Comment on Interim Recommendations

Over 20,000 Americans have shared with us their ideas on how to make health care work for all Americans. Now we have developed Interim Recommendations. (You may read the full document on our web site at www.citizenshealthcare.gov/recommendations/recsover.php). They address 3 broad goal areas:

- **CORE BENEFITS:** Americans will have access to a set of affordable and appropriate core health care services by the year 2012;
- **IMMEDIATE PROTECTION FOR THE MOST VULNERABLE:** Action should be taken now to better protect Americans from high costs of health care and expand access to health care services; and
- **QUALITY AND EFFICIENCY:** Intensified efforts are central to the successful transformation of health care in America.

Your opinion matters; we would like your individual comments regarding the recommendations. When finalized they will be sent to the President and Congress.

Recommendation 1:
It should be public policy that all Americans have affordable health care.

All Americans will have access to a set of core health care services. Financial assistance will be available to those who need it. Across every venue we explored, we heard a common message: *Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security.*

Comments you have regarding Recommendation 1.

None.

Financing Health Care that Works for All Americans

The recommendations will require new revenues to provide some health care security for Americans who are now at great risk. Most people we heard from were willing to make additional financial investments in the service of expanding the protection against the costs of illness and the expansion of access to quality care.

Financing strategies should be based on principles of fairness, efficiency, and shared responsibility and should draw on dedicated revenue streams such as enrollee contributions, income taxes or surcharges, "sin taxes", business or payroll taxes, or value-added taxes.

Improvements in efficiency, through investments in health information technology, public reporting, and quality improvements, may be realized over time. Such efficiency gains would be used to assist in paying for new protections such as those against catastrophic health care expenditures and the impoverishment of individuals as a result of getting the health care they need.

No specific health care financing mechanism is optimal. The transition from the current system to a system that includes all Americans will take time, and multiple financing sources will need to coexist during the move to universal coverage. However, the disparate parts must be brought together in a way that ensures a seamless and smooth transition.

Comments you have regarding the financing statement.

None.

Recommendation 2:
Define a "core" benefit package for all Americans.

Establish an independent non-partisan private-public group to identify and update recommendations for what would be covered under high-cost protection and core benefits.

- Members will be appointed through a process defined in law that includes citizens representing a broad spectrum of the population including, but not limited to patients, providers, and payers, and staffed by experts.
- Identification of high cost and core benefits will be made through an independent, fair, transparent and scientific process.

The set of core health services will go across the continuum of care throughout the lifespan.

- Health care encompasses wellness, preventive services, primary care, acute care, prescription drugs, patient education and treatment and management of health problems provided across a full range of inpatient and outpatient settings.
    - Health is defined to include physical, mental and dental health.
    - Core benefits will be specified by taking into account evidence-based science and expert consensus regarding the medical effectiveness of treatments.

Comments you have regarding Recommendation 2.

Recommendation 2 defines a "core" benefit health care package for all Americans; but although several domains of health care are specifically mentioned by name in this section (e.g., "Health care is defined to include physical, mental, and dental health"; "Health care encompasses wellness, preventive services, primary care, acute care," etc.), the focus is on curative care, and thus by omission excludes the possibility of palliative care being considered "core" and hence an integral part of standard, mainstream health care. Again, since palliative care is not mentioned, by definition it is not a "core" benefit according to Recommendation 2.

The National Consensus Project for Quality Palliative Care recommends that, given the great increased demand for palliative care services expected as the baby boomers age and as better treatments allow people with chronic and progressive illnesses to live with diseases which once would have proved fatal, that palliative care be explicitly mentioned in Recommendation 2 and so defined as an integral part of essential core health care services.

Recommendation 3:
Guarantee financial protection against very high health care costs.

No one in America should be impoverished by health care costs. Establish a national program (private or public) that ensures:

- Coverage for all Americans;
- Protection against very high out-of-pocket medical costs for everyone; and
- Financial protection for low income individuals and families.

Comments you have regarding Recommendation 3.

None.

Recommendation 4:
Support integrated community health networks.

The federal government will lead a national initiative to develop and expand integrated public/private community networks of health care providers aimed at providing vulnerable populations, including low income and uninsured people and people living in rural and underserved areas, with a source of high quality coordinated health care by:

- Identifying within the federal government the unit with specific responsibility for coordinating all federal efforts that support the health care safety net;
- Establishing a public-private group at the national level that is responsible for advising the federal government on the nation's health care safety net's performance and funding streams, conducting research on safety net issues, and identifying and disseminating best practices on an ongoing basis;
- Expanding and modifying the Federally Qualified Health Center concept to accommodate other community-based health centers and practices serving vulnerable populations; and
- Providing federal support for the development of integrated community health networks to strengthen the health care infrastructure at the local level, with a focus on populations and localities where improved access to quality care is most needed.

Comments you have regarding Recommendation 4.

None.

Recommendation 5:
Promote efforts to improve quality of care and efficiency.
The federal government will expand and accelerate its use of the resources of its public programs for advancing the development and implementation of strategies to improve quality and efficiency while controlling costs across the entire health care system.

- Using federally-funded health programs such as Medicare, Medicaid, Community Health Centers, TRICARE, and the Veterans' Health Administration, the federal government will promote:
    - Integrated health care systems built around evidence-based best practices;
    - Health information technologies and electronic medical record systems with special emphasis on their implementation in teaching hospitals and clinics where medical residents are trained and who work with underserved and uninsured populations;
    - Reduction of fraud and waste in administration and clinical practice;
    - Consumer-usable information about health care services that includes information on prices, cost-sharing, quality and efficiency, and benefits; and
    - Health education, patient-provider communication, and patient-centered care, disease prevention, and health promotion.

Comments you have regarding Recommendation 5.

Apropos of Rec. 5, the National Consensus Project for Quality Palliative Care would like to point to the recently release Dartmouth Atlas Report (http://www.dartmouthatlas.org/) which states that "the extra spending, resources, physician visits, hospitalizations and diagnostic tests provided in high spending states, regions, and hospitals doesn't [sic] buy longer life or better quality of life. In fact, those with chronic illnesses who live in high rate regions have slightly shorter life expectancies and less satisfaction with their care than those in regions with lower rates of spending. When it comes to managing chronic illnesses, greater use of hospitals and physician labor doesn't result in additional health; the problem is waste, and over-use in high rate states, regions and hospitals--not under-use and health care rational in low rate areas and institutions."

Implicit in this statement is the added value that coherent, well structured and well managed palliative care programs--where the focus shifts from curative care to symptom management and patient comfort--can bring in terms of both cost efficiency and patient satisfaction. Palliative care shifts the focus of care away from unavailing, ineffectual treamtents toward those providing more useful, helpful results for the same or lower costs.

Recommendation 6: Fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.

Individuals nearing the end of life and their families need support from the health care system to understand their health care options; make their choices about care delivery known; and have those choices honored.

- Public and private payers should integrate evidence based science, expert concensus, and culturally sensitive end-of-live care models so that health services and community-based care can better deal with the clinical realities and actual needs of chronically and seriously ill patients of any age and their families.
- Public and private programs should support training for health professionals to emphasize proactive, individualized care planning and clear communication between providers, patients, and their families.
- At the community level, funding should be made available for support services to assist individuals and families in accessing the kind of care they want for last days.

Comments you have regarding Recommendation 6.

The National Consensus Project for Quality Palliative Care is, of course, delighted that explicit mention of palliative care is made in this document. We would only suggest that the concept of palliative care be well integrated into the previous recommendations, wherever possible and appropriate, so that palliative care can be seen as the important, integral part of mainstream healthcare that it is: a counterpart to curative care, not a marginalized add-on to be implemented only after all curative efforts have failed. At its best, palliative care begins at the moment any curative care is started, the proportion of palliative care increasing over time as curative efforts prove unfruitful and are gradually curtailed. Palliative efforts include symptom and pain managemen even for patients who are not at end-of-life but who nonetheless are living with chronic, degenerative illnesses.

Do you have any additional comments you want to share with us?

Additional information on palliative care can be found on our web site: http://www.nationalconsensusproject.org.

The National Consensus Project for Quality Palliative Care released the first set of nationally accepted consensus guidelines for palliative care, our Clinical Care Guidelines for Quality Palliative Care. This document is available for free download from our website.

The Guidelines were used as a baseline for the recent National Quality Forum palliative care document, A National Framework for Palliative and Hospice Care Quality Measurement and Reporting.
The Framework is the first step toward the implementation of standardized quality measures for palliative care. Info on the Framework will be available from the NQF at the end of summer, 2006.

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May we publish your comments? [_X_] Yes [__] No

Please Mail completed survey to:

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