

## SYMPOSIUM DAILY NEWS

Monday, May 22, 2006

*Moving beyond incremental change: participants and presenters outline framework for major reform of health care*

**Perceptions of the public** are central to health care reform, based on the points made by keynote speakers and input from participants at Sunday's opening session of the Mayo Clinic National Symposium on Health Care Reform.

Symposium participants *express minimal optimism* about the possibility for the United States to enact major health care reform in the next five years. At the same time, a strong majority of the tables at Sunday's discussion agreed that *major reform is what the public expects*.

Those were among the results of numerous interactive questions posed to the symposium audience on Sunday. (See results: p. 2 and 3)

Symposium Co-chairs Pat Mitchell and Hugh Smith, M.D., opened the conference by asking participants questions, which they responded to based on consensus at their table. Mitchell explained the interactive process is meant to be "like a democracy – messy and loud."

Dr. Smith emphasized that the symposium's objective is not to spend time discussing problems in health care. "Instead, we're here to mutually explore solution options for moving beyond things that aren't working."

**Sunday summary in brief**

**Consensus-building:** Symposium Chairs Pat Mitchell and Hugh Smith, MD, led the audience through a series of questions to answer using an Audience Response System (ARS) with electronic keypad voting.

**Presentation of Public Poll:** Symposium participants responded to six questions, then had their responses compared with public polling responses gathered earlier in the week by Harris Interactive.

**Insights from Tom Daschle**, former U.S. Senate majority and minority leader, provided a thought-provoking look at how health care could be reformed at a national level, in a Q&A led by NPR correspondent Joanne Silberner.

**Vision setting by Denis Cortese, M.D.**, who provided models and outlined essential components necessary for health care reform.



Pat Mitchell and Dr. Hugh Smith

## PUBLIC PERCEPTIONS & PUBLIC POLLING

*Symposium participants offer variety of perspectives, some similar to and others significantly different from the public's perceptions.*

Is the United States capable of national health care reform in the next 5 years? A majority of the symposium – 70 percent of the tables – have little optimism. (See table below.)

The symposium audience's response to other questions included:

- Most (88 percent) agree there are "major problems" rather than a "state of crisis" with U.S. health care
- 74 percent agree or strongly agree there is a moral imperative, or right, for all U.S. citizens to have health insurance
- In ranking health insurance reform options, the most significant response, 42 percent, indicated they would pick a mix of public and private insurers.

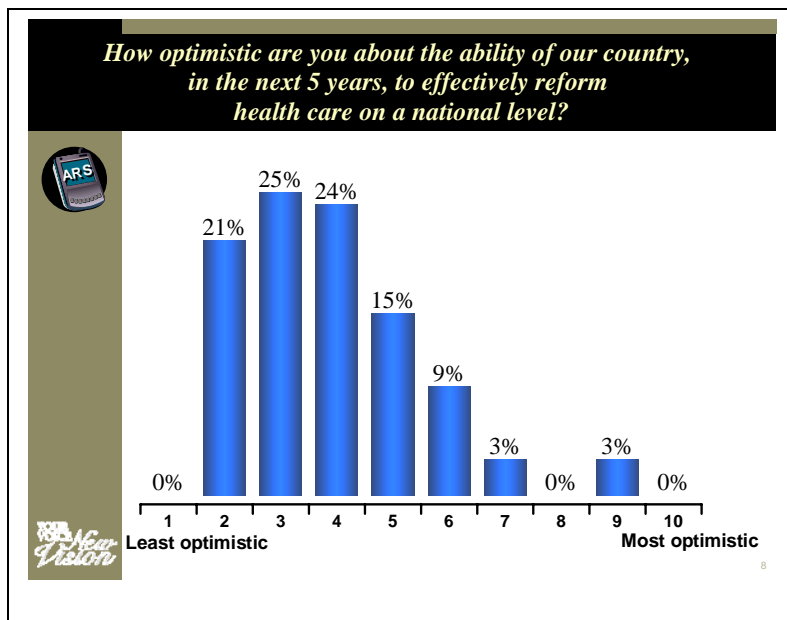
The results of a *Harris Interactive* poll of 2,010 American adults, conducted especially for the symposium on May 16-19, were compared to responses given by symposium attendees at Sunday's opening session.

Both groups had similar opinions that:

- Insurance companies' interests come first in the current health care system, before the interests of patients, providers or anyone else.
- Government should pay the medical costs for people who can't afford the care otherwise
- In considering a Canadian approach to health, neither the participants nor the public would be willing to trade lower out-of-pocket costs for the prospect of having to wait longer for heart or cancer treatments

Attendees and the public differed markedly in their response to whether they would continue to pay for insurance coverage if their employer stopped paying for health insurance. While 94 percent of symposium attendees said they would continue to pay for coverage, just 57 percent of the public would purchase insurance.

For complete results, see the Mayo Clinic Health Policy Center Web site:  
[www.mayoclinic.org/healthpolicycenter](http://www.mayoclinic.org/healthpolicycenter).



## INCREMENTAL OR MAJOR HEALTH CARE REFORM?

*The leaders or publics who will support major health care reform*

### What direction for reform?

A nearly unanimous 97 percent of symposium attendees expect incremental change by federal policymakers. At the same time, a majority of the symposium (75 percent) believe the public expects major reform or replacing the current system.

### Moving toward major reform?

Former U.S. Sen. Tom Daschle sees a shift in Congress toward major reform because incremental changes over the past 10 years have not solved the problems, while costs continue to rise.

He foresees new pressure, brought by the public or wrought by a crisis, will foster change in Congress. And, he insisted, the U.S. president must champion change.

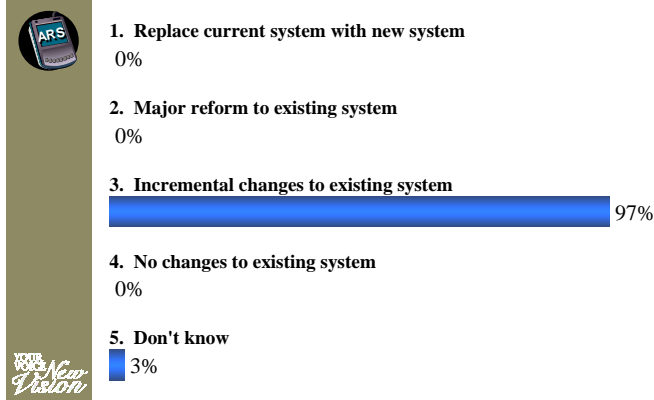
### Debunking Myths, Changing Public Perception

Changing public perception – and bringing about health care reform – would require debunking two myths, Sen. Daschle explained:

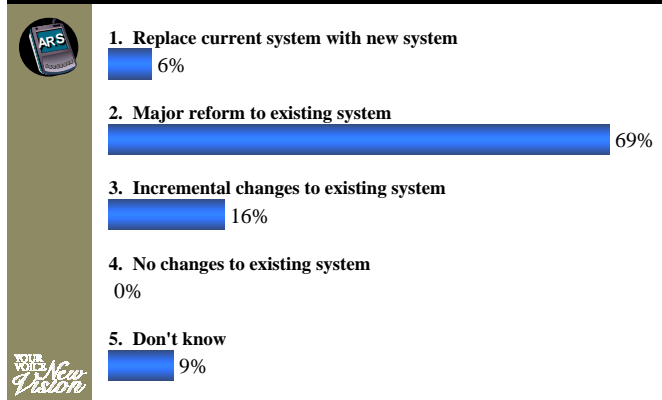
- The first myth is that the U.S. health care system is the best in the world. While the U.S. spends far more per capita than any other country, outcomes, such as infant mortality and life expectancy rates, are not the best.
- A second myth is that major health care reform would cost more money. “If we can’t solve the problem by spending less money on health care, than we haven’t solved the problem.”

Sen. Daschle foresees that major health care reform could be triggered by a crisis from continued rising costs; a pandemic outbreak of some disease; or a crisis over government entitlements.

*Which of these statements best reflects the direction federal policymakers are willing to take in health care reform?*



*Which of these statements best reflects the expectations of the public for health care reform?*



## A VISION FOR HEALTH CARE

*Seeking models and identifying components to build a vision for health care that is centered on the patient.*

*"The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary,"*

William James  
Mayo, M.D.

Health care in the United States is not a system at all, but is rather a "non system" that does not connect complex structures, according to Denise Cortese, M.D., current president of Mayo Clinic.

Four components that Dr. Cortese identified as crucial to successful health care reform:

- Strategy or shared vision
- Culture
- Technical skills
- Organizational structure

The components would include:

### A Learning Organization

Dr. Cortese cited the Mayo family, founders of the Mayo Clinic, for their vision, which is still a model a century later.

For physicians to be true professionals, rather than technicians, requires them to contribute to the knowledge of the practice of medicine, Cortese said.

He said advances in medicine need to be instantly adopted. "We need everyone in the system to have access to the total knowledge of the system."

### A System of Value

Industrial engineers can bring structure to health care, Dr. Cortese explained, giving as an example Mayo Clinic's first industrial engineer, Dr. Henry Plummer.



Denise Cortese, M.D.

Dr. Cortese talked about measuring value as outcomes, safety and service in relation to cost and focusing on the long-term value. "My proposal is to reward the long-term health of the patient."

### Patient Centered

When health care policy has interfered in relationships between patients and their providers, the policy has failed, according to Dr. Cortese.

Change can only take place if patients are at the center of the reform. "Put yourself into the center. How would you want the system to function for you?"

Innovation is another critical component to health care in adding knowledge and value.

*Note: The April issue of Mayo Clinic Proceedings features an article on the need for health care reform by Dr. Cortese and Robert Smoldt. See a link at: <http://healthpolicycenter.mayoclinic.org/>*