

DR. DEAN EDELL

THE WHITE HOUSE

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INTERVIEW OF THE FIRST LADY
BY DR. DEAN EDELL

Q My guest today is probably the most powerful influence in the history of 20th Century medicine. She's not a doctor, she's a lawyer. She is, of course, the First Lady of the United States, Hilary Rodham Clinton. Thank you for being here with us.

MS. CLINTON: Thank you for having me. I appreciate it.

Q Certainly whatever the outcome, you have brought to the fore for the American people a debate about something I never thought in my lifetime I would see this debate, and we certainly thank you and appreciate that.

Right now, as you know, the polls are split, they're mixed, some people for, some people against in the current state, but something that emerges that I saw today which is remarkable, 90 percent of people think reform is needed.

MS. CLINTON: Right. That's been consistent all the way through this debate. People know that we have the finest doctors and nurses and hospitals in the world but that somehow the system just doesn't deliver for the costs we pour into it to all of us, so people do want reform and the real issue is how do we do it and how do we make sure it works and it's right for us?

Q If I had to pick one common theme -- I know you've heard this before -- it's the skepticism, how can government manage this thing? You know, this is the same government that brought us the post office and social security and Medicare. How can they manage it? What do you say to skeptics who feel that this is impossible to do and that government should stay out of it?

MS. CLINTON: Well, the first thing I say is that the government is not going to manage it; this is not a

MORE

government health care plan that the President has proposed. Right now, the government is deeply involved in health care. As you know, the government funds Medicare through a payroll contribution. The government funds Medicaid to take care of our poorest citizens. The government supports medical research and medical education. The government funds public health. The government is already involved in our health care system, so we don't want a government-managed health care system. We want a framework in which both the public and the private sector are frankly more competitive and do a better job in keeping prices down while they increase quality and choice, which is what I think Americans want.

Q I also hear a survey -- I'm not supposed to do it on the air because it isn't (inaudible) until Wednesday, but there have been former ones that most people seem to want us to go about this the way a scientist would go about an experiment. If we have a new treatment, we try it on a few animals and then go back to the drawing board; then a few more and slowly slide into this thing as opposed to plunging headlong. Is the idea of a gradual introduction of change just out of the question? Is that something that you're considering?

MS. CLINTON: There is nothing in the President's plan that is brand new. Something that is in the plan has been tried somewhere. In fact, the California Medical Association endorsed the President's plan because people in California have more experience with some of the ideas of helping to organize care, so it's actually delivered more efficiently than maybe people in the rest of the country. So everytime you look at a piece of what the President's plan suggests, you can find it in practice.

We also know that this will have to be phased in and probably on a State-by-State basis because a State like California is further ahead in actually getting everybody into their organized system than some of the other States might be. So there is a gradual phasing in, but it is important that we go ahead and accomplish the major goal at the very beginning and that is to be sure we have a system in which everybody will be covered, even if that coverage doesn't kick in right away, but it will be guaranteed. What we have done up until now is to tinker at the edges, fix a little here, fix a little there, and the costs have continued to increase and the number of the uninsured has continued to grow and the problems of those of us with insurance have

MORE

continued to grow. So we think there is a way to get everybody in the system but to phase-in the actual implementation.

Q If things look like they're not working, you'll be willing to step back, change things a little bit, adapt a different kind of plan for the next State and gradually evolve?

MS. CLINTON: Sure, and in fact, the President's whole plan is premised on a State-by-State implementation strategy. We don't want to tell people in Main they have to do what people in Florida do down to the dotted "i" and the crossed "t." We're trying to figure out how to a Federal framework with a lot of State flexibility including States that want to have a single payer system going ahead and being able to do that because we do believe there is a lot of creativity and also difference among the States that needs to be recognized. So we would anticipate that some States would try some things that other States could learn from and it would be an evolutionary process.

Q You would be open to one State having a single payer system, and another State, say Oregon, having a rationed, nonsingle payer type of system, and so there is no one system that you're wedded to at this particular point?

MS. CLINTON: What we want is to have every citizen guaranteed private insurance coverage that comes with a set standard benefits package. We want to outlaw the discriminatory insurance practices like preexisting conditions and lifetime limits and we want a guaranteed choice of doctor and health plan. Within that framework, there are different ways of getting there. Hawaii has nearly universal health care coverage now through an employer-employee system which is the model that we think would work best in our country because it's the way most people get insurance, but we think there are many varieties of approaches that the States could follow and want to encourage that kind of flexibility.

Q Certainly a lot more flexibility than I think the public perceives at this point.

We're speaking with the First Lady of the United States, Hilary Rodham Clinton, about health care. Stay tuned because we'll be right back.

MORE

(Break)

Q Welcome back. This is Dr. Dean Edell. We are speaking with Hilary Rodham Clinton, the First Lady of the United States about health care.

We've got to talk about the evil "R" word, that physicians have fear of and the public doesn't know what it means. It's a nasty word that probably doesn't apply but it's rationing. When I see practice guidelines, I see the books, and I see something like okay, it's a good idea all women over 50, you've got that mammogram, but what about the 45-year-old with the family history, she breastfed late and had her kids late in life. Will the physician have the flexibility to creatively adapt "the system" and the guidelines to fit that individual because medicine is an individual thing?

MS. CLINTON: I'm glad you raised mammograms because that has been one of the most misunderstood aspects of the health care reform and I'd like to clarify it.

Under the President's plan, mammograms are covered. Every woman, regardless of age, if her physician believes she is a candidate for a mammogram, whether she's 18, 38 or 45, the insurance that she has will pay for the cost of the mammogram. That means as many as a doctor believes is necessary. After the age of 50, based on the available scientific evidence, the risk of breast cancer goes up dramatically in the entire population. Certainly there are women under 50 who are at risk and those are the ones we want to be sure physicians prescribe mammograms for. After the age of 50, we think it is important that mammograms be free every two years, so you don't even have to pay a little bit as a copay for the mammogram. So every woman, regardless of age, will be eligible for an insured mammogram and women over 50, we want very much to increase their usage which is why it will be free to them every two years.

The idea of rationing is one that does make all of us a little nervous, but I think it is important to recognize we ration care right now. We do it on the basis of income and insurance coverage. One of the statistics I found very hard to believe when I first started doing this was the one that if you are uninsured in America, you have three times the greater likelihood of dying from the same ailment as somebody who is insured. That's the cruelest kind of

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rationing.

What we are trying to do is make more care accessible more broadly to more people. In fact, I would argue that if we get everybody in an insurance system where everybody is covered, where preventive medicine is practiced and where good health habits are encouraged, we will actually be able to spend our dollars more wisely and cover more people for more care if we do it right.

Q I think people are probably more selfish than we would want them to be in that people -- I could ask questions like will I be able to get that experimental, state-of-the-art stuff to save my life if I'm desperate, or in this week's New England Journal of Medicine, there is a debate going on about an 87-year-old woman, 87, she had heart surgery and she's living a wonderful life and she's doing well. Other doctors are saying, you did heart surgery on an 87-year-old woman? A thing like that just can't be included, we have to draw a line someplace and I think that's what scares people. We will have to draw lines.

MS. CLINTON: I think it will greatly depend upon the local health plan and the decisions that are made on the State and local level, not the Federal level necessarily, but think about it this way. If we started reimbursing people for nutritional counseling so that heart operations could be avoided more likely in the general population, we might have more money that we could use for all kinds of health care interventions. Right now, we spend most of the money in our health care dollars on the last year of life and that's something I think everybody believes is important if you're the person who needs the care, but it concentrates so many of our resources when we should be trying to spend our resources to prevent the kind of debilitating illnesses that often suck up so much of the available health care dollar.

There is no easy way to figure this out and as I said, one 87-year-old woman might get a heart operation in some part of the country because she could afford it or had a physician who would do it, and for every one of hers that we could point to, there are hundreds who wouldn't and thousands of people who don't get preventive health care in their 20s, 30s and 40s that might prevent the problem in their 80s. There is just so much of this that we have to start thinking about more sensibly and trying to plan for the long term.

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Q I guess we physicians have never effectively dealt with it. We've never had rules, so to speak, because here is a case, an 87-year-old woman did get that heart surgery and she's a spry 87-years-old and we've had to make qualitative judgments that won't be included in lists and in rules as they come down.

It certainly brings up something. If I had to pick one issue that I hear most about I guess from physicians -- we're a funny lot because we are not as organized as people think, we're a (inaudible) group of folks and we all have different interests -- but the one thing that seems to emerge in the faxes and letters I get from doctors, of course, is tort reform and malpractice. If I may, I'd like to take a quick break and we'll come back and talk about that. We'll be right back.

MS. CLINTON: Okay.

(Break)

Q Welcome back to the program. This is Dr. Dean Edell. I'm talking to Hilary Rodham Clinton, the First Lady, about health care of course, and we're about to hit the "M" word, malpractice.

I think of that 45-year-old woman who the guidelines say maybe she doesn't need the mammograms and a doctor makes that decision and she turns out to have a tumor. It will happen. Most physicians feel what's in the plan right now isn't enough and they're afraid. They're afraid that if they practice by a guideline and something happens, that they're going to be in a squeeze and the government won't be there to help them. What about malpractice tort reform?

MS. CLINTON: We know it's an important issue and have made some serious proposals. This is one of those issues where depending upon what side you're on, you never think it's either enough or you think it's too much.

What we propose though is that guidelines like the one you were just describing serve to protect doctors who do follow them and can show that doctors in their position would have done the same thing. We think that will help to stabilize doctors from the fear of not doing everything and therefore, possibly being sued, which we think is wrong.

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We also would like to see some kind of certificate process where you had to prove that you had a worthy case before you got into court by having some independent person evaluate it, and we would like to see alternative dispute resolution so that you don't get into court until you've gone through something that is less expensive, less traumatic for the doctor and for the person bringing the complaint. We would also like to limit attorneys fees. So all of those things are pieces of this that I think doctors support.

What many doctors would like to see is what they call a cap on noneconomic damages. California has such a cap and we believe that should be left to the individual States because States have been adopting such caps over the last several years and it may be different from State to State and so there won't be anything in the legislation that would prevent a State from adopting any kind of limitation, but it won't be done on the national level.

Q For those people who fear that a system like that would cut them out, I think experience has probably shown at Kaiser, for instance, that an arbitration process was more likely to award money to the plaintiff, to the patient, than to the doctor.

MS. CLINTON: That's right. In fact, they would get it sooner. Going to court is a very expensive, time-consuming process.

Q In today's New York Times, there is an article on how suppliers of medical substances from teflon to polyurethane threads used in heart valves are all slowly backing out in supplying this stuff because they are being named in these suits and there is a liability that manufacturers of medical devices have that is scaring me in terms of the future of innovation and new technology. Has any thought been given to that aspect of tort reform?

MS. CLINTON: Yes. This is a part of what is called products liability, not necessarily malpractice, and there are some bills in the Congress that would address that, as well as in State legislatures. So people are becoming concerned about the impact down the line.

Q I'm hearing the theme and you said something earlier I want to pick up on and hammer it home, that we do have the best medical care system in the world.

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MS. CLINTON: That's right.

Q It's not available to everybody and that's what we're trying to change. The princes and kings from all over the world come here for their care. I guess I'm looking for emotional support from you that every attempt will be made to preserve that because that's precious.

MS. CLINTON: It's precious but it's at risk right now. We do have the best medical care, but what is happening is that the number of uninsured is growing, we're now up to nearly 40 million Americans; the number of the underinsured, people who have \$5,000 deductible so they don't use the medical system until they have to go to the emergency room is growing; and all of us who are insured are having to pay more and more and being shut out of access to certain parts of our health care system. So we do have the finest, but it's becoming increasingly expensive and therefore, unavailable to millions of us.

Q Thank you very much. We'll be right back after a quick break with more from Hilary Rodham Clinton. Thank you.

(Break)

Q Hi, everybody. It's Dr. Dead Edell back with Mrs. Clinton talking about health care.

Something near and dear to me that does concern me and that is the attempt to create more primary care physicians, fewer specialists. I was a specialist. The benefits are obvious in there. The thing that scares me is that when a pediatrician or a family practitioner does something, whether it's a mammogram, an ultrasound, or a shot, or a cardiogram, these things were developed by specialists and the high tech innovations come from the specialists. I fear with fewer specialists, although we know there is a positive side to that, that innovation will slow and that America's preeminence in health care research could slow and there won't be the incentives for innovation and we won't have the manpower. I guess I want to hope there will a feeling for that, to preserve what's precious. It was specialists who built the space shuttle, not general aviation people and so is there a feeling for that?

MS. CLINTON: There is. They really can't be separated. They're not mutually exclusive. They have to

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support each other and what we have found over the past years is that the number of specialists has grown much faster than the need in the population. There is no argument that we need specialists but we are now at a ratio where 70 percent of our physicians are specialists and 30 percent are generalists. If we just continued with our current medical school population, the ratio would get even more lopsided because it is about 85 percent specialists to 15 percent generalists in our medical schools.

What we are finding is that specialists indeed do have much of the innovation and do much of the very difficult most intensive care, but when there are too many of them as there are in too many parts of our country, then they have to keep generating work. This is no criticism of our specialists but very often if you have more than you need of anything in a population, you're going to be creating a need where one does not exist.

We believe that if we moved that ratio to a more reasonable one, we would still have all of the incentives we needed to generate specialty care and do innovation but we would be taking care of the bulk of our population who primarily need primary care by people trained to do that. We would eliminate using the emergency room as the primary care physician for millions of Americans which is what we do now. We would have physicians who are obstetricians, gynecologists, pediatricians, internists, general surgeons, family physicians out there on the front lines being able to make at least the preliminary referral. So the specialists would not be, in many instances, doing tests and procedures because that's what they have to do if they're going to keep their doors open, but would be truly a specialist and would be taking a patient who had already been looked at by somebody. I don't think you would have the problem of primary care physicians treading on the ground of specialists because there would be so much work for primary care physicians. If I could get every woman in America to get good prenatal care from an OB-GYN, I don't think we'd have to worry about a lot of the problems we now worry about.

I do think you have to keep an eye on this but we have gotten way out of balance and we've got to have a larger pool of primary care physicians if we're going to continue to support medical care the way you and I have come to experience it which is kind of a tertiary care system with the most specialized people being at the upper end.

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Q How will you make the shifts? I saw a thing in the Journal of the American Medical Association last week that medical students said, hey, we would go into primary care if someone helped us with our debt.

MRS. CLINTON: Right.

Q If someone helped us with the hours, someone helped us with the pay scale.

MRS. CLINTON: Right.

Q Is the plan to help on that end or to just --

MRS. CLINTON: No, it is. We've got the specialists we have because Medicare has funded specialty graduate medical education, so we're going to shift some of those dollars to start funding primary care physician medical education. We are also going to be changing some of the reimbursement schedules. Part of what primary care physicians complain about, with good cause, is that they are not so driven by tests and procedures as the specialists are. They need to spend time with patients, clinical diagnostic time. They don't get reimbursed for that. Unless they order a test, they are not going to get reimbursed in many instances, so we need to change the way reimbursement flows. And we think if we have more primary care physicians, the working condition issues, like excessive hours, can be dealt with because there will be more people to carry the load.

Q I should also say that most people now consider the family practitioner the specialist. It takes a family practitioner as long to become that as long as it took me to become an eye surgeon. That is a specialty.

MRS. CLINTON: So is pediatrics, so is OB-GYN. We're not talking about the country doc like on Gunsmoke or something where you go and see doc for whatever is wrong with you. We're talking about people who are considered primary care but they have to go through the same extensive medical education. They may not have to go quite as long as somebody with a very highly specialized degree, but they are there. If they are going to be a pediatric cardiologist or something, they go further, but if they are going to be a pediatrician, they still have to do a lot of the extra work that goes with getting that special knowledge of children.

MORE

Q This is Dr. Dean Edell. We're speaking with Hilary Rodham Clinton and we will be right back after a few messages.

(Break)

Q Welcome back to the program. This is Dr. Dean Edell. We're speaking with the First Lady about health.

I guess at this point the polls of physicians doesn't look good. Physicians don't like this for a variety of reasons and yet, I have a sneaking suspicion if they knew more about it, there are some positive things in changing health care because as physicians, we see the inequities all the time. We have callers who call this program with some of the most heart rending calls, Dr. Edell, I have this, I have this, and I say, well, you need to see a doctor, but I can't afford it. So I think that's in all of our hearts.

Physicians have fought this for a long time in this country. We feel that no one else will understand exactly what it is we do. Sometimes, as you mentioned with primary care, it's holding someone's hand, it's talking to them, it's calming them, it's healing them in that way. Sometimes, it's something more techy.

I guess I would ask you to say to physicians I guess what we want to hear because we're afraid that -- right now, we're a miserable lot, only 25 percent of us would want our kids to go into this field, half of us wouldn't do it again ourselves. I'm a dropout physician myself and I fear for the future, I want the brightest, the best young people we have to go into medicine. What would you say to those people, to American medicine in general, that you understand this?

MRS. CLINTON: The first thing I'd say is take heart because medical school applications are at the highest level they have ever been this year. I think part of the reason is because young people, and not so young people who want a second career, see a future in medicine than is brighter than what is going on today. I'm always somewhat puzzled and a little sad when physicians tell me all that is wrong with practicing medicine today. They talk to me about the commercial and business pressures, and the way that they're spending more and more of their income and their time on paperwork that is irrelevant to taking care of patients.

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They talk to me about how they're being forced to give up patients because health plans no longer let certain patients see them as their physicians. They are talking about how they practice at a childrens' hospital or an academic health center and more and more health plans are cutting those hospitals out of coverage because they are expensive, because they do provide highest quality, specialized care. They tell me about how commercial insurers are coming in and buying up practices, or large for-profit hospitals are changing the way that they practice.

I listen to this litany and I say to them, as I would say to your audience, what better reasons for reforming health care because if we let the current conditions continue, more and more doctors will be put into the position of being employees; they will be giving up their freedom; the patient-doctor relationship will no longer be central; they will not be working in large organizations like Kaiser-Permanente that are largely physician-driven; they will be in much different kind of for-profit organizations that will be determining how they spend their time. Health care reform holds out the promise that income can once again be increased by eliminating administrative, bureaucratic kinds of hassles and costs; that discretion and control can be returned to the physician.

I had a physician tell me that he was so tired of his clerical help arguing with the insurance companies about what he could or could not do that he grabbed the phone one time and he said to the person on the other end of the phone, who are you and this kind of small voice came back and said, well, I'm so and so. He said, how old are you; I'm 22. How much education did you have? I went to junior college. How can you tell me I cannot orders tests and this poor girl burst into tears and said, I'm just following the orders on my sheet. No doctor should be told what he can or cannot do by somebody sitting in an insurance company office a thousand miles away. But if we do not reform our health care system, that is the future.

So I want doctors to pay attention to what we're actually proposing and cut through the rhetoric and the scare tactics and the misinformation because I believe reform holds out the greatest promise for the future of medicine.

Q I agree with most of what you've said. I see us in the pickle we are because of the inclusion of third party

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insurance companies who are not sensitive to this.

What would you say to physicians, as a final word, of how to participate? Many doctors feel they have been cut out of the process here. They don't know where to turn, they don't know who to talk to, how to get involved and to make their feelings felt. Contrary to what some people think, most doctors do care.

MRS. CLINTON: I agree with that.

Q We are not just in it for the money, we do care about our patients.

MRS. CLINTON: And most doctors are too busy to spend a lot of time lobbying somebody, they're taking care of their patients, and I really respect that.

Many of the physician organizations have already endorsed the President's plan. The family practice physicians, the internists, the pediatricians, the OB-GYNs, they have all endorsed the principles of the President's plan. The AMA has endorsed many features of it, including the way we would finance it through an employer-employee shared responsibility system. Many of the other specialty groups have adopted certain features of it. So I would urge physicians to work through the groups they are already members are.

There are some physicians -- let's be honest -- who are ideologically opposed to anybody telling them to do anything. They don't like Medicare, they don't like Medicaid, they don't like anything about anyone having any say over their practice. They are never going to be for any kind of reform, but that's a small minority, a vocal minority.

Most physicians want more information, they want their questions answered, they want to be reassured and they want to play a role in making sure health care would work. In fact, in our health care plan, we have money set aside to help doctors to form their own health plans so that they aren't just taken over by big insurance companies. We believe strongly in the central role of physicians. So we want doctors to be involved and would urge you to get involved through your organizations, to call the White House, call your members of Congress, because we think there is a great role for doctors to play. When all is said and done,

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it's going to be doctors, nurses and frontline workers and hospital administrators who are going to make sure that this health care system works for everybody.

Q We want to play a role and of course, most of the public wants change.

Mrs. Clinton, thank you for being here and we wish you well in your pursuit of this.

MRS. CLINTON: Thank you, Doctor.

(End of tape.)

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