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**Viewpoints: The Health Care Debate
American Heart Association CEO Cass Wheeler
Kaiser Family Foundation
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JACKIE JUDD: Cass Wheeler, CEO of the American Heart Association, thanks for joining us today on health08.org.

CASS WHEELER: My pleasure.

JACKIE JUDD: So, according to the centers for disease control and prevention, one in three Americans live with one or more types of cardiovascular disease. How is our current health care system working for them?

CASS WHEELER: Well, it is not working real well for them. When you think about health care system, it is really an oxymoron. It is not about health, it is about sickness. It is not about care, it is about money and a system certainly implies that all parts are working together and we know that is not the case.

I think that number one challenge that we find is that we have a health care dysfunctional system that is designed to handle acute disease. But the big problem today is chronic disease. So you have a system that is designed for acute disease and yet in 2006, of the \$2.1 trillion spent on direct care, 1.5 trillion was for chronic disease. And providers do not get paid to encourage prevention. So there is no reward, so there is no incentive to address the prevention issue.

JACKIE JUDD: So, for the American Heart Association then, what is your remedy for fixing what you see as the number one issue?

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CASS WHEELER: Well, first of all, it is not a simple solution, but, the American Heart Association believes that any solution should embrace four principles. Number one, quality health care for all because all Americans deserve effective prevention, treatment, and care. Number two, health care that is affordable because getting the health care we need should not bankrupt individuals, families, businesses or society.

Third, is health care without the red tape because all Americans deserve a health care system that provides clear, upfront explanations of cost and benefits, provides the best value for their dollar and eliminates unnecessary paperwork.

Fourth, is health care when and where people need it because all Americans, regardless of their health status, deserve adequate coverage that gives them the best available treatment and care in appropriate settings through all life stages and levels of disability.

So the American Heart Association believes that these four principles should be followed as a foundation for any solutions or remedies.

JACKIE JUDD: So, what do you feel like is standing in the way of those four remedies?

CASS WHEELER: Well, again, because it is a complex issue, if you do not address it properly, it is like a balloon, you squeeze on one part and it bulges out the other. But some of the obstacles that we have, if you look at the general

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public and there is cynicism about government and concerns about bureaucracy red tape and high cost.

There are also obstacles due to special interest groups. There are concerns about who pays and there is a fear on the part of the general public that if they support health care reform, that it will mean higher costs and lower quality.

Now, I do believe that these barriers can be overcome and I think the solutions are to make sure that we are providing personal responsibility and choice in any solution, that we craft a uniquely American solution, whatever that might be, that we support small business in the process, that we propose initiatives that reflect voter values and that we keep government as a watchdog. But, what I do deeply believe is the longer we wait, the more painful the situation becomes.

JACKIE JUDD: So, let us get a little bit more specific on some of these issues. First, the issue of cost. Heart disease and stroke here in the United States is projected to cost more than \$484 billion this year alone and that includes health care expenditures, also loss productivity for morbidity and mortality. Part of that cost includes 6 million hospitalizations each year, 81 million doctor visits and a large portion of our country's prescription drug spending.

So, from your perspective, are there any principles that can be applied to reduce costs or implement more efficient spending?

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CASS WHEELER: Well, definitely, we believe that there is adequate funding out there. We ought to be able to increase the quality of care out there without increasing cost. They do not necessarily have to be mutually exclusive. So, increasing access to care could reduce disease and cost by allowing quicker care and avoiding expensive light stage treatments and if we could improve the quality and efficiency, that could promote savings and by reducing the cost, we could spur innovations that could produce greater efficiency and higher quality.

We feel like that we need to drive more quality care that is performance based, that is based on best practices and the data indicates that more than half of physician care is not based on best practice. And best practices take too long to become accepted. When you think about it, we are all at risk of less than optimal care but racial and ethnic disparities are pervasive.

The agency for health care research and quality says that American Blacks receive poor quality of care than whites on about two thirds of quality measures and have worse access to care than whites for about 40-percent of access measures. Hispanics receive lower quality of care than non-Hispanic Whites for half of quality measures and have worse access to care for about 90-percent of access measures.

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JACKIE JUDD: Can you talk about how and why you see it is important then, to broaden access to insurance?

CASS WHEELER: Well, it is important from a cost standpoint, it is important from a prevention standpoint and it is about quality of life and value. We simply have to get everyone the care they need when they need it, not just half of the care and even worse for those of color or those who do not have coverage.

JACKIE JUDD: Now, earlier you talked about best practices and I wanted to ask you your thoughts on comparative effectiveness or evidence based examination of treatment and if you fee like that is an appropriate way to get better value.

CASS WHEELER: Absolutely, we need to have more evidence based practices and tests and procedures done. This really ties back to our current system pays for units of care or piece work and does not pay for outcomes and we have to be more focused on outcomes and doing only those processes that there is evidence to make sense to do those processes, tests, and procedures.

Now, the other issue that you have to deal with though when you start thinking about that is that defensive medicine is another problem and that occurs when doctors order tests, procedures or visits to avoid high risk patients or procedures mainly to reduce their exposure to malpractice liability so they are trying to make sure, they are going well, maybe it is

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in a grey area here whether I should do this test or not but I might get sued.

And in a 2006 Price Waterhouse study, they estimate that between 7-percent and 11-percent of health insurance premium dollars are resolved of the direct cost of litigation and widespread practice of defensive medicine which winds up increasing health care spending by about 10-percent.

JACKIE JUDD: So do you feel like malpractice reform then needs to be a part of overall health care reform?

CASS WHEELER: Well, I think that is where we have to take this comprehensive view and look at all aspects of the system and make sure that just because we solve one part or think we solved one part and squeeze on that part of the balloon, if there is not the unintended consequence and it does not bulge out the other side.

JACKIE JUDD: Cardiovascular diseases are largely preventable. So, how does that affect how you look at improving our health care system?

CASS WHEELER: Well, we have simply got to have provisions in any sort of reform that has some incentive and reimbursement for the providers to provide primary prevention, to get reimbursed on results and what we need to do is we need to get people off of tobacco products, we need to get them on good diets, good exercise programs and if we have an incentive to the patient and we have an incentive to the providers then

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we can start getting upstream so that people do not get the diseases in the first place.

JACKIE JUDD: Now, the Heart Association works with lawmakers at both the federal and state level. For you, what is an appropriate role for both the federal and state policy makers in our health care reform debate?

CASS WHEELER: Well, I think that ultimately, congress is going to have to deal with this issue. And so, I think that the role for a number of groups like the Heart Association is to make sure that the policies that are passed by the federal government because a lot of this is going to be guided by any changes that occur in Medicare and we have to make sure that they have good quality information and are making good informed decisions and not making political decisions and not catering to special interest groups and that they are focused on the patient.

JACKIE JUDD: In looking ahead to 2009 when we have a new President and new congress, how hopeful are you that the momentum is real for change in our health care system?

CASS WHEELER: I am more hopeful than I have been in some time. I think that the pain is being felt acutely by virtually everyone including corporate America and you have all three presidential candidates addressing the issue and making a pledge to take on the challenge. And I think I am beginning to

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sense that maybe there is more interest developing in congress but that has to be on a bipartisan basis.

JACKIE JUDD: Cass Wheeler, CEO of the American Heart Association, thanks for joining us on health08.org today.

CASS WHEELER: My pleasure, happy to do it.

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