

Quarterly newsletter of D. L. Cohen Information Services

# INFOSCOPE

News and Tips for Locating and Managing Information

INFOSCOPE is published **quarterly**.  
Feedback is always welcome. [dcohen@dcoheninfo.com](mailto:dcohen@dcoheninfo.com)

## Healthcare Reform : Access, Quality and Cost

**Excellent, Authoritative, Informative, Useful, Non-Partisan  
Knowledge and Resources about a Serious National Problem**

URLs are hot-  
links accurate as  
of 10/11/2009.

Autumn 2009

**Healthcare Reform: Ac-  
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If you truly don't have the time to review the resources in this newsletter, at least read this one article: **Toward a 21st-Century Health Care System: Recommendations for Health Care Reform.** Arrow et al. 3/3/2009. *Annals of Internal Medicine*.

<http://www.annals.org/cgi/reprint/150/7/493.pdf>

### **Why This Newsletter**

Teachers and librarians [and I am both] have their biases, the most important being towards fact-based, authoritative information that enlightens, educates and adds constructive knowledge to discussions of important issues.

Having been, at varying times, enlightened and educated about the national debate on healthcare reform, I have also been, at varying times, horrified at the narrow, simplistic and/or one-sided views expressed as absolute fact by people who either have clearly not spent much time studying the issue and/or, regardless of understanding, prefer to use this issue for ends other than actually improving healthcare in this country. Thus, this collection of vetted resources from some of the most reputable healthcare reform oriented organizations and individuals. No statement, statistic or resource is included in this collection that is not fully referenced. Please follow up with them. You'll learn a lot. I did.

### **Organizations**

#### **Robert Wood Johnson Foundation**

<http://www.rwjf.org/>

Health Reform section: <http://healthreform.org>

#### **Kaiser Family Foundation** [not affiliated with the HMO, Kaiser Permanente].

<http://www.kff.org>

#### **Health Affairs: The Policy Journal of the Health Sphere**

<http://www.healthaffairs.org> Health Affairs is an oft-quoted and referenced journal which, among other things, publishes a series of excellent Policy Briefs [usually about 5 pages long] on key current issues.

#### Recent Briefs:

*Individual Responsibility* 9/29/2009

*Key Issues in Health Reform* 8/20/2009

*"Shared Responsibility"* 8/13/2009

*Coverage for Low-Income People* 7/24/2009

*Tax Debate* 7/09/2009

*A Public Health Insurance Plan* 6/19/2009

I highly recommend "Individual Responsibility", which covers what an "individual mandate" means, and "Key Issues in Health Reform", which covers three areas, including the federal government's role in financing and delivering health. Policy Brief archives are located at: <http://www.healthaffairs.org/healthpolicybriefs/archives.php>

"For more than 20 years, *Health Affairs* has been a **must-read** for anyone with a serious interest in medicine, health care, and health care policy." *Washington Post*

## D. L. Cohen Information Services

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**Information is Power**  
*... if you can find it!*

### Alliance for Health Reform

<http://www.allhealth.org>

There is a strong relationship between the Alliance and Kaiser Family Foundation. It is a nonpartisan, nonprofit group. *"...the Alliance believes that all in the U.S. should have health coverage at a reasonable cost. But we do not lobby for any particular blueprint, nor do we take positions on legislation. Senator Jay Rockefeller [Dem.] of West Virginia is our founder and honorary chairman and Senator Susan M. Collins [Rep.] of Maine serves as honorary co-chairman."*

*Since 1991, the Alliance has organized more than 200 forums in Washington and around the nation, each presenting a balance of expert views. In addition, we produce issue briefs regularly on current topics. The Alliance's media resource service assists journalists nationwide to develop articles and broadcasts on health care issues."*

*"... I would say the rhetoric around the opposition has made it particularly difficult to have what I will call, ...an adult conversation... You can't say, on the one hand, I'm all for health reform but just don't spend any money or change anything. You got to say, you know what? I want to help you solve the problem. Now we both know a bunch of members on both sides [of the aisle] who have tried to do that. In my opinion, they are the casualties of this rhetorical war."*

*Len Nichols, Director, Health Policy Program, New America Foundation*

*From the Alliance for Health Reform briefing, "The Uninsured: What Do the New Numbers Mean for Health Reform".*

*Sept 18, 2009. [http://www.allhealth.org/briefing\\_detail.asp?bi=166](http://www.allhealth.org/briefing_detail.asp?bi=166)*

Some of the materials available:

### Covering Health Issues: A Sourcebook for Journalists, 5th Edition.

Online PDF version:

<http://www.allhealth.org/covering-health-issues-5th-edition/toc.asp>

Online HTML version:

<http://www.allhealth.org/sourcebookTOC.asp?SBID=3>

A veritable goldmine, this 256-page document [Don't let that scare you - it's well sectioned and you can easily focus in on a particular issue.] is a resource on the main health-care reform issues. Each of the 12 chapters - on Health Reform, Cost of Health Care, Individual Health Coverage, Medicare, Disparities, etc. - has a main narrative, sections entitled "Likely Policy Debates", "Tips for Reporters", "Experts and Websites" and, what every librarian likes - "End Notes". Appendixes include information about the congressional budget process, polls about healthcare, a glossary and extensive lists of resources.

Although designed with reporters in mind, "Covering Health Issues" is useful for anyone looking for concise, balanced information about the topics presented.

**Briefings from the Alliance** available as: Transcript, Video or Podcast. Each briefing page also provides links to related research.

Newest briefing: **The Uninsured: What do the New Numbers Mean for Health Reform?** 9/18/2009

This is a discussion of the latest data from the U.S. Census Bureau on the uninsured.

[http://www.allhealth.org/briefing\\_detail.asp?bi=166](http://www.allhealth.org/briefing_detail.asp?bi=166) Scroll down the page for full webcast.

**Ask the Experts About Reform: Where Are We Now and Where Are We Headed?**, 9/14/2009

[http://www.allhealth.org/briefing\\_detail.asp?bi=165](http://www.allhealth.org/briefing_detail.asp?bi=165) Scroll down for full webcast.

Spending too much time looking for information

- In Your Office?
- On Your Computer?
- On the Company Network?
- On Your Website?

Are customers getting lost on your website?

**D. L. Cohen Information Services**  
**Customized Solutions**



## **The Next 100 Days: Some Final Hurdles to Health Reform** 9/3/2009

<http://www.kff.org/ahr090409video.cfm> [This one is hosted on the Kaiser Family Foundation site]

“Will there be a public plan option or, as an alternative, health insurance co-ops? How will reform be financed? Can the “cost curve” be bent, either during or after the 10-year window that’s the focus of Congressional Budget Office “scoring”? How might Medicare change—or facilitate change—in a reformed system?”

Speakers include:

Gail Wilensky, Ph.D., senior fellow, Project HOPE

Dallas Salisbury, M.P.A., president and CEO, Employee Benefit Research Institute

Ken Thorpe, Ph.D., department chair, Rollins School of Public Health, Emory University

Ed Howard, J.D., executive vice president, Alliance for Health Reform

Risa Lavizzo-Mourey, M.D., M.B.A., president of the Robert Wood Johnson Foundation

Some archived briefings: [http://www.allhealth.org/briefings\\_summary\\_prev.asp](http://www.allhealth.org/briefings_summary_prev.asp)

Show Me the Money: Options for Financing Health Reform 7/31/2009

Health Reform for New Health Reform Reporters 7/1/2009

Public Plan Option: Fair Competition or a Recipe for Crowd-Out? 4/27/2009

## **The Commonwealth Fund**

Health Reform Resources

<http://www.commonwealthfund.org/Health-Reform.aspx>

Articles and briefings from the Commonwealth Fund

### **The Path to a High-Performance U.S. Health System:**

#### **A 2020 Vision and the Policies to Pave the Way**

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Feb/The-Path-to-a-High-Performance-US-Health-System.aspx>

### **Public Plan Option: Fair Competition or a Recipe for Crowd-Out**

[http://commonwealthfund.org/usr\\_doc/site\\_docs/webcast/Articulate/Briefing\\_April\\_2009/player.html](http://commonwealthfund.org/usr_doc/site_docs/webcast/Articulate/Briefing_April_2009/player.html)

A 55-minute plus Q&A period, audio-with-accompanying-slides presentation by key opponents and proponents. As is often the case with panel presentations, the Q&A period can be the most interesting part. You might like to jump right to that!

### **Aiming Higher: Results from a State Scorecard on Health System Performance**

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2007/Jun/Aiming-Higher-->

[Results-from-a-State-Scorecard-on-Health-System-Performance.aspx](http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2007/Jun/Aiming-Higher--Results-from-a-State-Scorecard-on-Health-System-Performance.aspx) [You may have to paste this URL into your browser].

**Institute for Healthcare Improvement** - “helping to lead the improvement of health care throughout the world”. <http://www.ihl.org/ihl>

*“We aim to improve the lives of patients, the health of communities, and the joy of the health care workforce by focusing on an ambitious set of goals adapted from the Institute of Medicine’s six improvement aims for the health care system: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity. We call this the “No Needless List”:*

*No needless deaths*

*No needless pain or suffering*

*No helplessness in those served or serving*

*No unwanted waiting*

*No waste*

### **Access**

You’ll notice that the issue of Access is not a focus in the newsletter, mainly because it is the issue of which most people are already aware [and, how long would you want this newsletter to be!]. However, if in doubt about the affects of being uninsured, read: **America’s Uninsured Crisis: Consequences for Health and Health Care**. Institute of Medicine, Feb 2009. Report brief available:

<http://www.iom.edu/en/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx>



### **Old Standbys for Research**

Let's not forget some of our more standard information hunting methods which work well for information related to healthcare reform. My favorites include:

- Google Alerts, e.g. [ healthcare "public option" ] Note: Don't use the brackets.
- Setting up website alerts or RSS feeds at sites like those mentioned in this newsletter

### **Quality of Care Issues**

In a seminal article by McGlynn et al, it was demonstrated that, on average, patients receive recommended care by U.S. healthcare providers only 55% of the time:

*"The deficits we have identified in adherence to recommended processes for basic care pose serious threats to the health of the American public. Strategies to reduce these deficits in care are warranted."*  
From: "The Quality of Health Care Delivered to Adults in the United States". McGlynn et al. *The New England Journal of Medicine*, June 26, 2003. <http://content.nejm.org/cgi/content/full/348/26/2635>

The Dartmouth Atlas [cited later] shows a tremendous variation in care given depending on where one lives in the country.

The Institute of Medicine began studying the quality of healthcare in America in 1996, and publishes relevant books and reports. <http://www.iom.edu/>

*"...the burden of harm conveyed by the collective impact of all of our health care quality problems is staggering"* ("Crossing the Quality Chasm: A New Healthcare System for the 21st Century. Institute of Medicine. 2000. Brief report, Executive Summary and Full report [the latter in sections] available at: [http://www.nap.edu/openbook.php?record\\_id=10027&page=R1](http://www.nap.edu/openbook.php?record_id=10027&page=R1)

#### **The Chasm in Quality: Select Indicators from Recent Reports**

- Between 44,000-98,000 Americans die from medical errors annually (Institute of Medicine, 2000; Thomas et al., 2000; Thomas et al., 1999)
- Only 55% of patients in a recent random sample of adults received recommended care, with little difference found between care recommended for prevention, to address acute episodes or to treat chronic conditions (McGlynn et al., 2003)
- The lag between the discovery of more effective forms of treatment and their incorporation into routine patient care averages 17 years (Balas, 2001; Institute of Medicine, 2003b)
- 18,000 Americans die each year from heart attacks because they did not receive preventive medications, although they were eligible for them (Chassin, 1997; Institute of Medicine, 2003a)
- Medical errors kill more people per year than breast cancer, AIDS, or motor vehicle accidents (Institute of Medicine, 2000; Centers for Disease Control and Prevention; National Center for Health Statistics: Preliminary Data for 1998, 1999)

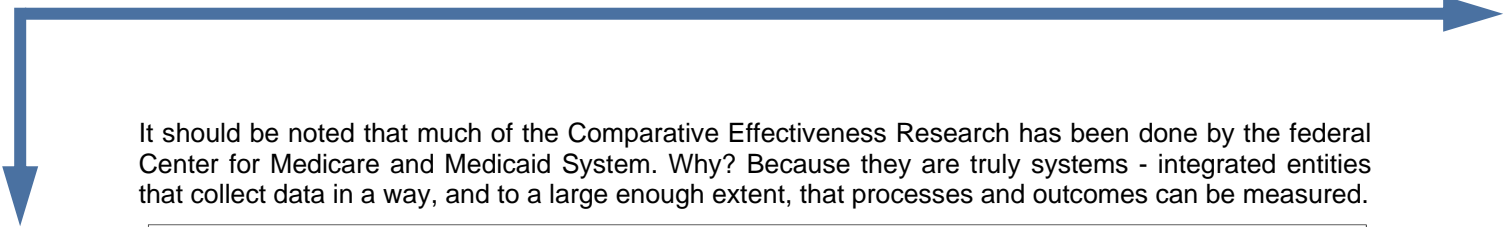
From: <http://www.medical-card-id.com/institute-of-medicine.html> [Unfortunately, second time around I could not find the same webpage reference for this summary data at the IOM site. However, the medical-card-id site, although clearly using the data to sell a product, is the same data from the "Crossing the Quality Chasm..." report that had been summarized in bullet points on the IOM site prior.]

### **Comparative Effectiveness Research / Measuring What Works in Health Care Delivery**

Most comparative effectiveness research measures healthcare with the goal of changing practices to improve performance. Evidence shows that when quality data are released each year over many years, it stimulates improvement in those areas being measured. [Covering Health Issues (cited above), p29].

The Federal Stimulus Bill passed in Feb 2009 allocated \$1.1 billion dollars for comparative effectiveness research. In June, Senator Max Baucus, Chair of the Senate Finance Committee, and Senator Kent Conrad, introduced the Patient-Centered Outcomes Research Act of 2009.

<http://www.govtrack.us/congress/bill.xpd?bill=s111-1213>



It should be noted that much of the Comparative Effectiveness Research has been done by the federal Center for Medicare and Medicaid System. Why? Because they are truly systems - integrated entities that collect data in a way, and to a large enough extent, that processes and outcomes can be measured.

“Public release of performance information in the form of report cards, online databases and other means can be a powerful driver for improvement. Public disclosure of performance information drives health plans and providers to target improvement so that they know how they do compared with their competitors and can show improvement over their last scores. Evidence shows that when data are released each year over many years, it stimulates improvement in those areas being measured.” [p31]

Other nations already have “robust comparative effectiveness research entities” - Australia, Canada, UK, Germany. [p32]

*From Covering Health Issues [cited earlier]. Pages indicated.*

As more medical providers utilize electronic records systems, and allow their data to be aggregated, we will learn what works. Oregon’s recently passed HB 2009 includes a provision for the creation of an “all-claims” database that will be used to collect and analyze medical data among a large group of providers in the state.

### **The Dartmouth Atlas of Health Care**

<http://www.dartmouthatlas.org/index.shtml>

A widely cited source for comparative effectiveness data, The Dartmouth Atlas of Health care, “... has documented glaring variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide comprehensive information and analysis about national, regional, and local markets, as well as individual hospitals and their affiliated physicians.”

### **Cost**

Much of the material previously mentioned includes reflections about healthcare costs and cost containment. Costs, of course, do not stand alone - they are inherent within coverage and quality issues. [Although, in terms of quality often the relationship is the inverse of what we might initially presume, e.g. more care is not always better care.] Therefore, in this section I’ll primarily cite some key stats with their references.

### **Article and video interview with Donald Berwick of the Institute for Healthcare Improvement**

[http://www.businessweek.com/innovate/content/nov2008/id20081117\\_820750.htm](http://www.businessweek.com/innovate/content/nov2008/id20081117_820750.htm)

According to Donald Berwick, head of the Institute of Healthcare Improvement [cited earlier], **1/2 the American health care bill is waste**. The primary way to cut costs is to improve quality...”quality improvement and cost reduction aren’t competitors in healthcare - they’re the same thing.”

### **Online interview with George Halvorson, CEO of Kaiser Permanente**

*From an interview on video* <http://vimeo.com/4039344?pg=embed&sec=>

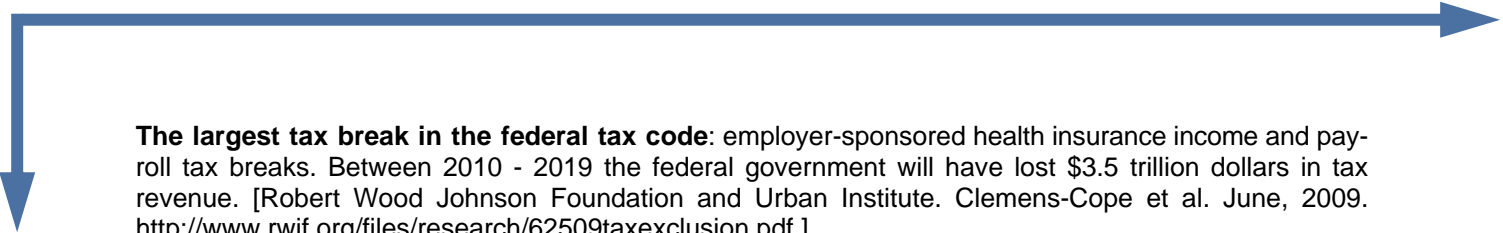
“... **over \$1/2 trillion dollars per year** could be saved in healthcare costs by improving the quality of healthcare.” [For more background on Mr Halvorson’s ideas on healthcare improvement you can read [Healthcare Reform Now!](#), and [Health Care Will Not Reform Itself: A User’s guide to Refocusing and Reforming American Health Care.](#)]

### **The Telltale Wombs of Lewiston, Maine.** All Things Considered, NPR. Alix Spiegel Oct 8, 2009

<http://www.npr.org/templates/story/story.php?storyId=113571111> An excellent, in-depth, report on issues related to cost containment.

*“...it’s hard to understand that more care isn’t necessarily better for you. But study after study has borne out the truth of this completely anti-intuitive conclusion. In fact, Fisher and other researchers estimate that **almost one-third of the care given in our country today is that kind of care — care that isn’t really helping people.***

*From “The Telltale Wombs of Lewiston, Maine.*



**The largest tax break in the federal tax code:** employer-sponsored health insurance income and payroll tax breaks. Between 2010 - 2019 the federal government will have lost \$3.5 trillion dollars in tax revenue. [Robert Wood Johnson Foundation and Urban Institute. Clemens-Cope et al. June, 2009. <http://www.rwjf.org/files/research/62509taxexclusion.pdf> ]

**The U.S. spends over \$2.2 trillion dollars per year on healthcare.** [U. S. Healthcare Costs, from the Kaiser Family Foundation: [http://www.kaiseredu.org/topics\\_im.asp?imID=1&parentID=61&id=358](http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358)]

**The Cost Conundrum** by Atul Gawande. The New Yorker, June 1, 2009. [http://www.newyorker.com/reporting/2009/06/01/090601fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande)  
A seminal article analyzing the reasons healthcare costs vary so greatly .

### **Government Initiatives [updated 11/1/2009]**

House tri-committee bill: **H.R. 3200 America's Affordable Health Choice Act**

[http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.3200:](http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.3200)

Senate Health, Education, Labor and Pensions Committee bill: **S. 1679 Affordable Health Choices Act.**

[http://thomas.loc.gov/cgi-bin/bdquery/z?d111:S1679:](http://thomas.loc.gov/cgi-bin/bdquery/z?d111:S1679)

Senate Finance Committee bill: **S. 1796 America's Healthy Future Act.**

[http://thomas.loc.gov/cgi-bin/bdquery/z?d111:S1796:](http://thomas.loc.gov/cgi-bin/bdquery/z?d111:S1796)

### **Kaiser Family Foundation Side-by-Side Comparison of Major Health Care Reform Proposals**

<http://www.kff.org/healthreform/sidebyside.cfm>

### **State-focused Information**

#### **State Legislation on Comprehensive Health Care Coverage**

<http://www.loc.gov/law/help/statehealthplans/index.php>

### **State of Oregon**

Okay, raise your hand if you are confused about what has been happening legislatively in Oregon around healthcare reform. Here you go:

The Oregon Health Fund Board, a 7-member citizen board, was created by an act of the legislature in 2007. It spent the next two years developing a plan to ensure access to health care, contain costs and improve the quality of healthcare in Oregon. That plan - after many adjustments by the legislature - became, **HB 2009**, which passed in June and created the **Oregon Health Authority (OHA)**, a new state agency responsible for aligning state health purchasers and programs to maximize efficiency, organizing state health policy and health services, and implementing the health reform policies and programs also created under HB 2009.

**HB 2009** also established the **Oregon Health Policy Board (OHPB)**, which is the policy-making and oversight body for the Oregon Health Authority (OHA). This nine-member citizen board is responsible for improving access, cost and quality of the health care delivery system as well as improving the health of Oregonians by developing state public health goals, strategies, programs and performance standards.

There you have it:

**Oregon Health Authority** - an official new state agency which will be fully implemented by July, 2011

**Oregon Health Policy Board** - the official citizen body overseeing the new state agency

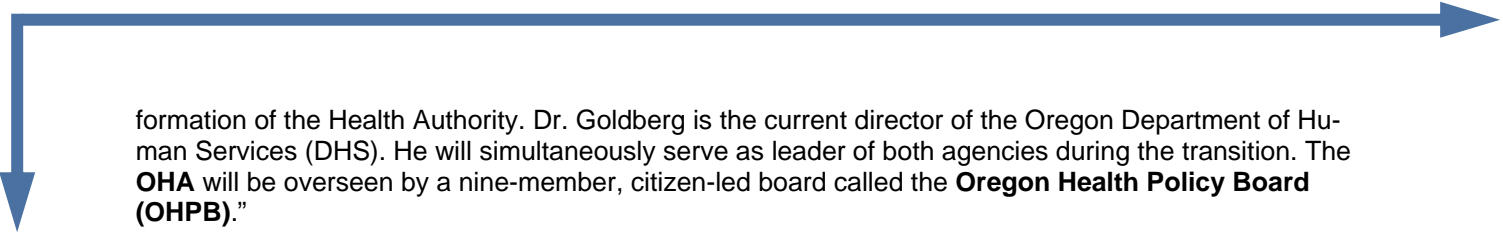
Together, the hope is that Oregon will blaze wonderful new trails in the access and delivery of health-care.

For information about:

**Oregon Health Authority**, go here: <http://www.oregon.gov/OHA/> and here for a full explanation:

[http://www.oregon.gov/OHA/features/feature\\_what\\_is\\_oha.shtml](http://www.oregon.gov/OHA/features/feature_what_is_oha.shtml) . Excerpted from the latter page:

In both the public and the private sector, **Oregon Health Authority (OHA)** will be working to fundamentally improve how health care is delivered and paid for....Dr. Bruce Goldberg was appointed to lead the



formation of the Health Authority. Dr. Goldberg is the current director of the Oregon Department of Human Services (DHS). He will simultaneously serve as leader of both agencies during the transition. The OHA will be overseen by a nine-member, citizen-led board called the **Oregon Health Policy Board (OHPB)**.”

For information about:

**Oregon Health Policy Board (OHPB):** <http://www.oregon.gov/OHA/OHPB/index.shtml>

This would be too easy, though, wouldn't it? You will see right now, for example, a notice *on both websites* that the Oregon Health Policy Board is looking for citizens to be on a workforce development committee. Yay! We need more primary care practitioners and that is what this committee will be focused on. The fact that the notice is on both websites is simply a reflection of how closely the state agency and the citizen oversight board will be working together.

*Once more:*

**Oregon Health Authority - OHA** - new state government agency, fully established in July 2011

**Oregon Health Policy Board - OHPB** - citizen body providing guidance and oversight of the state agency

Each entities' websites have a link to sign up for email alerts about activities, including work sessions and hearings in Salem that you can watch live on your computer!

### **A Final Note**

As I have read and analyzed healthcare information I have become more and more convinced that most of the problems in the system [or, lack thereof, which is **major** part of the problem – we have a very fragmented “system”] have been identified by knowledgeable individuals. We actually know a lot about what needs to change in our healthcare system that would improve access, quality of care, outcomes and, at the same time, reduce costs. What is unresolved is how to go about making the needed changes. Answers to that are too often based primarily on ideology.

Of course, one may say every opinion is an ideology. Mine is the ideology that basic healthcare is a social right.









“There is now a large body of evidence on what works and what doesn't work in health care, and it's not hard to see how to make dramatic improvements in U.S. practice...And there's overwhelming evidence that the United States could get better health care at lower cost if we were willing to put that knowledge into practice. But the political obstacles remain daunting.”

*From: “The Health Care Crisis and What to Do About It”, by Paul Krugman and Robin Wells. [a review of three books on health care]. New York Review of Books, March 23, 2006. <http://www.nybooks.com/articles/18802>*

I hope you found this newsletter informative and helpful as you to consider healthcare reform.

### **D. L. Cohen Information Services**

#### **Information and Knowledge Management Website Design and Support**

-  Document Management and Library Development
-  Computer and Network File Organization
-  Website Information Architecture
-  Website Usability Testing
-  Classification Systems Design
-  Category, Keyword List and Taxonomy Construction
-  Personal Information Management
-  Staff Training on Information Organization

*D. L. Cohen Information Services, established in 1996, is a certified State of Oregon Woman-owned business. Donna Cohen holds a Master of Library and Information Studies degree [M.L.I.S.] and a Master of Education degree and has consulted with government agencies, private corporations and non-profit organizations.*