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## Access to Health Care News Monthly Update – 7.9.07

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(Note: Access to Health Care related materials highlighted in **RED** in longer sections for quick reading)

### Preventive medicine physician to preside over AMA

*Free Press – 6.25.07*

He grew up in Chicago and has lived in Michigan for 16 years, but Dr. Ron Davis -- who will become the **162nd president of the influential American Medical Association** on Tuesday -- steers clear of deep-dish pizza and coney dogs.

"I'm a **preventative medicine physician**, so it's important I practice what I preach," Davis said. "I do have a fondness for Chicago-style pizza, but I've been changing my diet." And what about those Michigan coneys?

"Hot dogs are pretty awful. ... Boy, 14 grams of fat is pretty bad, so if I do eat them, it would be a turkey dog."

Davis, 51, has devoted much of his life to promoting healthy lifestyles, from his work in tobacco control and disease prevention to his personal exercise regimen, which consists of the stationary bike in his bedroom and a Tom Clancy novel on tape -- and the occasional tennis match with his youngest son, 14-year-old Connor.

Now, the longtime tobacco opponent will step into the high-profile position at the AMA, a powerful network of doctors and medical students that often influences health care legislation in Washington. The **East Lansing resident says the top priorities for the AMA will be health care coverage for uninsured people, Medicare physician payment reform and improving the quality of health care and public health in America.**

"I relish the opportunities to speak out against public health issues including tobacco," he said, citing other pressing issues like alcohol abuse and obesity.

Davis is no stranger to leadership roles. He has served as director of the Centers for Disease Control and Prevention's Office on Smoking and Health and chief medical officer in the Michigan Department of Public Health. He has been the director of the Center of Health Promotion and Disease Prevention at Henry Ford Health System in Detroit since 1995.

He served as the first resident physician member of the AMA's Board of Trustees from 1984 to 1987 and was elected to the board in 2001. He is the first preventative medicine physician to assume the top position at the association.

### Disparities in Health Care Are Driven by Where Minority Patients Seek Care

*The Commonwealth Fund - June 25, 2007*

Many studies have documented that minority patients receive lower-quality health care than non-minority patients at the same medical facilities. Relatively few, however, have attempted to explain the source of racial and ethnic disparities in care. Are observed disparities due to racial discrimination or bias? Do they result from a lack of cultural understanding on the part of health care providers? Or do minority patients receive care from lower-quality providers? According to a study supported by The Commonwealth Fund, **disparities are largely the result of differences in where minority and non-minority patients seek health care.**

In "[Disparities in Health Care Are Driven by Where Minority Patients Seek Care](#)" (*Archives of Internal Medicine*, June 25, 2007), a research team including Romana Hasnain-Wynia, Ph.D., of the Health Research and Educational Trust, Joel Weissman, Ph.D., of Harvard Medical School, and Fund senior program officer Anne Beal, M.D., M.P.H., examined quality-of-care data reported by U.S. hospitals participating in the Hospital Quality Alliance, a public-private collaboration formed to measure and publicly report on the quality of hospital care. The researchers found **minority patients receive lower quality care, especially counseling services, and that lower-performing hospitals tend to serve**

a larger proportion of minority patients. "An underlying cause of disparities may be that minority patients are more likely to receive care in lower-performing hospitals," the authors write.

The study looked at the quality of care received by 320,970 patients age 18 and older at 123 teaching hospitals nationwide. Of these, 40 percent were minority patients. The Hospital Quality Alliance measures included recommended treatments (e.g., providing aspirin, beta blockers, or antibiotic therapy) for three clinical conditions: acute myocardial infarction, congestive heart failure, and community-acquired pneumonia, as well as patient counseling. The study divided the hospitals into top-performers and low-performers for 13 measures, then determined the percentage of minorities served by each.

The researchers found small but statistically significant disparities for 12 of 13 measures. After adjusting for site of care, the magnitudes of disparities decreased substantially—suggesting, say the authors, that **minority patients are more likely to receive care in lower-performing hospitals**.

## **Cox Requests Hearing to Prevent 50% Rate Increase**

*Free Press – 6.25.07*

LANSING - Attorney General Mike Cox today intervened by filing a request for a hearing with the Office of Financial and Insurance Services regarding Blue Cross and Blue Shield of Michigan's (BCBSM) recent application for a 50.3% increase in the rates it charges for its Other Than Group Medicare Supplemental (Medigap) insurance. The rate increase affects over 215,000 seniors or 17% of Michigan's population more than 65 years of age. Seniors already have to pay the costs for dental, drugs, eyeglasses, and hearings aids that are not covered by regular Medicare or the BCBSM Medigap insurance. Most seniors would see their monthly rates increase from \$89.99 to \$135.25.

"A 50% increase in insurance rates is excessive for anyone -- especially for Michigan seniors," said Cox. "Few families can absorb such a large monthly increase and many Michigan seniors on a fixed income will have to make difficult decisions between basic necessities such as food, heating, and housing."

**One of the largest subgroups affected by this rate increase consists of approximately 90,000 seniors who fall between 136% and 200% of the poverty level. These seniors do not qualify for assistance from any government program to help pay for any of their regular Medicare premiums, co-pays, or deductibles.**

Blue Cross claims that it has been losing money on the Medigap line of business for years. Other senior advocate groups and associations concur with Cox's evaluation of the Blue Cross rate increase and support his opposition to the proposed hike.

"We will look at this rate hike request with a fine toothed comb. The proposed rate hike is so great, and the number of seniors affected so large, it demands nothing less," concluded Cox.

"We believe the requested increase is excessive, especially for people on low limited incomes, and we urge Attorney General Mike Cox to fight for a reasonable rate," said Bill Knox, Michigan AARP Government Affairs Director.

## **Doctor Boosts Small Town's Health Care Access**

*NPR, Day to Day – 4.26.07* (Click "Listen" - <http://www.npr.org/templates/story/story.php?storyId=9847303> )

Access to health care is often a tremendous problem for people who live in rural areas, especially the poor. Few get needed treatment for chronic illnesses. Now, a doctor in Georgia has created a specialty health care center with a clever economic set-up.

## **Congressional Testimony - Universal Health Insurance: Why It Is Essential to a High Performing Health System and Why Design Matters** *Source: The Commonwealth Fund – 6.25.07*

A major culprit in the inconsistent performance of the U.S. health care system is its failure to provide health insurance to nearly 45 million people, as well as adequate financial protection to an additional 16 million more who are

"underinsured," said Commonwealth Fund assistant vice president Sara Collins, Ph.D., today in [invited testimony](#) before the Senate Budget Committee.

Speaking at a hearing entitled, "Health Care and the Budget: The Healthy Americans Act and Other Options for Reform," Collins explained [that universal coverage is essential to placing the system on a path to high performance](#). For example, billions of dollars in uncompensated care is now paid for through pools of federal, state, and local government revenues and through cost-shifting to other payers--making efficiency in the operation of provider institutions and financing arrangements very difficult.

Collins also emphasized that [the design of the universal coverage system "will matter greatly in terms of whether the overall health system is ultimately able to make sustainable and systematic improvements in access to care, efficiency and cost control, equity, and quality of care."](#)

## **CDC: About 2M More Americans Uninsured**

*AP – 6.25.07*

ATLANTA -- The [number of adults without health insurance jumped by 2 million from 2005 to 2006](#), according to a new federal report. Uninsured Americans numbered 43.6 million last year, a 6 percent increase from 2005, according to the U.S. Centers for Disease Control and Prevention. [Almost all the increase was in the non-elderly adult population -- a trend attributed to diminishing employer coverage and pricier private insurance.](#)

The change in non-elderly adults was significant, but the overall increase was not, CDC officials said. The overall count of the uninsured has been fluctuating between 41 and 44 million over the last five years and is not really trending up, they said.

[The CDC is one of at least three federal agencies that estimate the number of Americans without health insurance. The U.S. Census Bureau puts out what is perhaps the best-known number, but that agency's 2006 estimate is not to be released until August.](#)

Like the Census Bureau, the CDC's estimate is based on a survey. The CDC interviewed about 75,000 Americans last year, asking if they were uninsured at that point in time. About 15 percent said yes, leading to the estimate that 43.6 million Americans were uninsured. The number was 41.2 million in 2005; the figure has fluctuated between that mark and 43.6 million for the past five years.

[There was more than a bobble in the number of adults age 18 to 64 without health insurance. That estimate rose to 36.5 million in 2006, from 34.5 million the year before.](#)

Rising health insurance costs have caused employers to drop coverage, and stopped people from buying it privately, experts said.

"The real key issue is we've got to find means to make health care more affordable," said Ken Thorpe, an Emory University health policy professor.

Meanwhile, [the number of uninsured children has dropped from about 10 million to about 7 million from 1997 to 2006](#). The State Children's Health Insurance Program -- a federal program to expand public health insurance programs for kids that started in 1997 -- seems to be the main explanation, said Sherry Glied, a Columbia University professor who studies the uninsured. In past policy debates, some worried that the SCHIP program would merely shift children from private coverage to public insurance without actually diminishing the number of uninsured. But the new CDC report shows that wasn't the case, Glied said. "The kids result was interesting. I haven't really seen that in other studies.". Between 2005 and 2006, however, there was actually a slight increase in the number of uninsured kids -- from 6.5 million to 6.8 million.

Glied and others said the CDC numbers are roughly comparable to the Census Bureau estimates. [The Census Bureau estimated that in 2005, 44.8 million people or 15.3 percent of the population were without health insurance.](#)

## Superbug may strike 5 percent of hospital, nursing home patients

*Associated Press – 6.25.07*

ATLANTA -- A dangerous, drug-resistant staph germ may be infecting as many as 5 percent of hospital and nursing home patients, according to a comprehensive study. At least 30,000 U.S. hospital patients may have the superbug at any given time, according to a survey released Monday by the Association for Professionals in Infection Control and Epidemiology. **The estimate is about 10 times the rate that some health officials had previously estimated.**

Some federal health officials said they had not seen the study and could not comment on its methodology or its prevalence. But they welcomed added attention to the problem.

At issue is a superbug known as *Methicillin-resistant Staphylococcus aureus*, which cannot be tamed by certain common antibiotics. It is associated with sometimes-horrific skin infections, but it also causes blood infections, pneumonia and other illnesses. The potentially fatal germ, which is spread by touch, typically thrives in health care settings where people have open wounds. But in recent years, "community-associated" outbreaks have occurred among prisoners, children and athletes, with the germ spreading through skin contact or shared items such as towels.

Past studies have looked at how common the superbug is in specific patient groups, such as emergency-room patients with skin infections in 11 U.S. cities, dialysis patients or those admitted to intensive care units in a sample of a few hundred teaching hospitals. It's difficult to compare prevalence estimates from the different studies, experts said, but the new study suggests the superbug is eight to 11 times more common than some other studies have concluded.

The infection can be treated with other antibiotics. Health care workers can prevent spread of the bug through hand-washing and equipment decontamination, and by wearing gloves and gowns and by separating infected people from other patients.

The study is being presented this week at the association's annual meeting in San Jose, California, but has not been submitted for publication in a peer-reviewed medical journal.

## One-person businesses are growing

*Free Press – 6.26.07*

The number of single-owner business entrepreneurs is on the rise, according to the United States Census bureau. According to the **Nonemployer Statistics for 2005, there were 860,000 businesses that had a single proprietor or no payroll employees, an increase of 4.4% over the previous year. That averages out to about 2,356 a day deciding to put out a shingle and open up a business.**

Nonemployer firms can be run by one or more individuals and can range from home-based businesses to corner stores or construction. That group makes up about 78% of the more than 26 million firms in the country. In addition, the entrepreneurial business segment had receipts of \$951 billion.

The study found reported data on 17.7 million individually owned businesses, about 1.3 million corporations and 1.3 million partnerships. The fastest-growing industries in this segment were Internet Web search portals, Internet service providers, nail salons, electronic shopping products and mail-order houses.

## Drug Industry Mines Physicians' Data to Boost Sales

NPR Morning Edition – 6.26.07 ( listen at: <http://www.npr.org/templates/story/story.php?storyId=11382945> )

Every day, thousands of representatives from pharmaceutical companies visit physicians to get them to prescribe the company's newest drugs. What some doctors don't realize is that drug salesmen know exactly what drugs an individual doctor prescribes.

And they use that information to hone their sales pitches. Drug companies love the data. But critics contend it is an invasion of privacy and drives up the cost of health care. Maine has just become the third state to pass a measure limiting access to the data.

## Film Pushes for Health Care Reform

Source: *Cover the Uninsured*, [New York Times](#), 6.24.07

In his latest film, "Sicko," Michael Moore portrays the American health care system in a way he hopes will bring about health care reform, according to an article in the *New York Times*. Set to release nationally on June 29, elected officials and policy experts anticipate that the film will spark a flurry of debate on the state of the nation's health care. **Moore is pushing for a single-payer system that relies on the government as the sole insurer and believes that his film may be the catalyst needed to drive this issue.** "I think one movie can make a difference; I do believe that," said Moore. "I'm not doing this to market the film...I'm doing this because I really want to make a contribution to the national debate on this issue."

The executive producer, Harvey Weinstein, said the film "comes at a time when people are fed up with health care and want reforms -- and I believe it will be a catalyst for the type of real change people want." Critics claim that the film "lacks the credibility to move public opinion in a lasting way," although a number of politicians have already begun to rally around Moore to position new legislation on health care reform. **Earlier this week, Democratic Representative John Conyers Jr. of Michigan was among the elected officials building support for the issue amidst the film's release. In a Congressional hearing, Conyers used "Sicko" as a platform for his bill to establish a single-payer system.**

## Medical Home Study

*The Commonwealth Fund* – 6.27.07

A "medical home" is more than just a regular place to receive health care; it is a place where patients develop relationships with their providers and work with them to maintain a healthy lifestyle and coordinate preventive and other ongoing health services.

According to the new Commonwealth Fund report, [Closing the Divide: How Medical Homes Promote Equity in Health Care](#), **when adults have both health insurance coverage and a medical home, racial and ethnic disparities in access and quality tend to disappear.** The analysis--based on a Fund survey of more than 2,830 adults nationwide--reveals that linking minority patients to a medical home can help them better manage chronic conditions and obtain critical preventive care. The authors include the Fund's Anne C. Beal, M.D., M.P.H., Michelle M. Doty, Ph.D., Susan E. Hernandez, Katherine K. Shea, and Karen Davis, Ph.D.

**"Insurance coverage helps people gain access to health care, but the next thing you have to ask is, 'Access to what?'"** says Dr. Beal, the senior program officer for the Fund's Program on Quality of Care for Underserved Populations. **"This survey shows if you can provide both insurance and access to a true medical home, racial and ethnic differences in getting needed medical care are often eliminated."**

## 'Sicko' puts health care at the fore

*Free Press* - June 28, 2007

What's wrong with health care in America?

"Sicko," a controversial movie by Michigan filmmaker Michael Moore that opens nationwide Friday, pokes at all kinds of culprits and offers several solutions, in the same confrontational way Moore's earlier movies jabbed at automakers and the U.S. gun lobby.

Free Press medical writers Catherine Ho and Patricia Anstett previewed the movie Saturday in Birmingham and talked to local and national experts about issues it raises.

**Moore's critics say he fails to report the strengths of the U.S. health care system. They say the national health systems abroad that Moore favors have serious problems, particularly long waits for care, outdated equipment and, sometimes, a lack of access to advances readily available in the United States.**

But Moore's focus on the 43.6 million Americans, including 1.2 million Michiganders, who lack health insurance, is a concern many share. The numbers, which are growing as employers drop workplace benefits and more and more people find private insurance too costly, are the reason for renewed calls for state and national solutions.

*Free Press offers the following resources:*

These sites explain state and national initiatives to expand coverage or offer guidance on how you can get involved.

- [www.michuhcan.com](http://www.michuhcan.com). Michigan Universal Health Care Access Network is collecting signatures in support of universal health plans in Michigan and the nation. 734-812-0664.
- [www.michigan.gov](http://www.michigan.gov). Gov. Jennifer Granholm proposed the [Michigan First Healthcare Plan](#) to expand affordable coverage to the state's uninsured population by expanding eligibility for Medicaid or requiring small contributions toward the cost of insurance from others with limited incomes. To read the complete PowerPoint proposal, visit [www.michigan.gov](http://www.michigan.gov) and type "Michigan First Healthcare" in the search box.
- [www.house.gov/conyers](http://www.house.gov/conyers). The [U.S. National Health Insurance Act, or HR 676](#), introduced by U.S. Rep. John Conyers, D-Detroit, proposes extending Medicare to all U.S. residents.
- [www.kaiserfamilyfoundation.org/uninsured/index.cfm](http://www.kaiserfamilyfoundation.org/uninsured/index.cfm). Henry J. Kaiser Family Foundation, a nonprofit educational organization with information on national and state initiatives.
- [www.allhealth.org](http://www.allhealth.org). Alliance for Health Reform, a nonpartisan, nonprofit group.
- [www.pnhp.org](http://www.pnhp.org). Physicians for a National Health Program, a nonprofit group supporting a single-payer insurance system.
- [www.michaelmoore.com/sicko/what-can-i-do/](http://www.michaelmoore.com/sicko/what-can-i-do/)

## **Losing health insurance turns lives upside down**

*Free Press – 6.28.07*

Diane Vasquez knows exactly what's wrong with health care in America.

No matter where she turns, the Detroiter -- who has wrestled with diabetes for 20 years and has a heart condition that sent her to the hospital twice in the past year -- says she can't get the help she needs for doctors and prescription drugs.

"I don't know what to do or where to go," she said. "My husband and I have worked for 30 years, and we live a decent life. Where did we go wrong?"

Vasquez and her husband, Eliseo, both 55, have been without health insurance since March, when his employer, Biundo Cement, cut off coverage for the couple and their 20-year-old son. Vasquez said the small company could no longer afford to pay premiums for its 10-plus employees. Too young to qualify for Social Security, Vasquez applied for Medicaid and was denied.

Now, the only way she can get her prescription medication, which costs at least \$800 a month, is through the free Cabrini Clinic in Detroit's Corktown district. Vasquez said her husband, who also has diabetes, is too proud to seek help from the clinic and pays \$36 a month for his medication. Last week, while waiting at the clinic to see a doctor, Vasquez said she feels betrayed by a system to which she has dutifully paid her dues.

"I feel cheated," she said. "I feel more for my husband because he's still working. He's a good, hard-working man, and he's sicker now. Why has he been cheated out of getting help for his medication?"

It's a question filmmaker Michael Moore raises in his documentary "Sicko." The plight of uninsured people hits home for thousands in [Detroit, which has the highest regional rate of uninsured adults in the state](#), according to the Michigan Household Health Insurance Survey Report published in 2006.

[Nearly 18% of adults in Detroit do not have health insurance, the survey found. More than 60% of them said their primary reasons for being uninsured were that they couldn't afford it or had lost or left a job with coverage.](#)

The Cabrini Clinic sees about 150 patients every week. Many are employed but cannot afford health insurance and are not covered by their employer. Sister Mary Ellen Howard, director of the clinic, said the single-payer system that Moore proposes in "Sicko" would not necessarily improve access to health care.

["Just giving people an insurance card is not the answer," she said. "That will not solve the problem because there are too few primary care providers in metro Detroit. We need to address ... access."](#)

## **Shorter waits in ER please patients**

*Free Press – 6.29.07*

With urgency, Detroit-area hospitals are working to shave emergency department waiting times. One reason: Shorter times are good for business. Happy patients return.

The goal is to bust 4-hour waiting times typical around the country. Several local hospitals have reduced waits to 2 hours, even as little as an hour for minor problems, they say. But emergency department guarantees for minimum waiting times are mostly a thing of the past

Guaranteed times never caught on at most local health systems, even though the Oakwood Healthcare System, one of the first to offer them, got national attention for its 30-minute emergency department waiting time guarantee, introduced in 2000 at all its hospitals. The Dearborn-based system doesn't offer it anymore. Customers are more interested in prompt, good care and didn't ask for free movie tickets when Oakwood dropped the promotion last year, said Barbara Medvec, senior vice president and chief nursing officer for Oakwood.

Cutting treatment times and improving satisfaction are even more significant because "nationally emergency departments are glutted and filled with people who don't need emergency care," Medvec said.

Still, ER guarantees "set a high bar for others to follow," Medvec said. And they contributed to the current trend in the hospital industry to reduce waiting times at every stage of a patient's emergency department care, from entry to discharge or admission.

Guarantees have helped increase business at the DMC's Huron Valley Hospital, as well as at Oakwood. Visits to Huron Valley-Sinai's emergency department increased over the year through this May by 5.9%, compared to the year before. In the late 1990s, increases were much smaller, around 1.5% a year, said hospital spokeswoman Leslie Fleming. Oakwood system emergency department visits increased from 188,038 in 2001, the first year after the guarantees were begun, to 207,371 in 2005, the year before they were dropped.

## **CRITICAL CONDITION: Uneven 'Sicko' works best when it focuses on the greed and hypocrisy of the U.S. health care system**

*Free Press Review – 6.29.07*

The real Michael Moore reveals himself in "Sicko," his new documentary about America's ever-worsening health care crisis, but not as the America-hating fraud some presume him to be.

Instead, he's pretty much the same Michael Moore he's always been, except now instead of comically exposing the hypocrisies of corporate executives, weapons dealers and war-bent administrations as he did in "Roger & Me," "Bowling for Columbine" and "Fahrenheit 9/11," he's exposing our own.

"Sicko" asks a lot of questions -- too many for one movie, since like all Moore's films, it veers off in directions that dilute the message. But **the crucial one can't be ignored: If America is the greatest country on Earth, and if a private health care system is preferable to a national or socialized one, why are so many Americans sick and dying?**

Moore points the finger in "Sicko" at Americans who are so enamored by private enterprise, or by their own politics and stock holdings, that they refuse to look at the gaping wound in our own conscience and accept our responsibilities to others.

"Sicko" starts strongly; after showing the extremes that a couple of people without health insurance resort to when injured, he switches the focus to people who do have health care and their horror stories: a woman whose dying baby is turned away from a hospital because it's "outside the system." A man who dies for lack of a bone marrow transplant because his HMO, looking to save a lot of money on an expensive procedure, rejects it as experimental.

Moore then turns his camera on former employees of HMOs who explain how the system works: to steal a phrase from the '60s, it isn't healthy for children and other living things.

My beef with "Fahrenheit 9/11" was that it simply restated a lot of information that American citizens should have known. Obviously, they didn't, and there may be some revelations here for people who are under the impression that the health care system cares. Example: Do people know that HMO doctors are actively discouraged, financially, from writing referrals for patients who may need more sophisticated diagnoses or care? Do they know that HMO employees who successfully deny expensive operations -- some that can cost millions of dollars -- are financially rewarded for their trouble? Well, they should, and if Moore, with "Sicko," exposes the obvious, well, good on him.

"Sicko" is less effective, though, when Moore gets his passport stamped for Canada, England and France, and walks around pretending to be surprised that citizens there not only get the health care they need, but guess what -- it's free. Well, not free, of course; anything paid for by the government comes out of the taxpayers' pockets, and the

wealthier a country is, like France, the better the care. But he does dispel the myth that nationalized medicine results in bad care and doctors fleeing the profession to become lawyers.

He introduces us to a doc who lives in London, a city more expensive to inhabit than New York or Paris, who makes the equivalent of \$200,000 a year, lives in a million-dollar home and drives an expensive car.

This is no revelation to Moore; he knew all this before he went on his Tocqueville quest to see how the other folks live. Worse, he encounters not one person who might have an eensy-teensy complaint. This will be surprising to those who know Canadians and Brits and have heard their stories about their system's flaws and inequities.

Moore being Moore, he can't avoid a real stunt, sending Ground Zero rescue workers who cannot get the care they need in the United States off by boat, first to Guantanamo Bay, where the imprisoned "evil doers" are alleged to be getting better health care than many American citizens, and then, as if by magic, to Cuba. (He coyly claims that Homeland Security issues prevent him from explaining how he arranged his visit.) You will probably not be surprised to see the Cubans gladly accept the patients and offer them the best care available gratis, or to see a fire squad hold a ceremony for the "9/11 heroes" because, after all, we are all brothers.

This is almost as shameless as Moore's closing salvo, where he tells the story of how the proprietor of a leading anti-Moore Web site announced he would have to close down to concentrate on raising \$12,000 for an operation. The Moore hater is able to stay open because he receives an "anonymous" check, which of course didn't stay anonymous long. Moore told the Free Press he thought long and hard about including the scene because he knew he would be accused of self-aggrandizement; he should have thought a little longer, because now he is.

Moore could open a lot of eyes with "Sicko" but as the song says, we don't need another hero, especially one self-proclaimed. **His movie has made its case. We need a lot more common sense and empathy, and a whole lot less greed.**

## Movie Review – 'Sicko'

*NPR, Fresh Air – 6.29.07*

Michael Moore can be a blowhard. But he's also an angry court jester speaking truth to power. When the counterculture imploded in the late '70s, the Right appropriated its prankster spirit: Speaking truth to power became razzing "feminazis" and the so-called liberal media. Moore has reclaimed progressives' gonzo legacy.

*Sicko* is his best film: It mixes outrage, hope and stunts in perfect proportions. Iraq-war partisans could stonewall in the face of *Fahrenheit 9/11*, but ***Sicko will whack everyone in the kidneys with a large stick.***

You could find millions of anecdotes of insurers denying payment — but Moore comes up with doozies. Some are ghoulishly amusing, like the guy with two fingers cut off who didn't have coverage to get both re-attached. He had to choose between the ring finger for 12 grand and the middle finger for 60 grand. Figuratively speaking, Moore gives the insurance company the middle finger.

Other stories are tragic: People whose insurers deny their claims expire before the appeals process runs its course, leaving stricken spouses and children.

It's the HMO Kaiser Permanente, though, that emerges as a super-villain, if only because of an astounding 1971 tape of an Oval Office meeting between John Ehrlichman and Richard Nixon. Nixon is convinced to go along with Edgar Kaiser's scheme to create a for-profit managed-care system on the grounds that hospitals would have incentives to give less care.

Material this potent doesn't need angry emphasis. Instead, Moore's persona is sorrowful: sympathy for the neglected, mock-incredulousness over why this has to be. The second half is a travelogue: He journeys to Canada, the U.K. and France to see how people bear up under national health care. Perhaps he paints a rosy picture, and a survey of Cuban health care leaves out less-savory details of life under Castro. **But the differences in coverage between our system and other countries' is profound.**

Moore argues that Americans take dead-end jobs for insurance and stay because employers have them over a barrel. He says transform health care, and you'll remake society. History suggests the health-care industry will pay through the nose to ensure that the system never changes. But after *Sicko*, how can Americans let politicians feed them sugar pills?

## HMO premiums look to be on the rise

Free Press – 7.2.07

HMOs nationwide are expected to raise monthly premiums 14.1% in 2008, the highest rate in four years, a national human resources firm projects. Two regions -- the Midwest and Southeast -- face the highest average rate increases, said Hewitt Associates, a Lincolnshire, Ill.-based company that helps 160 large companies manage health benefits.

Premiums in the Midwest may increase 18.4% in 2008. Rates have been steadily increasing since 2005, when Midwest premiums jumped 13.1%. They rose 11.7% in 2006 and 11.5% in 2007.

The projections are preliminary but serve as a barometer of what's to come later this year. The company doesn't compile state-specific data. Last year, the company projected HMO rate increases of 11.7%; final average rates increased by 8.2%. Lower-than-expected increases may occur again this year, but they will likely be 10% or more, the company said in a prepared statement.

## \$4.5 Million In Health Information Technology Exchange Grants Announced

Michigan News Wire – 6.29.07

The Michigan Departments of Community Health (MDCH) and Information Technology today announced more than \$4.5 million in funding that will create a statewide infrastructure for healthcare information exchange that will streamline the sharing of medical information throughout Michigan.

The funding will help make Michigan the first state in the nation with a program of this magnitude to streamline medical information in the state. The program clearly illustrates Michigan's move toward becoming the nation's leader in the health IT field, said Janet Olszewski, MDCH Director. "When fully implemented, these Health Information Exchanges (HIE) will allow healthcare organizations within a community to instantly move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged," Olszewski said. "The goal of the HIE concept is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care."

Funding for the program, first introduced by Governor Jennifer M. Granholm in her FY07 Executive Budget, was appropriated by the Legislature for FY07. Regional partners awarded grant funding in this first cycle include:

- **Alliance For Health** (includes Mason, Lake, Osceola, Oceana, Newaygo, Mecosta, Montcalm, Muskegon, Ottawa, Kent, Ionia, Barry, and Allegan Counties) - **\$379,565**
- **Altarum Institute** (includes Wayne, Oakland, Macomb, St. Clair, and Monroe Counties) - **\$658,356**
- **Capital Area Health Alliance** (includes Ingham, Eaton, Clinton Counties) - **\$775,350**
- **Central Michigan University Research Corporation** (includes Clare, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot, Saginaw, Bay, Tuscola, Sanilac, and Huron Counties) - **\$304,900**
- **Greater Flint Health Coalition** (includes Genesee, Lapeer, and Shiawassee Counties) - **\$359,475**
- **Marquette General Health System** (includes all Upper Peninsula Counties) - **\$756,119**
- **Michigan State University** (Formation of HIE Resource Center) - **\$999,971**
- **North Central Council of the MHA** (includes all counties in the northern Lower Peninsula) - **\$267,648**

The grant funding also funds the creation of the state's [Michigan Health Information Network \(MiHIN\) Resource Center](#), which assist regional HIE efforts across the state, focusing on daily activities to increase the adoption rate and successful implementation of regional HIEs across Michigan. The MiHIN Resource Center will have full-time staff that will coordinate tasks and deliverables to the regional HIEs and MDCH. The Resource Center will be responsible for working with MDCH, other State of Michigan entities and national resources.

The Resource Center will provide assistance to regional HIEs including, but not limited to: interpreting legal statutes, representation at state and national levels, identification and promotion of standard policies, procedures for HIE operation, governance, and financing as well as for technological infrastructures and education and awareness about HIE in the state, national initiatives and standards. The role of the MiHIN Resource Center is to assist regional HIE efforts across the state, focusing on daily activities to increase the adoption rate and successful implementation of regional HIEs across Michigan.

## **Blog Report: Fact-checking "Sicko" – CNN gives Michael Moore documentary a clean bill of health**

*Salon.com – 7.2.07*

It's not often major news outlets fact-check documentaries, but Michael Moore's not just another documentary filmmaker, and health care is not just another public policy. So, I suppose it's not a big surprise that CNN would give "Sicko" some close scrutiny.

As it turns out, the network gives the movie [a clean bill of health](#).... Indeed, CNN's analysis found no substantive flaws or inaccuracies in Moore's film at all. The stumbling block with CNN's report came in the conclusion: "[As Americans continue to spend \\$2 trillion a year on health care, everyone agrees on one point: Things need to change, and it will take more than a movie to figure out how to get there.](#)" Perhaps, but as Matt Yglesias [noted](#), CNN's own fact-checking piece clearly shows the way by pointing to the same deficiencies in the U.S. system that Moore identified in "Sicko."

## **House Dems Expect Fight 'Every Step of The Way' on Medicare/SCHIP Package**

*From: CQ HealthBeat, The Commonwealth Fund – 6.29.07*

[When Congress returns from the July 4 recess, House Democratic leaders of the Ways and Means and Energy and Commerce committees are promising to renew and expand the State Children's Health Insurance Program \(SCHIP\), prevent a scheduled 10 percent cut in Medicare physician payments, and improve Medicare reimbursements for rural physicians, hospitals and other providers.](#)

Charles B. Rangel of New York, chairman of the Ways and Means Committee, and [John D. Dingell of Michigan](#), chairman of the Energy and Commerce Committee, along with Rangel's Health Subcommittee Chairman Pete Stark of California and Frank Pallone Jr. of New Jersey, who is Health subcommittee chairman for Dingell's panel, asked Democrats to work with them to find payment offsets. "We are committed to working within our means," they wrote. "That means tough choices will be necessary."

[Health care sources say Democrats aim to spend \\$50 billion over five years for SCHIP and some \\$30 billion for the two-year doctor payment fix. Adding in the cost of the rural health care provisions, the provisions for low-income Medicare beneficiaries, and several other provisions would bring the price tag for the entire package to around \\$100 billion.](#) To help cover that cost, Democrats may pursue a tobacco tax increase to raise \$35 billion. Assuming they could raise another \$35 billion with cuts to Medicare Advantage plans, Democrats would still face the need to cut payments to other providers, including hospitals, and perhaps to trim spending for erythropoietin, a drug used to treat anemia in dialysis patients.

[Democrats are eyeing an ambitious timetable for markups](#) next month in the Senate Finance Committee and the House Committees on Ways and Means and Energy and Commerce, as well as floor action in both chambers.

Concerning Medicare physician payments, the House Democrats said their legislation would "implement an interim (payment) policy the next two to three years to prevent the impending cuts and assure stability in reimbursements." The measure would also lay out steps for a long-term change to the Medicare physician payment system "to better promote quality of care while also maximizing efficiency," the memo states. "We are working with the physician community to develop this policy and expect to have their enthusiastic support."

For Medicare providers in rural areas, the measure would extend rural payment provisions in the Medicare drug law (PL 108-173) that have expired, or soon will. They include provisions to equalize payments between rural and urban physicians and provide bonuses to encourage and reward doctors who practice in areas where there are shortages of physicians. Additional elements of the package would help rural home health agencies and ambulance services and help certain rural hospitals cover their lab costs.

The package also would seek to equalize payments between Medicare Advantage (MA) plans and Medicare's fee-for-service program.

"Rural beneficiaries and providers face real problems with Medicare Advantage plans," often being paid at rates far lower than traditional Medicare, the memo states. "Rural providers fear that the lower reimbursement from MA private plans will undermine the rural health safety net." The legislation would also enhance and simplify eligibility and enrollment for two Medicare programs that provide financial assistance with cost-sharing for regular Medicare services and for the Medicare drug benefit.

Increasing the amount of assets that beneficiaries are allowed to have as well as streamlining the asset test process that beneficiaries must complete to qualify for the low-income drug benefit are key changes, the memo states.

On SCHIP, the Democrats said they have three goals: protect coverage for six million children now covered by the program, which expires Sept. 30; give states the tools and incentives to find and enroll children who are eligible but not yet enrolled in SCHIP or Medicaid; and ensure that states have "the resources and flexibility to cover additional groups of vulnerable children," such as those who are too old for SCHIP coverage and Medicaid but are still in school or no longer qualify for coverage under their parents' insurance. These individuals would be allowed to keep their coverage until they are no longer income-eligible because of finding a job. Children of legal immigrants and pregnant women also would be covered, and SCHIP application and enrollment processes would be streamlined to ease enrollment.

## San Francisco Launches Universal Health Plan

From: NPR, *All Things Considered*, July 3, 2007 -

Listen: <http://www.npr.org/templates/story/story.php?storyId=11710180>

San Francisco becomes the first city in the nation to roll out a local universal health care program for its residents. The program began Monday, serving a few hundred patients in the city's Chinatown district. Within 18 months, the program will be expanded to cover more than 80,000 San Francisco residents who have no health insurance.

## Priorities for SCHIP Debated

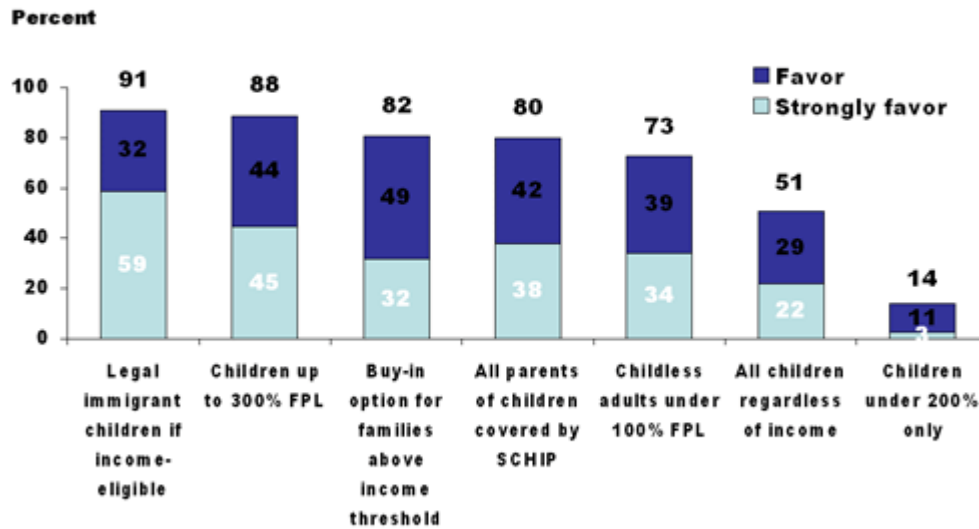
From: *The Commonwealth Fund* – 7.6.07

As the debate over reauthorization of the State Children's Health Insurance Program (SCHIP) heats up in Washington, a diverse group of leaders in health policy and health care praise the program for increasing low-income children's access to affordable health care, saying the program should be extended to additional individuals.

The most recent [Health Care Opinion Leaders Survey](#) from The Commonwealth Fund and *Modern Healthcare* magazine finds strong support across the board for expanding SCHIP's reach. Ninety-one percent think SCHIP coverage should be made available to legal immigrant children whose families meet income requirements. Four of five, meanwhile, favor allowing families with higher incomes to buy into SCHIP, and the same proportion believe that states should be allowed to extend coverage to parents of children covered by SCHIP in states where no comprehensive coverage for the uninsured is available.

## Health care experts voice strong support for expanding eligibility for SCHIP.

"What is your opinion about who SCHIP should cover going forward?"



Note: Segments may not sum to totals because of rounding.

Source: K. K. Shea, K. Davis, A. Gauthier, R. Nuzum, B. Scholl, and E. L. Schor, *Health Care Opinion Leaders' Views on Priorities for the State Children's Health Insurance Program Reauthorization* (New York: The Commonwealth Fund, Apr. 2007).

The survey also found strong support for program changes that would help the U.S. provide high-quality health care for all children. Four of five survey respondents favor establishing federal performance standards and outcomes measures for all children in SCHIP, and seven of 10 favor measuring and reporting on the frequency and quality of developmental screening. Surveyed experts also believe states should be required to reward managed care plans and providers that meet benchmark levels of performance on developmental screening, preventive care, and follow-up treatment. The April 23 issue of *Modern Healthcare* provided an overview of the survey's findings.

### President Bush Criticizes Proposed Expansion of Children's Health Program

Source: Cover the Uninsured, from, [Los Angeles Times](#), 6.28.07

President George Bush criticized "a push by Democrats and some moderate Republicans to broaden" the State Children's Health Insurance Program (SCHIP), stating that Democrats in support of expanding SCHIP want "to take incremental steps down the path to government-run health care for every American" reports the *Los Angeles Times*.

Bush's focus is on changing the tax code to help make private insurance more affordable. His proposal would cost approximately \$10 billion more than current spending and would cover children in households making up to twice the federal poverty level -- about \$40,000 for a family of four. But Democrats challenge that estimate and say "children would have to be dropped from the rolls under Bush's plan."

Under the leadership of Democratic Chairman Max Baucus of Montana, the Senate Finance Committee has been working to reach a bipartisan compromise on renewal legislation. Baucus argues that the president's "controversial health care tax proposals would not be a responsible path to take." Grace Marie-Turner, who heads the Galen Institute, a research group that advocates market-based health care reforms, said: "[Bush] is saying further expansion of government programs is not the way to go. We want to increase access to private health insurance."

## Massachusetts Outreach Targets Healthy Uninsured

From: NPR, *All Things Considered*, 7.3.07 – Listen: <http://www.npr.org/templates/story/story.php?storyId=11710177>

Starting this month, Massachusetts residents are obliged to have health insurance, either through an employer-provided plan or by purchasing it themselves.

Jon Kingsdale, executive director of the Massachusetts Health Insurance Connector Authority, says outreach efforts are targeting healthy, younger workers who might think they don't need insurance.

### Fund-Raising Opportunity:

Make It Your Own Awards – The Case Foundation – Due Aug. 8

<http://archives.subscribermail.com/msg/dd762488722f42d2b5be87e96237120b.htm>