



# MAINE MEDICAL ASSOCIATION

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Stephanie R. Lash, MD  
President

January 2, 2009

David B. McDermott, MD  
President-Elect

## **RE: Summary Report**

Jo E. Linder, MD  
Chair, Executive Committee

Obama-Biden Transition Project/Health Care Community Discussion  
Tuesday, December 30, 2008, 4:00 – 6:00 pm

Gordon H. Smith, Esq.  
Executive Vice President

Augusta Civic Center, Arnold/Howard Room (North Wing – 1<sup>st</sup> Floor)  
Augusta, Maine

Andrew B. MacLean, Esq.  
Deputy Executive Vice President

## **Summary Report**

Below is a summary of the December 30, 2008 Health Care Community Discussion attended by 70 persons, held in conjunction with over 4,000 “Community Sessions” occurring across the country in response to a request by the Obama-Biden Transition Health Care Policy Team to help prepare for the Obama-Biden administration. The Maine Medical Association, the Downeast Association of Physician Assistants and the Maine Osteopathic Association would like to thank all those who attended and participated in our grassroots effort to reform health care in the United States and for their willingness to express their honest opinions and thoughts on the current problems and possible solutions. This summary report is our attempt to provide the Obama-Biden administration with an overview of the main problems with the healthcare system, as well as solutions, as seen by the participants. We will continue our efforts from organized medicine to move health care reform forward and look forward to working with all those interested in pursuing this issue. As one participant indicated, “if the subject was education and our kids were not receiving it, would we wait around and take years to fix it?”

To view a partial video of the live discussion go to:

<http://video.google.com/videoplay?docid=4239002159257747893&hl=en>

### **Overall, the following were the biggest issues brought forward in our discussion:**

- The cost of healthcare overall and the inability to afford it
- Lack of preventive health care and the “sick care” medical model we emphasize
- The for-profit Health Insurance Industry is out of control and drives what currently consists as medical care
- Lack of a National public health focus to prevent chronic illnesses

### **Question # 1 - Briefly, from your own experience, what do you perceive is the biggest problem in the Health system?**

- The system is completely broken. We should be the leader in the world. But instead the system (or lack of a system) operates more like a free-for-all.
- Greatest challenge is the “for profit” health insurance that destroys the “industry “ of health care.
- Health insurance coverage is not affordable and is very high cost in Maine.

- We have failed in the public health world and have not focused our system on “prevention” to reduce chronic diseases.
- We have excellent technology infrastructure, we just can’t pay for it and it is a fractured system that doesn’t allow communication between health care providers/institutions.
- People are not able to afford the health insurance premiums and the level of insurance frequently determines the level of care. The uninsured and publicly insured have difficulty accessing care.
- We have a reactionary system. Reimbursement system rewards high tech. Preventable disease/treatments are not reimbursed at the same level. Not rewarded for preventing disease.
- The low reimbursement rates for Medicaid.
- The lack of publicly funded mental health and substance abuse treatment services.
- Our current health care model is not working. Health care should be considered a right not a privilege. Europeans, Canadians have figured this out and the U.S. must look at other models.
- Bureaucracy of the reimbursement system is entirely too complicated.
- Health insurance coverage is tied to employment and this model is outdated.

**Question #2 - How do you choose a doctor or hospital? What are your sources of information? How should public policy promote quality health care providers?**

- May not be a choice, especially in the rural areas. You get whoever is in the health center. Access is a huge issue.
- By accessibility and affordability
- Inside baseball – just have to ask around
- The problem is locating a doctor who will accept patients without health insurance and just started going through the phonebook.
- Other patient’s experiences and their relationship with their provider
- Don’t know where to find information on quality health care providers –
- Pathways to Excellence (PTE) has a limited data set and quality of care measures.
- Public policy puts \$\$ out there and providers follow it. Policy is “askew.”
- We must allow states to be workshops of innovation. Too top down as it is. We need to decentralize the system. Need to provide medical care required and encourage providers to do it in their own way to fit the needs of the community.
- We have the best sick medicine care and not the best preventive care
- Need to increase payment for preventive medicine.
- Work with the medical home pilot concept to improve continuity of care and preventive services.
- Need to change the federal worker rules, i.e. federal employees insurance coverage doesn’t allow them to see mid-levels.
- We need to support information systems.
- Must be careful when considering a new model of coverage, i.e. CMS’s five star rating system for long-term care facilities where the government overstepped and didn’t come to the industry for feedback.
- Preserve access to primary care. Recruit youth into medical careers and provide incentives.
- Report from Maine’s Commission to study primary care, January 2008 provides an outline for improving primary care in the state and should be considered.
- Ensure that primary care residency programs are given priority and supported by governmental means to broaden access and affordability.

**Question #3 - Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?**

- Yes, and thus had to create a personal plan and have to shop around for reasonable rates. However, when you contact a doctor's office they frequently aren't able to quote a cost for the service.
- We need much more transparency regarding the cost of medical care and make it available to the public.
- Yes, tried to work with a HSA account that work like an IRA and lost \$\$ with economic downturn which has been catastrophic.
- We need transparency of costs and understandable hospital bills/fees. These come in 4 months after surgery and people don't know what they have to pay because it is a global bill.
- Extremely difficult to get required care, i.e. sister needed surgery and needed to come up with \$7,000 down payment before surgery could occur. Surgery was delayed for weeks as a result.
- Need to deal with the waste in the healthcare system and waste in the pharmaceutical industry.
- Need to focus on integration of mental health with primary care or else system will be very expensive.
- Dental care should be considered part of primary care.
- Cost of health care is the primary issue.

**Question #4 - In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or a public plan like Medicare?**

- Don't think we should have an employer based health care system anymore.
- People should have options. Important to prioritize and look for common ground.
- "Divided We Fail" platform is preferred. Step away from ideals and engage in conversations for progress.
- Governmental plans create cost shifting.
- "Single payer System" should occur. System should strive for equity.
- Concerns with any mandate to buy insurance as the "fox shouldn't be in charge of the chickens."
- Need to deal with the coverage of spouses and dependents and the comprehensiveness of that coverage.
- Private insurances do not pay for the rehabilitation needs.
- Knowledge is power. Patients can't understand their health insurance. Policies need to be written for readability and low literacy levels and enough with all of this complex jargon.

**Question #5 - Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed health care system?**

- We shouldn't have employer-based insurance programs anymore – outdated model.
- State unemployment barely pays enough to cover the cost of COBRA coverage.
- We don't need health insurance; we need health care for all! Now! It's an emergency!
- Coverage does not always equate to access. And access is sometimes achieved without coverage. Definitions or agreement on what the terms mean in the health care debate are important.
- Employer should provide workplaces/environment that facilitates healthy lifestyles. That should be the employer role, instead of providing/paying for coverage.

- They are in the best position to enable preventive care/build an environment for wellness.
- Employers have no control over health insurance cost or little of it, so what role do they really play.
- Employers want out! Organized labor wants employers out.
- Need portability of health insurance. Currently, lose job = no health insurance.
- Allow for innovation, i.e. allow insurance to be purchased across state lines.
- State policies need to change. Universal coverage may be good. A piece of paper isn't healthcare. People will go to privately funded centers if they can. Single payer system may lead to excluded groups.
- All this depends on what choices are we willing to make?

**Question #6 - Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?**

- Not available without insurance or because of very high deductible plans.
- No, cannot afford them.
- If we don't do something about prevention, unhealthy lifestyles will continue to drive up costs.
- Clinical screenings are not population-based public health at the community level. We need access to information and transparency issues.
- Lack of health literacy is a huge problem.
- Our country only spends 4% on public health and that is a joke! This must increase dramatically.
- Our country focuses on tertiary care, not on prevention.
- There being very limited public health structure in Maine, this creates another level of lack of access to prevention services. Need infrastructures in place that are federally funded and connected to the goals/objectives for a national health care plan.
- Dollars must be invested in prevention to save billions in treatment later on.
- Universal access to prenatal care must occur.
- No exclusions and must consider mid-levels into the reimbursement mix for affordability.
- Need to Reauthorize and expand SCHIP – it works!
- We need to publicly fund K-8<sup>th</sup> grade Physical Education and require it in all schools.
- Increase the National Health Service Corp and seriously look at the cost of attending medical/osteopathic medical schools and create incentives for primary care training.
- Support preventive services block grants.
- Need longer time horizons on federal grants to ensure sustainability. To create a system that builds a firm foundation takes much longer. National public health priorities that are long-term and are connected to providing healthcare for all.
- Public health services need to happen regardless of grant funding.
- Need to provide subsidies as one of the national priorities to assist in purchasing fresh fruits and vegetables and improve the nutrition of our nation.

**Question #7 - How can public policy promote healthier lifestyles?**

- Deal with the issue of tobacco products. Tobacco products should be prohibited.
- Emphasis on personal responsibility. Equal credence to patients who are overweight, hypertensive, etc. in the current system.
- Create incentives to improve lifestyle changes.

- Encourage people to make healthy choices.
- Disproportionate amount of \$\$ are spent on final days of life. Educate people on the need to execute Advanced Directives.
- Engage in discourse about end of life care, acute care.
- Need to increase physical activity and get back to basics.
- Need to regulate fast foods = poor health.
- Public policy can influence public health, i.e. primary seatbelt and airbag laws reduced the number of brain injuries.
- Need to regulate media commercials and create a % that must focus on health nutrition.
- Regulate “direct to consumer” pharmaceutical advertising.

### **Common Themes:**

While many diverse views were expressed, there was virtually unanimous agreement that:

- The current healthcare system is “not a system”, is too costly and is not equitable to all.
- Healthcare coverage should be separated from employment.
- Public health, prevention and personal responsibility all need to be built into the new system.
- Every American is entitled to basic health care, of high quality, focused on prevention.
- The current incentives in the system are misaligned as they relate to public health, life-style and primary care.

# KENNEBEC JOURNAL

## Locals say health-care system no more than a 'free-for-all'

BY SUSAN M. COVER  
Staff Writer

KENNEBEC JOURNAL Morning Sentinel

12/31/2008

AUGUSTA -- Gary Higginson thinks the United States is behind the rest of the world when it comes to health care.

It's too expensive and executives make too much money, he said.

"I strongly feel the single biggest problem with American health care is the for-profit model," he said at a health-care forum hosted by the Maine Medical Association, Maine Osteopathic Association and the Downeast Association of Physician Assistants at the Augusta Civic Center on Tuesday.

Higginson, of South Gardiner, was joined by more than 70 people, many of them health-care providers, at the forum -- one of 4,000 similar sessions held across the country as part President-elect Barack Obama's "health-care listening sessions."

Gordon Smith, executive vice president of the Maine Medical Association, said the suggestions from people such as Higginson will be passed along to the Obama transition team for consideration as they craft a national health plan.

"Obviously, the president-elect and the vice president-elect consider health care to be a top priority," he said.

Dr. Joel Kase, president-elect of the Maine Osteopathic Association, asked for feedback on seven questions that asked about problems with the current system, how people choose a physician and how hard it is to pay for medical expenses.

Joan Willoe, of Northport, who said she has a serious medical condition that prevents her from working, said she will likely have to go to Massachusetts to get the help she needs.

"I've had a lot of problems getting care in the state of Maine," she said.

She said she's on Medicaid, and said some doctors don't want to treat her because the reimbursement rate is lower than it is for other types of health insurance.

"We need a system that is equitable," she said. "I actually had a neurosurgeon say to me, 'I lose money on people like you.'"

Paul Gagliardi, of Oakland, a radiologist in Waterville, said the federal government has created a hodge-podge system by providing health insurance to some but not to all.

"We don't have a health-care system," he said. "What we have is a free-for-all."

Obama has made it a goal to improve health care in the United States, saying he wants to allow employer-based coverage to continue but that the system needs to be expanded to cover all Americans.

It's estimated that more than 45 million Americans have no health insurance, according to a participant guide distributed at the forum.

In addition to access to care, some said costs are too high.

In Maine, lawmakers have tried to require physicians and hospitals to be more forthcoming about what their services cost, said Rep. Lisa Miller, D-Somerville.

"We need not only geeky legislators and health-policy wonks to say it. We need consumers to rise up and say, 'We need transparency'," she said.

Other speakers said a national plan should cover mental health, substance-abuse prevention and dental care.

Yet another said the medical profession should be in schools to let students know of opportunities in health care careers.

For those who live in less-populated areas, there aren't always choices for health care, said Bill Primmerman, who works for a health collaborative in Somerset County.

"I don't want the rural areas to be left out of this discussion," he said.

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## Health forum sends message to Obama

### Maine care providers agree current system is 'broken'

By **Mal Leary**  
Capitol News Service

AUGUSTA, Maine — About 75 doctors, nurses and other health care providers along with a few patients met at the Augusta Civic Center Tuesday to provide their views on the American health care system for President-elect Barack Obama.

During the free-wheeling discussion many concluded that the health system can't be fixed, because there is no real health system to fix.

"I don't think you can find a doctor in this room that thinks anything but that the system is terribly, terribly broken, if there was a system at all," said Gordon Smith, executive vice president of the Maine Medical Association.

The Maine Medical Association, the Maine Osteopathic Association and the Downeast Association of Physician Assistants held the meeting on behalf of the Obama-Biden Transition Project. That effort is holding hundreds of such forums across the country to provide the basis for health care reform legislation in 2009.

"The incoming administration is reaching out to hear from people all across the country," Smith said.

Gary Dickinson of South Gardiner said he does not have health insurance and cannot afford it. He said the cost of coverage is beyond the reach of most Mainers and he believes most Americans.

"I strongly feel the biggest single problem with American medicine is the for-profit motive," he said.

Dickinson singled out the high salaries and bonuses paid by many health insurers, including the parent company of Maine Anthem Blue Cross Blue Shield, as an example of excessive profits.

Dr. Stephen Nemeroff of Poland agreed that for-profit insurers are the biggest problem with today's health system, if a real system exists. He said patients have told him they would not agree to have some needed tests because the insurance company had told them they would not cover the cost.

"They have helped destroy the traditional patient-physician relationship," he said. "That needs to change."

No representative of the insurance industry attended the two-hour meeting.

Joan Sturmthal of Hallowell put the blame for the lack of a real health care system squarely on health insurers. She said health is too important to be a profit motive.

"We have to get the [expletive] insurance companies out of the mix," she said.

Dr. David Thanhauser of Belfast said there are fundamental policy decisions that need to be changed by the new administration. He said doctors need to be making preventative health care decisions, not insurers.

"We're just putting money into technology, and we are not putting it into the care of the human patient," he said.

Others complained that there is little transparency in bills from any health care providers with hospitals particularly criticized for sending out several bills for one hospitalization. Several at the forum complained they had received bills over several months from many different providers from a single hospital visit with no explanation of the services provided and how they were different from the bill sent by the hospital.

Rep. Lisa Miller, D-Somerville, said lawmakers have tried to improve transparency in all aspects of health care, but have been defeated by the health industry lobby.

"We have tried to do work with pharmaceuticals, and that was labeled anti-business," she said. "It is very difficult to get the kind of transparency that we want. We need consumers to rise up and say they want that transparency."

Joel Kase, the president-elect of the Maine Osteopathic Association who moderated the session, surprised many with his announcement that the University of New England is ending its family residency program because it no longer can meet all the "hoops and hurdles" of bureaucratic federal rules that he hopes will end with a new administration.

"The school has decided it can no longer deal with the possible exposure from the program," he said.

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Kase said the loss of the program will have a long-term impact on providing family care doctors all across the state.

The session was recorded on video, and the video is being sent to the Obama transition group. Videos from other such forums from across the country are also being sent to the team. The president-elect has said health care reform will be a priority in his first year in office.

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this puke makes me sicker than all hell.

On 12/31/08 at 07:40 AM, **mainefem** wrote:  
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On 12/31/08 at 07:54 AM, **Marrin** wrote:  
As a former worker in the health care system, 25+ years, I agree totally that until the insurance companies are forces to stop making

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