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Viewpoints: The Health Care Debate
American Nurses Association Chief Executive Officer Linda
Stierle
Kaiser Family Foundation
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VICKIE JUDD: Linda Stierle, thank you for joining me today.

LINDA STIERLE: Well thank you, Ms. Judd, for giving ANA the opportunity to have a conversation with you about health care reform.

VICKIE JUDD: On your website, comprehensive health care reform is stated as a top priority. Why?

LINDA STIERLE: Well we believe it's one of the most pressing issues facing the nation, health care reform, and there are two things that we believe need to happen relative to health care reform. First of all, we believe that there is an absence or lack of health security and so we believe that needs to be addressed.

VICKIE JUDD: Meaning the certainty that there will be care when we need it.

LINDA STIERLE: Health care, that there will, absolutely that there will be care when you need it. When we think about what's going on in our economy, there are skyrocketing costs and therefore we see employers shifting more of the cost to the patient, to the family, in terms of the cost of their premiums, the cost shares, and sometimes even actually decreasing the benefits that they have, so that is really we believe a major issue.

And then we also have the uninsured, the 47 million that we're all aware of, and then we have the 25 million that are underinsured, that are really just only marginally better than the uninsured because with the increased cost of health care and the fact that the burden is being shifted to the individual.

In many instances their care, even their health care benefit, is inadequate and many of them can't frankly afford the benefit even if it is offered and so roughly about one in four individuals in this country really don't have health security, health care security.

VICKIE JUDD: And so you have identified the problems. What are some of the top solutions particularly as it would impact the people you represent, the nurses?

LINDA STIERLE: Well some of the top solutions that we would need to look at is, again, comprehensive health care reform. And when we say that, then essentially we mean that we want high quality, guaranteed high quality care that's affordable so that everyone has an opportunity to access that but there really needs to be a vision for our country in regards to health care and that benefit.

And if we go back in time to 1978, the World Health Organization, of which the U.S. is one of the participating countries, actually passed a resolution there that says that there should be a minimum health care benefit for all

individuals and yet here we are 30 years later and among industrialized countries the U.S. is still the only one that hasn't made that commitment to the American people.

VICKIE JUDD: Well how does the Nurses Association believe that progress can be made?

LINDA STIERLE: Well how we believe that progress can be made is in a couple of arenas. One of the things, like I said, is making sure that it's a guaranteed benefit and in our ideal world that would be in terms of single payer. Our country has about 40 plus years of experience with that, but we understand that we don't live in an ideal world.

And we also understand that to insure that this is a guaranteed benefit for all, that it means there's going to have to be compromise and so we're willing to work with whoever in regards to trying to move forward in that arena, understanding that flexibility and compromise will be part of what we have to do, so that's one component that you would need to look at.

The other thing that we believe is that there needs to be more public, expansion of public coverage, understand that still probably needs to be combined with private health plans and so we would look to possibly the Federal Employees Health Benefits Program as a model that we might start with in terms of what something might look like in the future and then hopefully over time look at actually insuring that we have kind of apples to apples.

VICKIE JUDD: What do you mean?

LINDA STIERLE: What I mean is that we identify kind of a minimum level of coverage, eligibility, those kind of things that you would have in your public system as well as in your private system so then really given that we are kind of a marketplace economy, that then we really could compare apples to apples.

VICKIE JUDD: But why I'm wondering were you started on the single payer plan? Why does the association believe that in an ideal world that would be the best plan for America?

LINDA STIERLE: Because we believe there's 40 plus years of experience in our country with that and it's a system that's in place and again has worked for certainly the older end of our population and certainly for the younger end it doesn't work quite as well. I would think we would all agree there are more holes there but again we have experience with that and at least that's a starting place in terms of where we might start.

And then I guess the final thing that we think as a nation that we might want to focus on would be trying to make sure that it is about health care and not just about coverage and so again and we want to look at quality and ANA has endorsed the 2001 IOM Report "Crossing the Quality Chasm."

We believe those six aims really should be the foundation or framework of any health care reform that's done

in this country in terms of the patient should be there, in terms of safe care, that it needs to be efficient, that it needs to be patient centered, that it needs to be timely, that it needs to be effectively and it needs to be equitable, but we also believe that access is an important component.

When we think of access we think first of course about affordable and that nobody should be denied and that everybody really should be in and then we think about the availability of the care in terms of how easy is it to in terms of convenient times, convenient locations, do we have good geographic distribution in terms of urban and underserved areas?

Do we actually have a standard in regard to emergent, urgent, and standard care across the nation, knowing that within a certain period of time we should be seeing, depending upon what your care needs might be.

VICKIE JUDD: We've been talking mostly at the macro level. Let's go to the micro level for a minute and I want to ask you what you would like to see made different in the health care system that would improve the ability of your people, the nurses, to do their job?

LINDA STIERLE: Okay so let me talk about our priorities in terms of the American Nurses Association and again, that's our membership group and what we focus on. So one of the things that we want to see is full utilization of the nursing work force, because we believe if there's full

utilization of the work force that provides us with the opportunity of improving cost, quality, and access.

The other thing that we would like to see is focus on the work force. For example, the health bureau's profession indicates that by the year 2020 we will have a short fall of almost one million nurses. And we have 2.9 million nurses in America, we have roughly a little over 800,000 physicians, yet when we look at the monies that are allocated annually toward education of our work force, we know that about \$81 million is being spent annually on medical education where only in contrast \$156 million is being spent on nursing education.

We know that right now, the last academic year of 2005, 2006 that we have statistics for that 88,000 qualified nurses were turned away and that's again because of our capacity and so not only do we have an overall nursing shortage but we also have a critical shortage in academia in regard to our nursing faculty so we really must look at the pipeline as well.

VICKIE JUDD: And what about the staff to patient ratio which we hear so much about?

LINDA STIERLE: Well, we believe that is important and we actually have introduced legislation over the last five to six years. Every year, we try to garner bipartisan support for that. Obviously it is about a ratio, but there are many variables that impact on what is that right number? It's the kinds of patients that you have, how ill are they, how

experienced are your staff, what kind of support staff do you have, what is the geographic layout of your unit, so lots of variables that go into that.

So we believe that to mandate at either the national or the state level, a specific ratio is not in the best interest of patient safety, but what we should have is a national legislation based on principles that say that every institution must utilize these principles to establish unit by unit what is that ratio? And that should be public knowledge so that every consumer who is seeking care understands what is the staffing on that particular unit?

VICKIE JUDD: I want to switch gears for a moment. I noticed in your bio that you spent many years in the military.

LINDA STIERLE: That's correct.

VICKIE JUDD: In the Air Force. What would you like to see from the military medical system brought into the wider consumer arena?

LINDA STIERLE: Well I'd go even back to the federal employee health benefits program because in essence even though that's not the particular program that we fall under, if you wear the uniform it's very similar. So again from day one, there's emphasis on primary care, there's emphasis on prevention, and there's emphasis on maintaining independence, functional independence in terms of working with people.

And if those things transferred over to the public sector into generally what would be available to everyone, I think our nation would reap the benefits of that because we would be more productive because we would be healthier and this would really enable us to better compete in the global marketplace, the global economy.

VICKIE JUDD: I want to ask you a final question that's one I ask many of my guests in this interview series and that is what is your realistic expectation that when there is a new administration in office in January that there will be changes made, whatever they may be, but changes made to the health care system?

LINDA STIERLE: Well obviously, who is elected is going to determine to some extent what happens, when it happens, how it happens, where it happens.

VICKIE JUDD: If it happens.

LINDA STIERLE: Maybe even if it happens, but we believe that the first thing that should happen regardless of who is elected is that you really should look to the future and you should have a national vision for where it is that you want to go with health policy and once you know where it is that you want to go, then you should look at where you are today and what's the gap, what's the deficit?

And then you need to bring together all of the interested groups and concerned individuals and try to tap into

the collective knowledge, wisdom and experience of all of these individuals to identify what are the steps that we need to take to get there?

And if you take it a step at a time, we can get there. It seems overwhelming when you try to look at it as a whole but you have to start somewhere and if you start somewhere then the next step will come easier and eventually we can get there.

VICKIE JUDD: Do you believe that the nurses and the nurses association I guess have a real voice at the table or I know nurses often complain that they are over looked; do you feel some of that in this debate?

LINDA STIERLE: Well, what I feel, it's not just in this debate; we're the most trusted profession in America. We know that because of the survey that's been done almost for a decade now. The only year that we weren't at the top of the polls was 2001 and the firefighters were several points ahead of us, so what I believe is though that trust and value is different.

You can trust me but you may not know how to value me because in our system, in our country generally speaking, hierarchy where you are within a hierarchy in terms of status or where you are economically in many ways is how our society tends to value people and when you look at the health care industry, nursing doesn't really fair very well there.

You think about a hospital bill that you get, do you ever see nursing care broke down? You don't really see that so really our nation doesn't know how to value nurses so I think that is something that plays into this dynamic at times.

VICKIE JUDD: Okay thank you so much. It was good to have you here.

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