premiums and other things. There is a number of other states that are working on risk pools facilitating a system where these people can be treated. The Governor of Florida has a proposal called, Cover Florida.

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But that is a major challenge that we face. And I think we can do it working with the Governors and the Legislatures sitting down and having them fund, but also in the way that the federal government can also provide that care.

So, my answer to you is, I think that some of the statistics maybe not accurate, but the issue of the uninsured and those with pre-existing conditions or chronic diseases is really a, particularly the pre-existing conditions, is one that is the major challenge in health care in America today.

Yes Sir.

NEIL COCKER: Hi Senator McCain. My name is Neil Cocker, I am a AD Nurse at the Cedar Crest site here. When I was coming into work today, I heard on the radio that a high government official said that Medicare was going to be broke in a few years. And my question to you is, when you become President, what will you do to overhaul Medicare? [Applause]

SENATOR JOHN McCAIN: Thank you. Thank you, thank you for the question. Secretary of Health and Human Services, former Governor Leavitt of Utah gave a speech yesterday, I believe it was and I have gotten a copy of it and have not had a chance to read it. Where he basically talked about the fact that Medicare is going broke. And Americans need straight talk. Americans need straight talk, and that is that the Medicare system in America is not going to be there for the

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next generation of Americans. And we have an obligation, we have an absolute obligation, not to pass on that unacceptable situation to the next generation of Americans. And we are going to have to sit down together and we are going to have to work it out so that we can get Medicare for succeeding generations of Americans who are now paying into the system as you know.

I believe that the key to this is not the quality of health care in America. If you forget everything I say today, let me emphasize to you this. The quality of health care in America is the best in the world. That is why when someone who lives in another country who gets ill, they come to the United States of America for treatment, and the ones that can afford to do so. It is the cost of health care. It is the cost of health care that makes it not available to all Americans. And you see this directly affected in the skyrocketing costs of health care which is then reflected in the skyrocketing costs of Medicare and Medicaid.

So, we have got to get the costs under control, and that is why I sounded a little repetitive in our discussion about costs. And I think that to say we cannot do anything about it, ignores coming to this kind of care giving and loving institution where they obviously, not only give a higher quality of care with less errors and far more efficient in

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saving wonderful young people like Martha, but it also reduces the costs of health care because we cannot afford double digit or near double digit escalation of health care costs in America. And we have to have more competition, more transparency, more walk-in clinics. More treatment of people who have a chronic disease. In one of the five major diseases, if they have that, then you give the caregiver a certain amount of money for that treatment and care. And then at the end of the period of time, you reward that caregiver or not. You want to encourage home health care which is a much more loving and caring setting, than institutionalized care. You want to, I think increase the availability of the thing called Cash and Counseling, a program where basically, they provide patients with a certain amount of money and they pay for their care giving themselves and make their decisions with their family and the help of outside people to give them the advice and counsel they need.

Now, many people say that seniors cannot do that, [inaudible] this issue deserves this issue deserves. And I want to tell you right now, I will reach across the isle to the Democrats and I will say to the other party, look, let us sit down together. Social security is not going to be there for the next generation, and Medicare is not going to be there for the next generation. Now, we have to sit down together and do

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what the American people want us to do. And I guarantee it, it has been done before. And I can do it again. And I thank you for your question. [Applause]

FEMALE SPEAKER: Good afternoon, Senator McCain. As a Vietnam Veteran, welcome back.

SENATOR JOHN McCAIN: Thank you.

FEMALE SPEAKER: I was in the 93rd Evac.

SENATOR JOHN McCAIN: Thank you for serving, thank you very much. [Applause]

FEMALE SPEAKER: As a nurse here, I am one of the aging population of nurses. We are going into a shortage. What are you going to do to make it affordable for others to go into nursing and to want to and provide [inaudible]

SENATOR JOHN McCAIN: I think the same is true with other areas of the medical profession. I think we have to do a lot more to encourage young Americans to become doctors, nurses. All of the care providers, all of those individuals who are in our health care system, because quite often in the name of economy, we deprive these individuals who are all part of the health care provider system, from the income that they otherwise, earn and deserve, particularly when you look at the hours that they work. We were just mentioning twelve hour shifts, standard for a nurse.

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So, I think we need to offer incentives and I think we need to do things like, in exchange for service, whether it be on an Indian Reservation or whether it be in the military or whether it be in other ways of public service, we should provide those incentives. But at the same time, I think we should make scholarships available and affordable. And I also think that there are times when we really have to provide greater rewards for entering into your profession. And I would be more than eager to hear your suggestions as how we can do that, because it is well known that there will be a shortage of nurses in America. It is just an undeniable fact.

Go ahead, please.

FEMALE SPEAKER: At the present time they are turning away people that would like to go into the profession because of the lack of educators and the lack of spaces at the colleges.

SENATOR JOHN McCAIN: Well, I thank you for that information and I would like for you to send me that information and I would like for you to tell me your recommendations as to how we can expand those opportunities, and I thank you for that information. Thank you.

Could I go all the way in the back there, and then up front?

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MICHAEL SULLIVAN: Thank you very much, Senator. My name is Michael Sullivan. I am not a doctor, I am not a nurse, I am very much a supporter of you. I have been for a very long time, my family is as well. My father was also a Vietnam Vet.

My question is directly correlated to the experiences I am going through in my life at the point. In my support for you, I find, especially in this state a lot of reservations. And the things that I have been going through, like I said at this point, I want to know on behalf of all of the who have really taken very good care of me, and gone out of their way to do so, what is being done about the funding sources for drug and alcohol treatment, which is the number one problem which is going on in society, and I am sure, I am not a doctor like I said, but it got to be leading to more than half of these problems inevitably.

SENATOR JOHN McCAIN: I thank you. I think that it is a enormous challenge, and the ways to address it range from doing everything we can to stop the flow of illegal drugs across our border, to doing everything we can to maintain the family unit, to providing a quality education and training for young people in this country and displaced workers who have lost their jobs because of the flight of manufacturing jobs out of the State of Pennsylvania and Ohio and the Heartland of America, to give them reeducation and training so that they

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will not feel the sense of desperation that leads them to the use of prescription drugs as well other illegal drug use. I think that obviously, when people's economics situation deteriorates then you see a rise in all of those difficulties and tragedy that strikes American citizens and the American family.

I would do everything in my power to address the issue of methamphetamines, which is a serious, serious, serious problem in America. I think the fact that we have now taken some of these medicines and made them prescription drugs has helped some, but with methamphetamines in some parts of America is a huge challenge.

I do not think that there is any one answer, but it really does come back to giving Americans hope and optimism that they will inherit a better country than they one that they inherited. And right now Americans are hurting, in Pennsylvania and across this country. Tonight a family will be sitting around the kitchen table, figuring out how they can make their new increased mortgage payments. Some of them 250,000 will be sitting around the kitchen table and figuring out what they are going to do because they suddenly and recently lost a job. So, we are going to have to grow our economy, we are going to have to provide education and training, we are going to have to provide opportunities and we

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are going to have to take these steps in a way that is meaningful to the American people. The time for action is now. The time for change is now. But it has to be meaningful change, and I think that we could spend frankly, days and weeks on the challenges that you face, but I think a lot of it has to do with the socio economic underpinnings of families and neighborhoods in American and we have got a lot of work to do and we will be having this discussion in this upcoming campaign, because I think that is what this campaign is going to be all about. Whether we will have meaningful hope and change for America or whether we will do business as usual. Did you want to follow-up on that, I would be glad to.

MICHAEL SULLIVAN: Just a very brief one, sir. Like I said, I very much admire you. I am living proof that it works. I am living proof day by day. My family will tell you first hand that I am not the same person I was when I initially went through the things I went through. I have a bachelor's degree in elementary education. I was an elementary school teacher before I get swept up in the wrong things. Right now there is more money going to the prisons, quite simply, than there is to these drug and alcohol treatment centers, which are saving people's lives.

SENATOR JOHN McCAIN: Thank you. Can I just mention specifically on that issue.

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In our State of Arizona, first time drug offenders, not dealers, but first time drug offenders have the opportunity to go through a very rigorous rehab program and stay out of prison. That has to do with frequent testing, it is a very rigorous program, but it works. And it keeps people frankly, out of prisons and I think one of your issues that you mentioned is, and I am no liberal to say the least, but I do think that first time offenders ought to be given the opportunity to rehab, rather than ending up in prison. For sometime or many times they come out, frankly worse off than they were before.

Could I do just one more?

MALE SPEAKER: We have got time for one question, yes.

LINDA: My name is Linda. I work in the patient accounting department as a customer service representative, so I am kind of a liaison between services provided and insurance companies and patients and families calling on behalf of them. I happen to be a single mother too, so whenever I see situations such as patient's calling because they have high co-insurances, deductibles, co-pays, things like that, they want to express disappointment or just being upset at the hospital. I believe that the health care costs are rising, not so much so because of providers, but more so because of insurance companies. And under your proposed health care resolution, how

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do you plan on having the insurance companies being held accountable for the fact that they are not reimbursing us the way that they should, and thus making their members have such high out of pocket responsibilities?

SENATOR JOHN McCAIN: Thank you, Linda. Could I just say that one of the frustrations that Americans feel today, particularly those whose health insurance is provided by their employer, is that they do not have a choice. It is the insurance that their employer provides to them. And sometimes they are very frustrated as they have reflected in their comments to you. What I want to do is have Americans have a choice and be in charge, the families to be in charge of their health insurance choices. I want to give every family in America a \$5,000 refundable tax credit that they can take and go across state lines, not just be confined here to the State of Pennsylvania, but if there is a better health insurance plan in Arizona, let them take it. You can do that with automobile insurance.

And I believe that that gives Americans a choice in the kind of a competition. Now if they want to keep the insurance that their employer provides to them, fine, but I do not think the employer ought to, I am for abolishing the right off for the employer to provide the health care, by giving the employee the \$5,000 tax credit and that is more than enough to

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pay any taxes that might be associated with that benefit. And also gives them the choice if they want go some place else and choose the insurer of their choice. I believe that choice and competition are really the keys to frankly, success and education in America, and certainly health care.

Now, my friends if you think that government should take over the health care system in America, please let me know how you feel after you go to the airport and go through screening. [Laughter] If you think there is efficiencies in government health care, I want to make health care affordable and available, I do not want a system of health care in America that we see in Canada and we see in other countries in the world where we have government health care system. And that is my commitment to make health insurance affordable and available and that is by giving Americans more choice as to the kind of health insurance they need and best suits them and their family. I hope that that responds to your question or comment, Linda.

Thank you for all you do. Thank you for being here, it has been a great experience for me, thank you very much doctor, thank you very much. [Applause]

[END RECORDING]