Originally Processed With FOIA(s):
S; 1999-0118-F

FOIA Number:
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Record Group/Collection: George H.W. Bush Presidential Records
Collection/Office of Origin: Speechwriting, White House Office of
Series: Speech File Backup Files
Subseries: Chron File, 1989-1993

OA/ID Number: 13813
Folder ID Number: 13813-009

Folder Title:
Coordinated Health Care Event 5/13/92 [OA 7573] [1]

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

May 4, 1992

MEMORANDUM

TO: Daniel Casse
Office of Cabinet Affairs
Tom Scully
Office of Management and Budget
Hanns Kuttner
Office of Policy Development

FROM: Alixe R. Glen 245-1850
Assistant Secretary for
Public Affairs

SUBJECT: Proposed Presidential Visit; Prudential Health Care Plan/Johns Hopkins Health System East Baltimore Medical Center; Wednesday, May 13, 1992 -- **PROPOSAL**

As follow-up to our discussion of last week regarding "Health Care Week" (May 11-15), I am forwarding background information on the Johns Hopkins/Prudential Insurance partnership and coordinated care program. As the fact sheet clearly indicates, the Hopkins model offers many benefits which are replacing the traditional fee-for-service system: coordinated, quality care; an emphasis on prevention; extra benefits not normally offered; and a means of lowering costs by convincing expectant mothers to receive adequate pre-natal care through their Better Beginnings program.

Low income expectant mothers are paid $10.00 in cash for each visit for pre-natal care and as long as they continue the program, and are showered with useful gifts and supplies when the baby is born. Further, mothers receive an additional $10.00 cash for every post-delivery visit and for each visit to a nutritionist, social worker, or health educator, or for attending smoking cessation classes. Additionally, the program is supplemented by home visits and "inspections" by a Hopkins/Prudential representative.

The Hopkins model unequivocally demonstrates the successful implementation of a number of items in the President's Comprehensive Health Reform Program and is hands-down the clearest representation of public/private partnership in this region. It is with this in mind that I highly recommend the President's participation in a tour and speech at the East Baltimore center on Wednesday, May 13, 1992.

05. 04. 92 12:47 PM P02

Along with the fact sheet, I am attaching a speech delivered by Barbara B. Hill of Prudential at a Health Care Financing Administration training session in April of this year. In her remarks, Ms. Hill provides a clear articulation of the goals of the program as well as some examples of the means by which Hopkins and Prudential work hand-in-hand to reach those goals (community involvement: health fairs, food drives, school partnerships, etc.).

2 Attachments: Fact Sheet
Speech by Barbara Hill

Proposed Presidential Visit
Prudential Health Care Plan/Johns Hopkins Health System

I. Public/Private Partnership in Coordinated Care

In nearby Baltimore, low-income Medicaid recipients and middle-income families receive top quality, cost-effective health care side-by-side, thanks to a partnership between the one of the world's foremost medical institutions, the nation's largest insurance company, and the State. The innovative HMO relationship between Prudential Health Care Plan and the Johns Hopkins Health System supports the President's contention that the health care and insurance industries can meet the challenge of controlling health care costs.

The visit is an opportunity for the President to emphasize his commitment: to affordable health care by visiting a community-based HMO; to quality by addressing the staff at a top medical institution.

II. The Settings: East Baltimore Medical Center and the Johns Hopkins Hospital

- At EBMC, President Bush will visit a modern medical center in Baltimore's poorest neighborhood.
  - Most of EMBC's patients are members of Prudential Health Care Plan; 66% are Medicaid recipients, 33% obtain insurance through their employers. But in the waiting room, you can't tell the difference between the two groups -- they are treated with identical care.
  - The Plan offers both members a host of preventive health care services: nutrition programs, smoking cessation classes, and a unique program that incents expectant mothers to get prenatal care -- improving the quality of life for them and their children and saving the health care system unnecessary expenditures.
  - Although the Plan saves the members, the employers and the government money, the care is first rate -- provided by doctors of the prestigious Hopkins Health System.
- At Hopkins, President Bush will address internationally-recognized leaders in the medical profession. Not only is Hopkins, high on a hill above Baltimore, at the summit of medical excellence, but it daily faces the challenge of serving the city's (and the world's) richest and poorest citizens.

III. Background: A History of Coordinated Care

- For all its eminence, Hopkins was concerned about the community at its doorstep. It founded the Hopkins Health Plan in 1984. EBMC was its first home, serving just 4,000 Medicaid members.
- The Plan grew to more than 120,000 commercial and Medicaid members -- placing it in the top 15% of HMOs nationwide. It is the largest and fastest growing Medicaid HMO in Maryland.
- The Plan was sold to The Prudential in May, 1991, becoming the insurance company's second largest HMO. The close relationship with Hopkins continues. The Plan embodies Prudential's nation-wide commitment to managed care.

IV. Possible Agenda/Itinerary

- At EBMC, the President could visit with patients receiving care in pediatrics, obstetrics, dentistry, and adult medicine; attend classes in smoking cessation, prenatal care, weight control, and parenting; and discuss with providers the challenges of meeting the needs of such a diverse population.
- Eight blocks away, at the Johns Hopkins Hospital, the President could speak about his health care reform package to an auditorium of supportive medical staff and community leaders.

HCFA Training Session

Remarks by Barbara B. Hill

April 28, 1992

The head of a major hospital was traveling in Europe when his secretary faxed him a note. "Your cat is dead," it said simply. He called her back to complain. "You know I loved that cat," he scolded. "You should have broken the news to me more gently. First, you should have said, 'your cat is on the roof.' Then, you could have said, 'your cat has fallen off the roof.' Finally, you could have said, 'your cat is dead.' That way, I would have had a chance to get used to it."

Two weeks later, he got another fax from his secretary. It said: "Your mother is on the roof."

Ladies and gentlemen, I'm here today to tell you that traditional, fee-for-service care for Medicaid recipients is "on the roof." Inevitably, it will be replaced by high quality, more efficient managed care programs like HMOs. Today, I would like to explain why I think that's true, what managed care programs have to offer Medicaid recipients, and some obstacles that still block the path to growth for managed care for Medicaid.

Why should we encourage managed care programs across the country? For the same reasons that businesses, governments and non-profit organizations everywhere are embracing HMOs as never before. Managed care offers so many benefits:

- **Coordinated, quality care.** If any group of citizens needs coordinated, quality care, it is the poorest among us. Not only do they tend to be less healthy than the general population, but under the current system, their health care is

likely to be the most sporadic. A personal, primary care physician, advising a recipient about his or her care, can be a powerful force for a healthier, happier life.

- **Emphasis on prevention.** HMOs emphasize the "pay-me-now-or-pay-me-later" philosophy of prevention. In health care, an ounce of prevention can be worth a ton of cure. Prenatal care, for example, pays for itself within a year.
- **Extra benefits.** In some areas, HMO membership brings extra benefits. For example, in Baltimore we offer adults free dental care.
- **Lower cost.** Because of the first three benefits, and because the care is managed carefully, HMOs offer HCFA and the states the best opportunity for controlling spiraling health care costs.

If managed care is so great, why doesn't everyone want it? I believe there are three main reasons:

- **Choice.** We live in the land of the free and the home of the brave. Therefore, we make the assumption that if we have our free choice of any doctor, we will choose the best one for our care. It's a good thing we are brave, because often, there is very little reason to believe that assumption will come true. Consider this fact: 50% of the doctors in the United States finished in the bottom half of their medical school classes.
- **Bad habits.** As Americans, we consume medical care the same way we consume almost everything else: more is better. If one pill will make me better, 10 pills will make me feel great. If one test shows I'm okay, better do

05. 04. 92 12:47 PM P07

five more -- just to make sure. If I have a sore throat or sprained ankle, well, golly, it's an emergency to me -- and I'm off to the emergency room.

- **Ignorance of managed care.** Years of experience with Medicaid have trained recipients to expect only one system of care. They are used to going to emergency rooms -- whether the care is good or bad -- whenever they choose to, and for free. The ERs have become their family doctor. Just like any other Americans, they mistrust any change -- especially one that requires they take on more responsibility -- in this case, to contact their primary care physician to arrange their care.

  That same ignorance and mistrust all too often extends to the workers who help recipients. Those workers don't fully understand managed care either, so feel more comfortable giving advice and guidance about something they know well -- traditional fee-for-service programs.

However, we have learned one important fact in the years we have been serving Medicaid recipients. Often, if they try managed care, they like it. So, I would like to share with you our experiences in introducing them to managed care.

First, a bit about the Prudential Health Care Plan. We were founded in 1984 as the Johns Hopkins Health Plan, a small community-based HMO sponsored by the prestigious Johns Hopkins Hospital. We were Hopkins' outreach into the low-income community that surrounded its hospital, so we have always served Medicaid recipients.

Today, we have the largest and fastest growing Medicaid HMO program in Maryland. The 60,000 recipients in Maryland who are in HMOs are our members. More than half of

05. 04. 92 12:47 PM P08

our 125,000 members are Medicaid recipients. Medicaid is important to us.

What are the secrets of our growth? There are four:

- **We provide quality medical care.**
- **We offer outstanding services -- tailored to the communities' needs.**
- **We focus a lot of time and effort on education.**
- **We are very active in the communities we serve.**

Maintaining and expanding those efforts are our greatest challenges. With every challenge we in the industry face, there is a parallel challenge for you at HCFA.

Let's look at each of these reasons for growth and challenges more closely:

Quality Medical Care. Our relationship with the world-famous Johns Hopkins Hospital has always distinguished us as one of the premier HMOs in Maryland. That relationship continues under Prudential. And all of our primary care physicians and specialists must meet Prudential's stringent credentialling standards.

Yet even though we admit many of our Medicaid members to Hopkins, our members can expect to receive most of their care in our medical offices -- right in their own communities. We know that transportation can be an obstacle for our Medicaid members. So we offer them comprehensive care, including a wide range of specialty services, in each medical office. It's convenient, one-stop shopping for medical care -- and it increases the odds that our members will get all the care they need.

HCFA also faces the challenge of assuring quality medical care. We know that you and the states need to know that Medicaid recipients are receiving the right care the right way. In most states, there are no quality audits on the fee-for-service side. We've all read

05. 04. 92 12:47 PM P09

about "Medicaid Mills." And on the managed care side, the current method of assuring quality audits by state contracted PROs is costly, burdensome, and yields results that often cannot be compared on a state-to-state basis. And the standards required for Medicaid are different -- not better or worse, but just different -- than the standards most employers require for their employees we care for. So we're asking our doctors not to treat everyone the same, but to practice one way for Medicaid and a different way for everyone else.

Fortunately, there is a simple and cost-effective solution to this problem. Just as HCFA accepts JCAHO accreditation to ensure hospital quality for Medicare, we should accept accreditation by the National Committee for Quality Assurance to ensure HMO quality. NCQA is relatively new and not all HMOs (including my own) have had an opportunity to complete the long and arduous accreditation process. But NCQA offers the promise of a comprehensive, cost-effective approach to assuring HMO quality nationwide.

Services tailored to the communities' needs. Because we are active in our communities, we know their needs. We know, for example, the tremendous need for prenatal care among low-income expectant mothers. We know that prenatal care will mean healthier lives for them and for their babies. We know the tremendous personal and public cost they and all of us must bear when prenatal care is neglected.

By its very nature, however, traditional approaches to health care are not particularly effective in addressing this need. And the Medicaid population has shown a poor understanding of the need for prenatal care.

So, several years ago, we created our Better Beginnings program which pays, that's right, pays cash to mothers who come in for prenatal care. We not only give them $10 for

05. 04. 92 12:47 PM P10

each visit, but we also shower them with useful gifts when their babies are born -- if they stick with the prenatal care program. We'll even pay them $10 for seeing our nutritionist, a social worker, or health educator or if she attends a smoking cessation class.

The result? An enormous increase in our prenatal visits and a reduction in our Neonatal Intensive Care Unit babies. In other words, a better beginning for a lot of kids.

That's just one example of the creative approaches managed care makes possible.

We also know, for example, that dental care is one of the most neglected forms of preventive care in the low-income community. Under the traditional Medicaid programs in Maryland, dental care is not covered for adults. But we want to demonstrate to the Medicaid population the added value of managed care. So we cover, at no cost to the member, routine dental care for all our members -- adults and children. We believe that good dental health is closely linked to good overall health.

Our emphasis on preventive care and managed care allows us to offer these free extra benefits -- and all the mandated benefits -- and to do so at a lower cost to the taxpayer.

It's great service.

Across the country, each state wrestles with the challenge of how to determine rates that fairly compensate HMOs for the many services they offer. The requirement from HCFA? That the states pay a rate which does not exceed "fee-for-service equivalent." Most states pay a percentage of that equivalent -- 90-95% is normal -- so the states save right off the top. The trouble is in computing that it's equivalent. Clearly, the states need help. As you can imagine, access to actuarial resources varies widely from state to state. That's

05. 04. 92 12:47 PM P11

another way of saying that at least some states are probably setting the wrong rates. HCFA could offer expertise that could save both the states and the Federal government significant sums in rate design.

Education. No one is born with an understanding of managed care. One of our biggest challenges is educating Medicaid recipients on how an HMO works.

At the Plan, our educational process begins with our sales force. All of our representatives go through an intensive five-week training course, which includes both classroom and field experience. But it doesn't stop there. We do constant in-service refresher courses -- complete with "pop quizzes" to make sure they "know their stuff."

Our approach to educating members begins with an initial call by one of our representatives. At the call, the rep explains in detail how the Plan works. He uses materials we have designed to make it easy for potential members to understand -- even those who have difficulty reading.

Then we personally deliver the member's card. At this visit, a service representative again explains how the plan works and goes over an information packet with the member. The materials are easy to read and they feature a phone number members can call if they have any questions.

Then, a few weeks later, we call each member to make sure they understand the Plan and are satisfied with it. In short, we take educating our members very, very seriously.

Ironically, despite the benefits of educating Medicaid recipients about managed care, many states impose restrictions and limit HMOs' opportunities to contact members. Often, these restrictions push marketing into the street - where its difficult to control and monitor.

05. 04. 92 12:47 PM P12

The challenge for HCFA is to set a tone that counters local pressure to frustrate the progress of HMOs. There are many who profit from the current inefficiencies in the Medicaid system. It is difficult for the states to counter the pressure these individuals and groups can bring to bear. However, if HCFA steps forward to encourage the growth of managed care, both recipients and taxpayers will benefit.

Community involvement. Unlike many traditional providers, we at Prudential Health Care Plan are intensely involved in our communities:

- We do several **community health fairs** on a regular basis. These fairs bring health education -- and a lot of fun -- right into Baltimore neighborhoods. The events usually draw hundreds of people. The children come for balloons and face painting; the adults come for cholesterol and blood pressure screening.
- Every December, we sponsor a major **food drive** to ensure that our neediest member families will have plenty to eat at Christmas. Both the plan itself and our commercial client companies contribute food and money. Our employees deliver the food personally.

We are most proud, however, of our work with children:

- Every year, we sponsor a city-wide **poster and essay contest** on Martin Luther King for public school fifth graders.
- We also do an annual program for city high school students that focuses on **successful black leaders in the professions.**
- We have an on-going **partnership** with a nearby city grammar school. Students visit the Plan regularly and our employees visit the school. We describe the

05. 04. 92 12:47 PM P13

kinds of jobs at the plan and even help tutor the children.

Why? First, because we believe that self-esteem is an important part of mental health. Second, we want these children to look forward to lives where their health insurance is provided by their employers -- not the state and federal governments.

For us, this reflects the philosophy at the heart of managed care. We care about each of our members -- today and tomorrow.

Once, there was a country pastor who was dedicated to his church. One day there was a terrible flood and, as the waters rose higher, rescuers came by in a boat to pick him up.

"I'm sticking with the church," he said.

A few hours later, as the flood rose higher, another group of rescuers in a boat pleaded with him to leave.

"I'm sticking with the church," he said.

Finally, the waters had risen so high he was trapped in the steeple. A helicopter came by to lift him off. But, he replied stubbornly, "I'm sticking with the church."

Of course, he drowned. When he got to heaven, he went to God to complain: "Why did you let me die? I stuck with the church."

"I sent two boats and a helicopter," God replied. "What did you want, a miracle?"

Ladies and gentlemen, there is no point in waiting for a miracle to solve the difficult problem of providing high quality care to the poor while controlling costs. I hope you'll work with HMOs across the country to bring managed care to those among us who need it most.

Thank you.

05. 04. 92 12:47 PM P14

Prudential Health Care Plan

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HOLD FOR RELEASE
May 13, 1992

For More Information Contact
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PRESIDENTIAL VISIT ON MANAGED HEALTH CARE

FACT SHEET

Paul Laurence Dunbar High School

Because the East Baltimore Medical Center has no auditorium, the White House chose Dunbar High School, the nearest large auditorium, for the President's speech on health care.

The school was an excellent choice: not only does it have a spacious 750 seat auditorium, but it is Baltimore City's "magnet school" for students pursuing careers in health care.

Only a few blocks from the Johns Hopkins Hospital, Dunbar offers its students a unique cooperative health studies program with the Johns Hopkins Medical Institutions. Top Dunbar students in the program take advanced courses at Dunbar, attend lectures at Hopkins, and undergo an intensive summer course at Hopkins University to boost their science, math and English skills.

Upon graduation from the program, students are guaranteed admission to Hopkins University if they meet the admission requirements.

'92 undefeated for '92

Dunbar is best known as a powerful basketball dynasty. Ranked Number One nationally in USA Today's poll of top high school teams, Dunbar (29-0) has fielded championship teams for many years. USA Today also selected the team's coach, Pete Pompey, as Coach of the Year on the strength of his two-year, 52-game winning streak.

'91-92

* 1 out of Dunbar's student body, what is the exact no. of students enrolled in the health studies program? Out of that number, how many students have been accepted into Hopkins University upon graduation from the program.

(Hinchliffe/Gershowitz)
May 11, 1992 2 p.m.
BALTIMORE Draft Two

PRESIDENTIAL REMARKS: COORDINATED HEALTH CARE EVENT
WEDNESDAY MAY 13, 1992
BALTIMORE, MARYLAND

[ACKNOWLEDGEMENTS] I've just had the chance to spend some time four blocks from here, in the East Baltimore Medical Center. Most impressive -- a terrific example the rest of the country can follow. It's based on a special kind of public/private partnership -- the kind I've been advocating -- in this case among Johns Hopkins (Medical Institution); The Prudential, a private insurance company; the state of Maryland; and the federal government (Medicaid). This problem-solving partnership heralds the future of health care in this country.

Thanks to this partnership, EBMC is the largest and fastest growing Medicaid HMO in Maryland. It was there, eight ('84) years ago, that Hopkins developed the concept of a Medicaid HMO. It's great to see EBMC's success, because it proves what I strongly believe: that health care and insurance industries **can** meet the challenge of controlling health care costs (stop) while providing the finest quality service. I congratulate you -- for while this HMO saves members, employers and government money, health care remains first-rate.

The key to EBMC's success, especially for Medicaid patients, is that **coordinated health care makes creative approaches possible**. It provides coordinated, quality care at a lower cost, while emphasizing prevention and extra benefits, like EBMC's free dental work and great pre-natal care in the Better Beginnings Program. It's just plain commonsense -- we're better off keeping

people healthy rather than treating them after they're sick. Preventive medicine improves the quality of life for patients -- and saves the health care system unnecessary expenditures.

Coordinated care works for all Americans, because it changes the incentives. It's especially important for Medicaid recipients, because of the difficulties they face in receiving care. It helps ensure they're given care when they need it, where they need it, and in a cost-effective way. **EBMC proves that this kind of care is a viable alternative to the fee-for-service system.**

I'm excited to see so many pieces of my Comprehensive Health Reform Program already successfully at work at EBMC. I introduced this plan February 6, to address the twin challenges of **expanding access** and **containing cost** -- while building on the strengths of our present health care system. I was determined to treat the root causes of our problems -- not just the symptoms. I think the medical professionals here can understand that. Above all, my plan is inspired by the words of ~~British doctor Sir~~ PHYSICIAN Frederick Banting: "You must begin with an ideal and end with an ideal."

I'm appalled to think that in the greatest, most technologically advanced nation on the face of the earth, one out of seven Americans has no health insurance. **That is a disgrace and we must not tolerate it.** What we must do is clear -- **We must guarantee every American access to affordable health insurance.**

In this election year, it seems like everyone's got their own prescription for health care. Yes, people want quality care they can afford and rely on. **But we don't need to put government**

between patients and their doctors. We don't need to build a new federal bureaucracy. We need commonsense, comprehensive health care reform -- and we need it now.

Sure, the other approaches can sound great, but what do you really get? National Health Insurance means long lines, long waiting lists and **lower quality care**. The idea for cost control is flat out "price fixing" -- an idea we know won't work. Some point to Canada: what they don't know, or just don't say, is that Canada's health inflation now outpaces ours. Others point to Medicare, which adopts set prices for many seniors' health services. But Medicare inflation far outstripped private health care inflation in the 70s and 80s and is still growing at 12% a year. Cost containment is not its strong suit. Price fixing by Congress has never worked before -- **and it never will**.

The so-called Play or Pay approach is equally unsound. Even many proponents admit it will "melt down" into National Health Insurance within a few years. And it does nothing to address the underlying flaws of the health care system or change the dynamics of the way health care is delivered -- except to, once again, fix prices. It's a package full of empty promises. For those of us who still think capitalism is a good idea; for those of us who think markets and competition are what this country is built on and stands for; for those of us who think competition breeds quality and efficiency: I proposed my Comprehensive Reform Plan.

True, the health market hasn't always worked well. Most people are insured, and therefore insulated against the

skyrocketing costs of health care. Millions of others are uninsured and must be covered. But we haven't done anything to reform private health care since WWII. We must make people more aware of the costs and varying quality of care, so that they'll be better consumers.

But there will always be a limit to how cost-sensitive we can make individuals. When a kid falls off a bike and cracks his head, not many parents question the cost of a CAT scan or an MRI before given: their kid's health is too precious to bargain over.

So the competitive answer must be to group our consumers together. We must combine employers, who often pay the bills, and individuals into large, educated, informed purchasing groups that can drive efficiencies back into the health care system. These purchasing groups, or Health Insurance Networks, will pool this information, will pool risk, and will pool consumer purchasing power: to make the system more responsive to consumer demand.

My plan will dramatically reform our market-based system. It will put quality care within the reach of every American family. It will preserve choice. It will keep costs down and access up.

Part one of my plan says we'll cut the runaway costs of health care by making the system **more efficient**. We'll call for innovative approaches -- like the one we see right here in East Baltimore. **Part two** of my plan says we'll **wring out waste and excess** by reforming the system. **Part three** says we'll **control federal growth**: since health care is the fastest growing part of the federal budget.

And part four of my plan says we'll make health care more accessible by making it **more affordable**. We'll provide up to $3750 in health insurance credit or deductions for low- and middle-income families and guarantee access to all low-income Americans. These credits, combined with market reforms, will bring health insurance to almost 30 million uninsured Americans.

Maryland is already getting on board this voucher approach with bipartisan legislation. State Rep. Casper Taylor, with the support of Blue Cross/Blue Shield of Maryland, outlined a $3600 standard health package to cover all low-income Marylanders through tax credits. The Maryland "Consumer Choice" plan passed the Maryland House a few weeks ago 134-0. This is the type of state reform my plan encourages: under it, Maryland would have much of the flexibility needed to make this reform a reality.

Since we unveiled our reforms three months ago, we've moved ahead with our proposals, following through step by step on everything we outlined in that historic plan. What's most important is that we've put together a health care legislative package -- and we can start to move **now**.

And now is the time to see if Congress is really interested in passing useful legislation. We've submitted a great plan. It will lift the hearts and ease the pain of literally millions of Americans who today are sick and scared. Congress must move **now**.

Even if differences in Congress prevent passing my comprehensive package this partisan election year, there are steps we must take. Part of my plan entails significant reform of the

insurance markets, for which there is strong bipartisan support. Senator Bentsen and Chairman Rostenkowski have proposed very similar reforms that can, and should, be passed immediately. These reforms will go a long way toward curing the inequities in cost and coverage under existing health insurance practices.

And there's another bipartisan reform package, proposed by Senators Durenberger and Moynihan, that's consistent with my plan and would promote much greater use of coordinated care in Medicaid. As those at EMBC know -- **this works**. We must make it easier for the rest of the country to follow your road to better health care. We must work together now to pass these reforms that will provide millions of Americans with affordable health coverage -- and get a leg up on comprehensive reform.

Our plan does everything the government can and should do to ensure the quality of life of each citizen of this great land. It doesn't promise the moon -- it does something more important. It promises the future. Reform is never easy, but in health care it's a **must**. We'll deliver what we say we can -- competition-driven, market-based reform -- and we'll deliver it proudly. I will continue to push for it. We must get started today.

Thank you for all you do -- and for the brilliant example EBMC provides for this nation. May God bless you all.

# # # #

COORDINATED HEALTH CARE EVENT \ BALTIMORE, MARYLAND
WEDNESDAY, MAY 13, 1992 \ 3:15 P.M.

THANKS, DR. [ROBERT] HEYSSEL [HI-SIL]. I UNDERSTAND YOU'LL RETIRE IN A FEW WEEKS AS CEO OF JOHNS HOPKINS HEALTH SYSTEM, AFTER 20 YEARS OF BUILDING BRIDGES WITH THIS COMMUNITY. YOU'LL LEAVE A GREAT LEGACY -- THAT NEW OUTPATIENT CLINIC WHICH BEARS YOUR NAME AND OPENS FOR BUSINESS NEXT MONDAY. WE ALSO HAVE WITH US TODAY HHS SECRETARY SULLIVAN, CONGRESSMAN CARDIN, AND GOVERNOR SCHAEFER.

WE ALSO HAVE WITH US TODAY MEMBERS OF THE BALTIMORE CITY COUNCIL AND THE MARYLAND LEGISLATURE. AND I'M GLAD TO SEE ROBERT WINTERS, CEO OF THE PRUDENTIAL, WHO'S MET WITH ME AT THE WHITE HOUSE TO DISCUSS THE FUTURE OF HEALTH CARE.

I'M VERY GLAD TO BE HERE AT DUNBAR HIGH, HOME OF THE DUNBAR POETS. WITH THEIR UNBEATEN STREAK -- MAYBE PETE POMPEY [POM-PĀ] SHOULD BECOME MY ADVISOR.

I WAS INTERESTED TO HEAR ABOUT YOUR SCHOOL'S COOPERATIVE HEALTH STUDIES PROGRAM WITH JOHNS HOPKINS -- WHICH IS NOT ONLY ON A SUMMIT IN BALTIMORE, BUT IS AT THE SUMMIT OF MEDICAL EXCELLENCE. IT'S TERRIFIC THAT NEARLY 20% OF DUNBAR'S STUDENT BODY IS INVOLVED IN THIS HEALTH STUDIES PROGRAM. I ALSO WANT TO RECOGNIZE ANOTHER INSTITUTION THAT CALLS DUNBAR HOME -- SOJOURNER-DOUGLASS COLLEGE, FOR ITS STRONG COMMITMENT TO THE BALTIMORE COMMUNITY.

BEFORE I GO FARTHER, I WANT TO TOUCH ON AN ISSUE THAT I KNOW INTERESTS EVERYONE CONCERNED ABOUT CONDITIONS IN AMERICA'S INNER CITIES -- AND ESPECIALLY IN LOS ANGELES. IN ADDITION TO FEMA AND SBA ASSISTANCE, THE FEDERAL HOME LOAN BANK SYSTEM WILL MAKE AVAILABLE $600 MILLION DOLLARS -- TO FINANCE THE REBUILDING OF HOUSING AND BUSINESSES IN LOS ANGELES.

THESE LOANS -- MADE THROUGH THE COMMUNITY INVESTMENT PROGRAMS -- ARE GOOD NEWS FOR THE PEOPLE WHO LOST HOMES AND JOBS AS WELL AS THE OWNERS WHO LOST BUSINESSES DUE TO THE UNREST, AND IT'S ONE WAY WE CAN UNDERSCORE THE FACT THAT WE ARE SERIOUS ABOUT HELPING LOS ANGELES RECOVER.

BEYOND OUR URGENT EMERGENCY AID, WE'VE GOT TO TAKE ACTION TO BRING HOPE AND OPPORTUNITY TO LOS ANGELES -- AND TO ALL AMERICAN CITIES.

YESTERDAY, I CALLED CONGRESSIONAL LEADERS TO THE WHITE HOUSE -- REPUBLICAN AND DEMOCRAT. I OUTLINED MY 6-POINT PLAN FOR A NEW AMERICA: OUR WEED AND SEED ANTI-CRIME INITIATIVE. OUR HOPE HOUSING INITIATIVE. ENTERPRISE ZONES. EDUCATION REFORM, WELFARE REFORM -- AND A STRONG JOBS PROGRAM FOR CITY YOUTH. I AM PLEASED WITH THE EARLY REACTION TO MY PLAN. IT'S A PROMISING START -- AND WE'LL PUSH AHEAD. //

NOW, TO THE REASON THAT'S BROUGHT US ALL TOGETHER: I'VE JUST HAD THE CHANCE TO SPEND SOME TIME FOUR BLOCKS FROM HERE, IN THE EAST BALTIMORE MEDICAL CENTER -- A TERRIFIC EXAMPLE THE REST OF THE COUNTRY CAN FOLLOW. IT'S BASED ON A SPECIAL KIND OF PUBLIC\PRIVATE PARTNERSHIP -- THE KIND I'VE BEEN ADVOCATING -- IN THIS CASE AMONG JOHN HOPKINS; THE PRUDENTIAL INSURANCE COMPANY; THE STATE OF MARYLAND; AND THE FEDERAL GOVERNMENT.

THIS PROBLEM-SOLVING PARTNERSHIP ADVANCES <u>COORDINATED CARE</u> -- THE FUTURE OF HEALTH CARE IN THIS COUNTRY. \\

THANKS TO THIS PARTNERSHIP, THIS IS THE LARGEST AND FASTEST GROWING MEDICAID HMO IN MARYLAND. IT WAS THERE, EIGHT YEARS AGO, THAT HOPKINS HELPED PIONEER THE CONCEPT OF A MEDICAID HMO. IT'S GREAT TO SEE EBMC'S SUCCESS, BECAUSE IT PROVES WHAT I STRONGLY BELIEVE -- THAT WE <u>CAN</u> MEET THE CHALLENGE OF CONTROLLING HEALTH CARE COSTS WHILE PROVIDING THE FINEST QUALITY SERVICE.

I CONGRATULATE YOU -- FOR WHILE THIS HMO SAVES MEMBERS, EMPLOYERS AND GOVERNMENT MONEY, HEALTH CARE REMAINS FIRST-RATE. \\

THE KEY TO THIS CENTER'S SUCCESS, ESPECIALLY FOR MEDICAID PATIENTS, IS THAT COORDINATED HEALTH CARE MAKES CREATIVE APPROACHES POSSIBLE. IT PROVIDES QUALITY CARE AT A LOWER COST, WITH AN EMPHASIS ON PREVENTION.

IT'S JUST PLAIN COMMON SENSE -- WE'RE BETTER OFF KEEPING PEOPLE HEALTHY RATHER THAN TREATING THEM AFTER THEY'RE SICK. JUST MONDAY, SECRETARY SULLIVAN AND I MET WITH SOME LEADERS OF OUR EFFORT TO IMPROVE INFANT HEALTH AND IMMUNIZATION. THERE'S NOTHING THAT MAKES THE CASE FOR COORDINATED CARE LIKE SEEING HEALTHY KIDS. PREVENTIVE MEDICINE IMPROVES THE QUALITY OF LIFE FOR PATIENTS -- AND SAVES UNNECESSARY EXPENDITURES.

COORDINATED CARE CAN WORK FOR ALL AMERICANS. BUT IT'S ESPECIALLY IMPORTANT FOR MEDICAID RECIPIENTS. IT ENSURES THEY GET CARE WHEN THEY NEED IT, WHERE THEY NEED IT, IN A COST-EFFECTIVE WAY. EBMC PROVES THIS IS A VIABLE ALTERNATIVE TO THE OPPOSITE OF COORDINATED CARE -- THE FEE-FOR-SERVICE SYSTEM. \\\

IT ALSO MEANS BETTER CARE FOR A KID WHO STEPS ON A RUSTY NAIL ON ORLEANS STREET. BEFORE BELONGING TO A COORDINATED CARE CENTER, HE WOULD HAVE GONE TO HOPKINS' E.R.

THEY'D BE SEEING HIM FOR THE FIRST TIME, SO THEY WOULDN'T KNOW IF HE'D HAD A TETANUS SHOT, OR IF HE WERE ALLERGIC TO PENICILLIN. THEY'D HAVE TO SPEND TIME AND MONEY DOING UNNECESSARY TESTS AND DOUBLE-TREATMENT. BUT NOW WHEN HE SHOWS UP AT HIS CENTER'S URGENT CARE UNIT, THEY JUST CHECK HIS HISTORY AND TREAT HIM -- FASTER AND AT A FRACTION OF THE COST.\\\

I'M EXCITED TO SEE SO MANY PIECES OF MY COMPREHENSIVE HEALTH REFORM PROGRAM ALREADY SUCCESSFULLY AT WORK AT EBMC. I INTRODUCED THIS PLAN FEBRUARY 6 TO ADDRESS THE TWIN CHALLENGES OF EXPANDING ACCESS AND CONTAINING COST -- WHILE BUILDING ON THE STRENGTHS OF OUR PRESENT HEALTH CARE SYSTEM. I WAS DETERMINED TO TREAT THE ROOT CAUSES OF OUR PROBLEMS -- NOT JUST THE SYMPTOMS. ABOVE ALL, MY PLAN IS INSPIRED BY THE WORDS OF PHYSICIAN FREDERICK BANTING: "YOU MUST BEGIN WITH AN IDEAL AND END WITH AN IDEAL." \\

IN THE GREATEST, MOST TECHNOLOGICALLY ADVANCED NATION ON THE FACE OF THE EARTH, THERE IS NO REASON THAT ONE OUT OF SEVEN AMERICANS HAS NO HEALTH INSURANCE. WHAT WE MUST DO IS CLEAR -- WE MUST GUARANTEE EVERY AMERICAN ACCESS TO AFFORDABLE HEALTH INSURANCE.\\

IN THIS ELECTION YEAR, IT SEEMS LIKE EVERYONE'S GOT THEIR OWN PRESCRIPTION FOR HEALTH CARE. YES, PEOPLE WANT QUALITY CARE THEY CAN AFFORD AND RELY ON.

BUT WE DON'T NEED TO PUT GOVERNMENT BETWEEN PATIENTS AND THEIR DOCTORS. WE DON'T NEED TO BUILD A NEW FEDERAL BUREAUCRACY. WE NEED COMMONSENSE, COMPREHENSIVE HEALTH CARE REFORM -- AND WE NEED TO START NOW.

SURE, THE OTHER APPROACHES CAN SOUND GREAT, BUT WHAT DO YOU REALLY GET? NATIONAL HEALTH INSURANCE MEANS MORE TAXES, LONG LINES, LONG WAITING LISTS AND LOWER QUALITY CARE. THEIR IDEA FOR COST CONTROL IS FLAT OUT "PRICE FIXING" -- AN IDEA WE KNOW WON'T WORK.

LOOK AT MEDICARE, WHICH ADOPTS SET PRICES FOR MANY SENIORS' HEALTH SERVICES. BUT MEDICARE INFLATION FAR OUTSTRIPPED PRIVATE HEALTH CARE INFLATION IN THE 70S AND 80S AND IS STILL GROWING AT 12% A YEAR. COST CONTAINMENT IS NOT ITS STRONG SUIT. PRICE FIXING BY CONGRESS HAS NEVER WORKED BEFORE -- AND IT NEVER WILL.

THE SO-CALLED "PLAY OR PAY" APPROACH IS EQUALLY UNSOUND. EVEN MANY PROPONENTS ADMIT IT WILL "MELT DOWN" INTO NATIONAL HEALTH INSURANCE WITHIN A FEW YEARS.

IT DOES NOTHING TO ADDRESS THE COST PROBLEM, WHERE PATIENTS DON'T KNOW OR CARE HOW MUCH HEALTH CARE COSTS -- NOTHING, THAT IS, EXCEPT TO, ONCE AGAIN, FIX PRICES. IT'S A PACKAGE FULL OF EMPTY PROMISES.

MY COMPREHENSIVE REFORM PLAN IS BASED ON THESE COMMON SENSE PRINCIPLES: COMPETITION. CONSUMER CHOICE. QUALITY -- AND EFFICIENCY.

WHILE MOST PEOPLE IN THIS COUNTRY ARE PROVIDED THE HIGHEST QUALITY HEALTH CARE IN THE WORLD, MILLIONS OF OTHERS ARE UNINSURED AND MUST BE COVERED.

WE MUST MAKE PEOPLE AWARE OF THE COSTS AND VARYING QUALITY OF CARE, SO THEY'LL BE BETTER CONSUMERS. BUT THERE WILL ALWAYS BE A LIMIT TO HOW COST-SENSITIVE WE CAN MAKE PEOPLE. WHEN A KID FALLS OFF A BIKE AND CRACKS HIS HEAD, NOT MANY PARENTS QUESTION THE COST OF A CAT SCAN OR AN MRI: THEIR KID'S HEALTH IS TOO PRECIOUS TO BARGAIN OVER.

SO THE COMPETITIVE ANSWER MUST BE TO GROUP OUR CONSUMERS TOGETHER.

WE MUST COMBINE SMALL EMPLOYERS -- WHO OFTEN PAY THE BILLS -- AND INDIVIDUALS INTO LARGE, EDUCATED, INFORMED PURCHASING GROUPS THAT CAN DRIVE EFFICIENCIES BACK INTO THE HEALTH CARE SYSTEM. THESE HEALTH INSURANCE NETWORKS WILL POOL CONSUMER INFORMATION, WILL POOL RISK, AND WILL POOL PURCHASING POWER: TO MAKE THE SYSTEM MORE RESPONSIVE TO CONSUMER DEMAND. MY PLAN WILL DRAMATICALLY REFORM OUR MARKET-BASED SYSTEM. IT WILL ASSURE THAT QUALITY CARE IS WITHIN THE REACH OF EVERY AMERICAN FAMILY. IT WILL PRESERVE CHOICE.

IT WILL KEEP COSTS DOWN AND ACCESS UP.

FIRST, MY PLAN WILL CUT THE RUNAWAY COSTS OF HEALTH CARE BY MAKING THE SYSTEM MORE EFFICIENT. WE'LL CALL FOR INNOVATIVE APPROACHES LIKE THE ONE WE SEE HERE IN EAST BALTIMORE. SECOND, IT WILL WRING OUT WASTE AND EXCESS. THIRD, IT WILL CONTROL FEDERAL GROWTH, SINCE HEALTH CARE IS THE FASTEST GROWING PART OF THE FEDERAL BUDGET. FOURTH, MY PLAN WILL MAKE HEALTH CARE MORE ACCESSIBLE BY MAKING IT MORE AFFORDABLE.

WE'LL PROVIDE UP TO $3750 IN HEALTH INSURANCE CREDIT OR DEDUCTIONS FOR LOW- AND MIDDLE-INCOME FAMILIES AND GUARANTEE ACCESS TO INSURANCE FOR ALL LOW-INCOME AMERICANS. THESE CREDITS, COMBINED WITH MARKET REFORMS, WILL BRING HEALTH INSURANCE TO APPROXIMATELY 30 MILLION UNINSURED AMERICANS.

MARYLAND IS ALREADY GETTING ON BOARD THIS VOUCHER APPROACH WITH BIPARTISAN LEGISLATION.

THE MARYLAND STATE HOUSE HAS OUTLINED A STANDARD HEALTH PACKAGE TO COVER ALL LOW-INCOME MARYLANDERS THROUGH TAX CREDITS. A PROPOSAL TO IMPLEMENT THIS TAX CREDIT PLAN PASSED THE HOUSE A FEW WEEKS AGO AND IS BEING REVIEWED IN THE LEGISLATURE THIS YEAR. UNDER MY PLAN, THIS TYPE OF LOW-INCOME CREDIT WOULD BE AVAILABLE IN ALL STATES -- AND MARYLAND WOULD HAVE THE ABILITY AND FINANCIAL HELP IT NEEDS TO MAKE THIS REFORM A REALITY.

I'VE PROPOSED THE MOST COMPREHENSIVE HEALTH CARE PACKAGE ON THE TABLE. NOW IS THE TIME TO SEE IF CONGRESS IS INTERESTED IN REAL REFORM. MINE IS A PLAN THAT WILL FUNDAMENTALLY RESTRUCTURE HEALTH CARE IN AMERICA.

THERE ARE STEPS WE CAN AND MUST TAKE RIGHT NOW. PART OF MY PLAN ENTAILS SIGNIFICANT REFORM OF THE INSURANCE MARKETS, FOR WHICH THERE IS STRONG BIPARTISAN SUPPORT.

SENATOR BENTSEN, CHAIRMAN ROSTENKOWSKI, SENATE REPUBLICANS AND THE HOUSE REPUBLICAN TASK FORCE ALL SUPPORT VERY SIMILAR REFORMS THAT -- WITH SOME MODIFICATION -- CAN, AND SHOULD, BE PASSED IMMEDIATELY. CONGRESS MUST BEGIN TO MOVE NOW. EVEN IF ALL THEY DO THIS YEAR IS JUST PASS MY INSURANCE MARKET REFORM -- WE'LL AT LEAST GET A START ON CHANGING THE SYSTEM. THESE REFORMS WILL GO A LONG WAY TOWARD CURING THE INEQUITIES IN COST AND COVERAGE UNDER EXISTING HEALTH INSURANCE PRACTICES.

AND THERE'S ANOTHER BIPARTISAN REFORM PACKAGE, PROPOSED BY SENATORS DURENBERGER AND MOYNIHAN, THAT IS IN MOST RESPECTS CONSISTENT WITH MY PLAN AND WOULD PROMOTE MUCH GREATER USE OF COORDINATED CARE IN MEDICAID. EAST BALTIMORE KNOWS THIS WORKS. WE MUST MAKE IT EASIER FOR THE REST OF THE COUNTRY TO FOLLOW YOUR ROAD TO BETTER HEALTH CARE. IN FACT, AS PART OF MY PLAN FOR COMPREHENSIVE REFORM, I WANT TO MAKE COORDINATED CARE THE NORM, NOT THE EXCEPTION, FOR MEDICAID.

WE MUST WORK TOGETHER NOW TO PASS THESE REFORMS THAT WILL PROVIDE MILLIONS OF AMERICANS WITH AFFORDABLE HEALTH COVERAGE: AND GET A LEG UP ON COMPREHENSIVE REFORM.

OUR PLAN DOES EVERYTHING THE GOVERNMENT CAN AND SHOULD DO TO ENSURE THE QUALITY OF LIFE OF EACH CITIZEN OF THIS GREAT LAND. IT DOESN'T PROMISE THE MOON. IT DOES SOMETHING MORE IMPORTANT: IT PROMISES THE FUTURE. REFORM IS NEVER EASY, BUT IN HEALTH CARE IT'S A MUST.

WE'LL DELIVER WHAT WE SAY WE CAN -- COMPETITION-DRIVEN, MARKET-BASED REFORM -- AND WE'LL DELIVER IT PROUDLY. I'LL CONTINUE TO PUSH FOR IT. WE MUST GET STARTED TODAY.

THANK YOU FOR ALL YOU DO -- AND FOR THE BRILLIANT EXAMPLE EBMC PROVIDES FOR THIS NATION. MAY GOD BLESS YOU ALL.

# # # #





Prudential Health Care Plan

FACSIMILE COVER SHEET

Date: 5/13/92 Time: 11:15 A.M. P.M.

Pages _____ (Number includes this Cover Page)

TO: Gary Gershowitz FAX NO.: 202-456-6218

FROM: Greg Condracci

If you do not receive the aforementioned number of pages, please contact:

Holly Geppi at 410-554-7240. If you would like to Fax a response, use the Facsimile Telephone Number checked below:

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- ☐ (410) 554-7304 - 4th floor

Others:

- ☐ (301) 731-2812 - Landover
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Prudential Health Care Plan

Prudential Health Care Plan of the Mid-Atlantic
2800 N. Charles Street, Baltimore, MD 21218
301 554-7060 Fax: 301 554-7077

May 13, 1992

TO: Gary Gershowitz

FROM: Greg Conderacci Greg Conderacci/hg

RE: Acknowledgements

This is the final list of people the President should acknowledge:

Robert Winters
Secretary Sullivan
Governor Schaefer
Congressman Cardin
Robert Heyssel

and

Various members of the Baltimore City Council and
Maryland General Assembly.

There are no more acknowledgements.

456-6218

OFFICE OF
PRESIDENTIAL ADVANCE

COVER PAGE

TO: GARY HERSHOWITZ

FROM: ED GOWLING, BALTIMORE

TOTAL NUMBER OF PAGES: [redacted] 2
(including cover page)

DATE: 5/12/92

TIME: 8:30

MESSAGE:

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THE TRANSMISSION PLEASE CALL.

TELEPHONE NUMBER: _____

MEMORNDUM

TO: Gary Gershowitz

FROM: Ed Cowling EC Cowling
Presidential Advance, Baltimore

RE: Acknowledgements

DATE: May 12, 1992

The following are recommended acknowledgements for the President's speech at Dunbar.

Dr. Heyssel (pronounced Highsel), introducing The President
Robert M. Heyssel, President, Johns Hopkins Health System

Bob Winters
Robert C. Winters, Chairman and Chief Executive Officer,
The Prudential Insurance Company
(thank you for your invitation)

Governor Schaefer

Congressman Cardin

Members of the Maryland Legislature

Members of the Baltimore City Council

CAN Sardegna
Casper Taylor

ACKNOWLEDGEMENTS

(1) Bob Winters, Chairman and Chief Executive Officer of The Prudential Insurance company of America.

(2) Louis Sullivan, M. D., Secretary, Health and Human Services.

(3) William Donald Schaefer, Governor of Maryland

(4) Benjamin Cardin, Maryland Congressman

(5) Robert Heyssel, M. D., President and Chief Executive Officer of Johns Hopkins Health System. [PRONOUNCED: HI-SIL]

(6) Pete Pompey, Basketball Coach, Dunbar High School. [PRONOUNCED: POM-PA]

(7) Various members of the Baltimore City Council and the Maryland Legislature.

Prudential Health Care Plan

FACSIMILE COVER SHEET

Date: 5/11/92

Time: 4:40 A.M. / P.M.

Pages 1 (Number includes this Cover Page)

TO: Gary Gershowitz FAX NO.: 202-456-6218

FROM: Greg ConDracci

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Holly at 410-554-7240. If you would like to Fax a response, use the Facsimile Telephone Number checked below:

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Others:

- ☐ (301) 731-2812 - Landover
- ☐ (410) 554-7120 - Provider Relations (Seton Court)
- ☐ (410) 554-7221 - Commercial Marketing (Seton Court)
- ☐ other ( ) _____

Additional Comments:

Gary — 144 of 750 students at Dunbar are in the joint program with Hopkins. None were admitted to Hopkins this year. — G

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TO: Gary Gershowitz
202-456-6218 fax
-7750 office

This is to confirm that the President's tour of the East Baltimore Medical Center (5/13) will include:

1. Parenting Class
2. Blood Pressure Screening Demo.
3. Pediatric Exam Room
4. Nutrition Class

This is correct as of 4:30 pm, 5/11/92

Andrew Ganlikov
Presidential Advance

Prudential Health Care Plan

Prudential Health Care Plan of the Mid-Atlantic
2800 N. Charles Street, Baltimore, MD 21218
301 554-7060 Fax: 301 554-7077

TO: Gary Gershowitz, White House Office of Speechwriting-Research

FROM: Greg Conderacci, Vice President of Marketing, Prudential Health Care Plan

DATE: May 8, 1992

RE: President's Speech at East Baltimore Medical Plan

Here are some answers to your questions:

(1) <u>ANYTHING</u> interesting or note-worthy happening at the East Baltimore Medical Center (and/or Johns Hopkins Hospital) a day or two prior to the President's visit?

Only a few blocks from the East Baltimore Medical Center, Hopkins Hospital dedicated its Outpatient Center. This newest of Johns Hopkins' facilities will be receiving its first patients the Monday after the President's visit. It reflects Hopkins' commitment to providing more outpatient care -- a cost-effective alternative to hospital stays.

Prudential Health Care Plan will be sending many of both its Medicaid and Commercial members to the Outpatient Center when they need its special services. The members will come from the East Baltimore Medical Center as well as from its scores of other locations in Central Maryland.

East Baltimore Medical Center serves a community in inner city Baltimore; the Outpatient Center will serve patients from across Maryland -- and across the country. Both buildings are examples of how Prudential and Hopkins are working together in a "Rock Solid Partnership for Better Health."

(2) <u>PROVIDE</u> specific facts, details about how managed health care works at this center. As far as the East Baltimore Medical Center is concerned, what are the benefits of managed health care and how do you measure its success, as opposed to the traditional fee-for-service system?

The East Baltimore Medical Cer
in coordinated care that Presider
Partnership" features the HMO c
medical care provided by Johns
Federal Governments for Medic
employers for commercial memb

East Baltimore Medical Center (410) 522-9900
ENSEIMO:
PR man - Greg Conderacci 410-522-9815
(W) - (410) 554-7240
(Home) - (410) 889-1270
[Sending a one page fact sheet]
→ GConderacci FAX: 410-554-7440

Everybody wins.

First, the members benefit because they receive outstanding medical care. Not only do they get the care they need when they are sick, but they get the preventive care that helps keep them well. Medicaid members receive the care free; commercial members pay only a token amount when they visit the center. But both receive the same high quality care regardless.

Next, the governments benefit because the cost of managed care is far less than fee-for-service medicine. That's because HMOs have an incentive to use health care services wisely (as opposed to fee-for-service which encourages excess consumption). Of course, HMOs' emphasis on preventive care saves money, too. In health care, like anything else, it's often pay-me-now-or-pay-me-later.

Employers benefit, too, because managed care has been shown to hold down their health care cost increases. Premiums for HMOs are generally much lower than comparable traditional indemnity insurance.

Finally, we all benefit. Because governments and companies have to pass on the costs of health insurance, controlling health care costs can mean curbing the increases in taxes and prices for goods and services.

At EBMC, the President could see:

- **A nutrition class** for expectant mothers and mothers of young children. They will learn about the Federal WIC program, the Federal surplus program (butter, powdered milk, cheese, honey, etc.) and how to balance their diets.

- **A "Better Beginnings" class** for pregnant women, part of a program of prenatal care, health education and social work that has reduced hospital stays and costs associated with premature babies.

- **Children and their parents** being cared for by Hopkins medical staff credentialed by Prudential Health Care Plan. Most of the patients are Medicaid managed care recipients; the rest are members receiving managed care benefits through their employers. All are treated exactly the same.

- **An Urgent Care Unit** where Prudential Health Care Plan members in the community can been seen quickly -- and at lower cost than in a hospital emergency room.

(3) <u>WHERE</u> will the speech be -- How big is the room? Might there be an unusual piece of medical equipment or something that emphasizes the latest in medical technology that will be on stage or near the President, and that he can refer to during his speech?

Where the speech will be depends on the White House. There are at least four options:

- **EBMC itself.** If here, the crowd will probably be less than 100 persons, primarily the patients, physicians and other staff of the medical center. There isn't room for many more, unless the speech is moved outside into the parking lot.

- **Johns Hopkins Outpatient Center.** Mentioned above, the new center's lobby could probably seat about 400 persons. It could be used as an example of the new trend toward outpatient care. Close at hand would be rooms that provide a variety of services from testing to eye glasses.

- **Turner Auditorium.** The largest of Hopkins Hospital's auditoriums, this seats 750 in an amphitheater setting. We may be able to bring a piece of medical equipment onto the stage.

- **Dunbar High School Auditorium.** This predominately black inner-city high school is Johns Hopkins "adopted" school. The school offers a curriculum focused on the medical professions (the school also has a national reputation as a basketball powerhouse). The school's 850- seat auditorium and full stage make it an attractive alternative. We could probably find an interesting prop at the school to share the stage with the President.

(4) WHO will the President be addressing -- audience size, members of the audience -- who are they, what do they do?

The audience depends upon the site location.

- **EBMC.** Mostly physicians, staff and patients.

- **Turner, the Outpatient Center, and Dunbar.** We could easily arrange a combination of top physicians and medical staff, as well as business, political, and community leaders. At Dunbar, we would add teachers and students.

(5) WHO will introduce the President, and who should he acknowledge in his opening remarks -- what is that person(s) title? What individuals in the audience should the President acknowledge?

- **Robert C. Winters**, Chairman and Chief Executive Officer of The Prudential, would welcome the President to EBMC.

- **Robert M. Heyssel**, President of the Hopkins Health System, would introduce the President.

(6) PROVIDE an interesting anecdote(s), stories about the patients. Is there an interesting story from one of the physicians about a patient he/she treated? (Provide the name of the physician, NOT the patient.)

Here are three possible stories:

Elizabeth (not her real name) came to the center a few months ago. A thin, almost frail 13-year-old, she was already a few months pregnant. She had been ejected from her home by her mother and was living with her boyfriend, who used drugs. A smoker, she had received no pre-natal care.

Under normal circumstances, she could easily have delivered prematurely, quite possibly with permanent damage to her baby. The costs of such a birth, which would have been borne by the taxpayers, would have been staggering -- to say nothing of the cost of long-term care to her child.

Once at EBMC, however, things changed for the better. A Medicaid HMO member, she came with her girlfriend, who was also pregnant. She enrolled in the Plan's "Better Beginnings" program which focuses on pre-natal care and parent education. She took a smoking cessation class and quit cigarettes. She learned about proper nutrition and gained weight. The center's nurse midwife and other medical staff saw she got proper pre-natal care. A social worker, concerned that Elizabeth might adopt her boyfriend's drug habit, counseled her to leave him -- and she did. As a result, she carried her child to term and delivered a healthy baby boy. She still comes into the center for well baby care and parenting classes.

The staff at EBMC never likes to see children having children. One confided sadly that she went to visit Elizabeth in the hospital after she delivered -- and found her coloring and watching cartoons on the television.

Yet the staff can take real satisfaction in knowing that their efforts will probably mean a better, healthier, more productive life for both mother and child. And that means all of us benefit -- both socially and financially.

* * *

Diabetics, especially elderly diabetics, face special health challenges. Joyce, a nurse educator at EBMC, works with diabetics to help them stay healthy. She gives classes on life style, diet, exercise, and how to test blood sugar levels. When she noticed that those with failing eyesight had difficulty seeing the amount of insulin in their syringes, she put colored tape around them to make the dosages clearer. She even put colored dots on their insulin bottles and made a time chart with the same colored dots so they would know when to use each dose.

As a result, the Plan has noticed a marked decline in the number of diabetics at EBMC who require hospitalization.

* * *

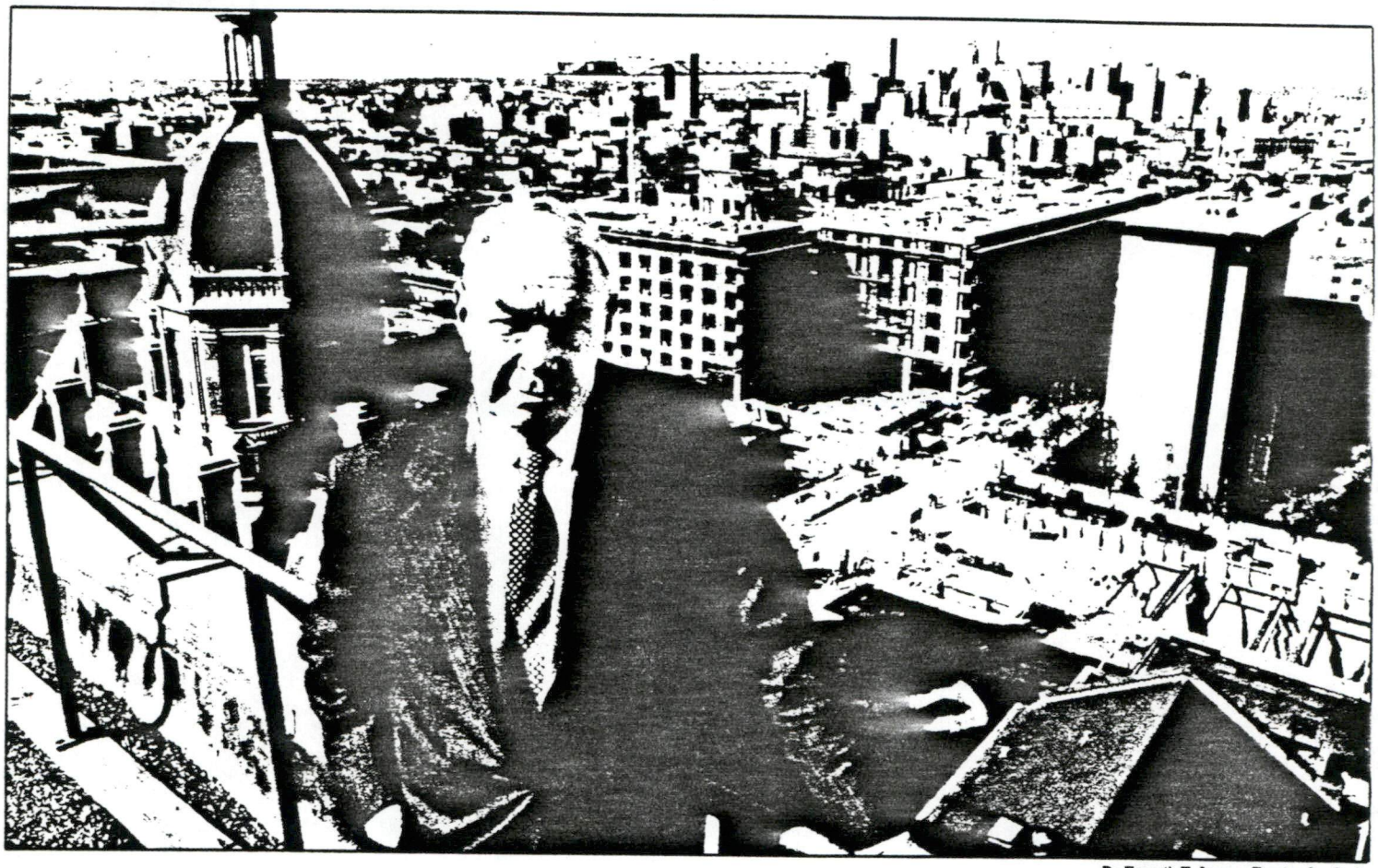
Urgent care provided in the community, as opposed to emergency room care in the hospital, is far less expensive. Often, it means quicker care for sicknesses and accidents that aren't life threatening.

Springtime is wonderful -- unless you're an asthmatic. Blossoms, like those all around Baltimore now, bring a high pollen count and that means EBMC's Urgent Care Center treats many asthmatics who are having difficulty breathing. Usually, those most affected are the very old and the very young.

At EBMC, skilled medical staff is frequently able to get oxygen and medicine to asthmatics suffering from breathing problems faster than in Johns Hopkins' busy emergency room only a few blocks away -- and at a fraction of the cost.

Retires July 1 after 20 years at helm of Hopkins Hospital. New Hopkins Outpatient Center is in Heyssel Bldg.

THE EVENING SUN APR 29 1991



By Kenneth K. Lam — Evening Sun Staff

ROBERT HEYSSEL: "So we're going to do what we think we know how to do best, which is as a provider of medical care across a broad spectrum . . ."

Hopkins thinks Prudential link boosts health care

One on One is a weekly feature offering excerpts of interviews conducted by The Evening Sun with newsworthy business leaders. Robert M. Heyssel, M.D., is president and chief executive officer of Johns Hopkins Health System.

One on one

Q. There have been recent reports about Johns Hopkins selling its health maintenance operations to Prudential Insurance and also about the closing of the North Charles and Homewood operations. Is this a move toward retrenchment for Hopkins from its previous expansion plans of the 1970s and 1980s?

A. Let me speak to those two things separately.

With regard to the decision to sell the insurance underwriting membership portion of the Johns Hopkins Health Plan to Prudential, that was a decision taken almost a year ago — if we could find the appropriate buyer that we could have a long-term relationship with.

Based on where the insurance markets were going in the '90s, a single, small regional player was going to have more and more difficulty competing against large, nationally based insurers. Employers wanted to be able to offer, through one company, a string of insurance products ranging from traditional indemnity insurance to have the freedom of choice through the traditional HMOs-, PPOs-, managed care. I think if you look at the largest employers in this area, most of them by this time have gotten into those kinds of relationships. So if you take AT&T and Bell Atlantic as an example, which Prudential handles, that's exactly where they are. So we really felt that to compete successfully in that market was going to be very difficult. But on the other hand, we wanted to retain the delivery sites, the provider side of this, for ourselves. And that's exactly the relationship we have with Prudential. We have a 10-year contract with them.

So we're going to do what we think we know how to do best, which is as a provider of medical care across a broad spectrum, and Prudential will do the thing that they know best, which is to underwrite and insure and to market health insurance products.

With regard to the North Charles, and I again want to separate something here, we will maintain and really build Homewood North, which is the ambulatory [walk-in] care portion of that with the Wyman Park Medical Associates. We're only closing the acute, inpatient units. And we're doing that because it just didn't make any sense to continue to operate a small, undifferentiated acute medical surgical hospital in this climate, with everybody's occupancy rates down and so forth. It neither made economic sense for us to do; it was not a strategic importance to us, and so we decided to close that portion of it. . . . So this is not a retrenchment. If other opportunities came up that looked good to us, we would certainly take them. But, we really believe the future is in what we have now invested in, a major ambulatory care center and a provider side for us for managed care.

Q. Johns Hopkins is well known as the innovator of medical procedures throughout the country. However, a lot of politicians and health care observers would say that one of the problems with American medicine is we've fallen in love with advanced technology. I believe one statistic I heard recently is that there is more magnetic resonance imaging done in Maryland than in all of Canada. What can be done about that? Do you think that is a legitimate criticism?

A. I think it's a legitimate criticism to the extent that we have not very often first assessed the technology and where it is most useful so that it tends to get, I think, over

See HEYSSEL, B4, Col. 4

Hopkins-Prudential link evaluated

HEYSSEL, From B1

utilized.

I think that on the other side of that, if we take MRI or CAT scanning before it, a lot of very evasive and sometimes truly dangerous, and commonly very uncomfortable procedures are simply done away with along with hospitalization that went with those. I guess the best example is probably... for discs and other spinal problems where people walk in in their street clothes and crawl in the MRI or the CAT [computerized axial tomography] scanner and get a diagnosis of a disc or some other problem without a needle being stuck in their spine, without going in the hospital for anything. So, I guess actually the ease of doing those things and the lack of danger just leads to people doing them much more rapidly.... And, yes, there probably are too many of the machines.... So I don't think there's any question that we have more than we need.

Now if you want to compare it to Canada, you might ask whether they've got as much as they should have. Their lengths of stay are a lot longer. There is queuing for lots of things and along the border. I understand Canadians with dollars are crossing the border to get things they can't get in Canada. So, someplace in between the wonders of Canada and the wonders of America, there probably is a middle ground and we haven't found that.

Q. For the first time, labor and industry during this last [Maryland] legislative session, joined together to try just have an effective study of physician rates within hospitals. Not the hospital rate, but the physician rate. And they were shot down by the physician lobby. Would you welcome such a study of costs?

A. Certainly. I just think that physicians will say that only 18 or 20 or 22 percent, or something like that, of the health dollar goes to physicians. Well, but that's still been the most rapidly increasing part of Medicare Part B and, in fact, [of] other rates.

And secondly, there is significant — in my judgment — distortion between what different physicians are paid within the system. Procedurally oriented physicians can make an awful lot of money. The person who listens to, spends time with and cares for people who don't [want] procedures and the physicians who don't do procedures are undercompensated for what they do. So amongst other things, I think there ought to be a realignment to some significant degree of that. But that also isn't a new thought of mine.

A colleague long since dead who was the director of Massachusetts General Hospital made similar comments 15 years ago, just as he was leaving Mass General and going to Rockefeller. He was not popular in Boston, so what I just said may make me unpopular in Baltimore, but I still believe that.

Q. It was interesting at a recent lecture on access to health care. I believe a member of your hospital staff got up and said, 'All you've been talking about prevention here all day. We were talking about preventive medicine 50 years ago; we're no closer to it now than we were 50 years ago. When are we going to get serious about preventive medicine?' which people say, I would imagine you agree, is one of the cures to high medical costs?

A. Well, I don't think I go so far as to say we haven't been serious about it for 50 years and that we ought to get serious now. After all, the major push is to get immunizations for polio, certainly that's got to be called prevention. The constant barrage of information concerning diet, smoking, exercise, what have you — have got to be important aspects.

I think, to get back to my earlier comment about access, it's there we have to get serious. If you [went] out... and talked to 30 or 40 young women who only received prenatal care in the last trimester [three months of pregnancy], or none at all, and asked them why they didn't go to the doctor or to a hospital, it turns out it's not because they thought they couldn't pay for it. It ranged from, 'I was afraid of the doctor,' 'I was afraid of the large institution,' 'I didn't know I was supposed to,' incredibly, 'I was afraid to tell my mother,' 'I was afraid to tell the school because they'd throw me out,' 'I didn't have time.' I mean the reasons for that are legion, but they're not financing, and I think that's because we don't pay proper attention to attitudes and reach people where they can [be reached] easiest — through churches, through schools and elsewhere.

And, you know, if you can cut the rate of prematurity [of babies] by 15 percent, you will save a bundle of money, not just now in the short term on neonatal intensive care, but in the long term on some significant portion of children who are damaged and really can't make it in society ultimately very effectively.

So I think that when I say prevention, we have to begin to get at some things through community-based programs which could really make a significant difference, not only in costs, but in quality of life and probably in the economic life of the community....

Q. Do you think that the lack of knowledge, the lack of information on the part of some people is responsible for the resurgence of some of the diseases which we thought were essentially eliminated, such as measles among children, which you've recently seen coming back?

A. Absolutely. That's exactly my point. I mean the idea of having measles back in the community is preposterous in a society like this. I don't think that through the schools and through our other efforts, we have focused enough on educating people and helping them to understand what needs to be done. And you know the schools are an ideal place to do this through, which is I guess happening out at Roland Park [Middle School]. I noticed that those children are now being immunized for measles, but I don't think we've emphasized that enough.

Q. What is Johns Hopkins Hospital's strategic plan for the next five years and beyond?

A. One obviously is to complete and open the ambulatory-care building. And secondly to take advantage of that opportunity through looking at how we do our work and focusing on patient-centered care for quality. I think we give quality care now. I think we give pretty good service; I think we can do it better. The third, to focus on the workforce in terms of training and looking at the possibility of restructuring a good deal so that we can cross-train people to do multiple tasks. We've got an awful lot of one-task kind of people working here, as is true in all hospitals. To work with the community on the community health aspects that I'm talking about, we hope to have a program in place within the next couple of months which will build off that and set some real targets for ourselves to look at the community from the viewpoint of epidemiology and set some targets to see if we can intervene and cut down the incidence of stroke and heart disease, of children being admitted to the hospital with asthma and recurrent tracts of asthma and of low-birth-weight babies and perhaps immunizations and so forth. And finally, to build and expand the primary care provider network. And stay solvent.

#2

Johns Hopkins
Medical Institutions

550 North Broadway/Baltimore, MD 21205
(410) 955-6680 / FAX (410) 955-4452
Office of Public Affairs

TO: Editors, writers and producers

FROM: Carol Pearson, Joann Rodgers

DATE: April 28, 1992

SUBJECT: **OUTPATIENT CENTER AT JOHNS HOPKINS OPENS IN MAY**

A $140 million, eight-story Outpatient Center at The Johns Hopkins Medical Institutions will be dedicated May 8, and open for business May 18. The 450,000-square-foot building is designed to serve 1,200 patients a day, making it the biggest outpatient facility in Baltimore, and one of the largest in the Northeast.

The new building will be named for Robert M. Heyssel, M.D., president of The Johns Hopkins Hospital and Health System. He retires in July after 20 years of service to Hopkins.

We invite your coverage: A brochure describing the new center is enclosed. Please call us --(410) 955-5384--if you are interested in attending events or arranging advance interviews or photo opportunities. Listed below are the events:

o **May 8, Dedication Ceremony**
At 2 p.m., the new Robert M. Heyssel Building at 601 N. Caroline St. will be dedicated. Keynote speaker is Margaret E. Mahoney, president of The Commonwealth Fund, who will join Heyssel, School of Medicine Dean Michael M.E. Johns, M.D., and Steve Lipstein, the center's executive director, and other officials at the dedication. **Tours of the center are available from 3 p.m. to 4:30 p.m.**

o **May 8, Heyssel Farewell Dinner**
At 7 p.m., a black-tie, under-tent event honoring Dr. and Mrs. Heyssel at the Bayview campus of the Johns Hopkins Health System, 4940 Eastern Ave. Invitation only.

o **May 11, Ribbon-cutting and Tours**
Hopkins employees will be welcomed to the new center with a ribbon-cutting ceremony at 2 p.m. Tours and refreshments will follow the ceremony from 2:30 p.m to 5:30 p.m.

o **May 18, Center Opens to the Public**
The doors open for patient care in outpatient surgery, radiology and urology. Other departments, including orthopedics, neurosciences, dermatology, otolaryngology, medicine, surgery, gynecology/obstetrics, pediatrics and plastic surgery will be open for patients over the ensuing weeks.

FAX

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NUMBER OF PAGES (INCLUDING COVER SHEET) 10

COVER MESSAGE Here's additional info re the Hopkins/Dunbar relationship. FYI, Project RAISE is w/ Dunbar Middle School. The health program is w/ Dunbar High School, where the event probably will be held. I've also provided more info re the NASA slabsea.

Should problems occur with this transmission, please notify sender at (301) 955-6680.

The Johns Hopkins Hospital
School of Medicine
School of Nursing
School of Public Health
Johns Hopkins Health System

SENT BY:JHMI ; 5- 8-92 ; 5:39PM ; JHMI PUBLIC AFFAIRS→ 2024566218:# 2/ 8

The Hopkins-Dunbar partnership

Preparing tomorrow's health care workers

Students in the Dunbar High School class of 1990 will be the first to benefit fully from a special program designed to help them make a better transition from high school to college, then into a career in health care.

"It's being recognized across the country that public schools can't provide students with the quality of education they need for today's job market without help from the private sector," says Warren Hayman, Ed.D., coordinator of the Hopkins-Dunbar program for the University. "So we started this program four years ago as part of the University's and Hospital's community outreach effort."

"I credit Hopkins for wanting to put something back into the community."

So far, the program has given 106 students in grades nine to 11 a chance to explore and prepare for a variety of careers in health care by participating in career workshops, communications skills and employment seminars at the high school, presenting lectures designed to complement their class studies, and conducting field trips to the Hospital and University.



Mentors like Hopkins medical student Nell Porter (standing, second from right) are another important part of the Hopkins-Dunbar program. Porter and other members of the Black Medical Students Organization work closely with students who are interested in advanced medical careers. "More than anything, we tell them it's possible for them to be doctors."

Last year, 18 Hopkins faculty and staff members gave presentations on organ transplants, electron microscopes, anorexia and bulimia, drug awareness and birth defects. Students had a chance to visit Hopkins facilities for neonatology, labor and delivery and to see an electron microscope in use.

Jean Olson, M.D., associate professor of psychiatry, Russell now says she is considering becoming an orthopedic surgeon.

It was communications, not science and medicine, that left the biggest impression on 11th-grader John Collins. "I really found it interesting how you could get something—a message—so easily mixed up," says Collins. "I now start

Brillantes, noting that employees have developed offshoots of the main program.

Joe Breslin, information systems instructor at Hopkins, tutored five teachers three hours a day for four days on state-of-the-art personal computers and software. The teachers were starting to work with a new line of IBM personal systems computers but they only had training on Apple computers.

"We learned so much in two days," says Martha Scott, a business education teacher at Dunbar. "I credit Hopkins for wanting to put something back into the community. Having access to key people in their administration can be nothing but beneficial to Dunbar."

Herb Drucker, senior director of information systems at Hopkins, who arranged the PC training classes, is planning advanced computer classes for the teachers.

The Hopkins-Dunbar program has influenced activities throughout the school, says Principal Elzee Gladden, Ed.D., a Dunbar graduate who grew up "in the shadow of Hopkins" on Rutland Avenue and returned to his alma mater as principal in 1982.

"The program opens up a lot of doors . . ."

As the citywide magnet school for students interested in health-related careers, Dunbar actively recruits good students from other schools.

"The staff is motivated to try





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Dunbar senior **Mia Bames is a radiology intern at Hopkins—another example of the Hopkins-Dunbar partnership.**

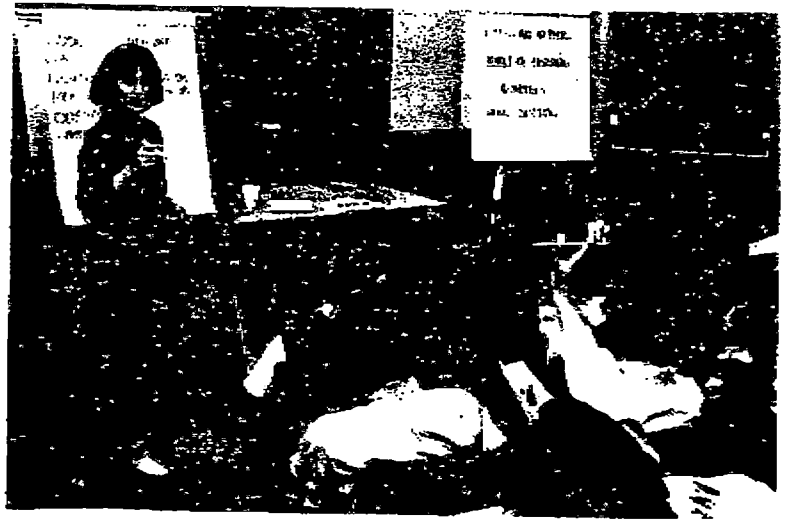
nars, and so-called shadowing experiences where they can observe office workers at Hopkins or a Health System hospital for one week.

The program also has allowed Hospital and University employees to teach students at

microscope went so well, she invited small groups of students to visit the lab where the 8-foot-high microscope is housed.

"One of the reasons I agreed to make the presentation was that I decided that if we could get *one* person interested, then it would be worth it," she says.

Sadiq Russell, an 11th-grader who hopes to go to medical school, says she learned a lot by simply observing in the orthopedic surgery department. "The first day I saw them apply casts and take them off," says Russell. "Eventually I went into surgery and saw a total knee replacement, bone grafts, and made rounds with the doctors. Originally interested in



Instructor Amy Juskowitz, **a training associate for Dome Corp., tries to impress on students in her communication workshop that employers will start evaluating them from the moment they walk through the door.**



Frequent chats with students **Sadiq Russell (left), Alisa Plummer, Jonathon Johns and their classmates about their experiences at Hopkins keep program coordinator Warren Hayman in touch with students' progress.**

curricula programs. Gradual notes.

"The program opens up a lot of doors, not just to get in to college or the workplace but also doors in the mind," says Stacey Wood, a junior who worked in geriatrics at Francis Scott Key Medical Center last summer as part of the program. "I express myself more fully and I've learned to take responsibility for my actions. This year I'm studying more than ever."

to think more about what I say before I say it to be sure I get the right meaning across."

Communications workshops are conducted by Amy Juskowitz and are included in the program as part of the Hospital's participation. A training associate at Dome Corp., she covers in a two-hour workshop topics such as body language, written communication, listening skills, telephone etiquette, and ways messages can be misinterpreted.

Hospital and University participation in the program is coordinated by the Hopkins-Dunbar Steering Committee, chaired by Dorothy Brillantes, senior director of Hospital services. The committee coordinates workshop and lecture topics with classroom curriculum and secures lab equipment and other supplies for Dunbar students and teachers.

"The program has met with a great deal of enthusiasm on the part of employees," says

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Everything you wanted to know about the Hopkins/Dunbar Program but were afraid to ask

What is the Hopkins/Dunbar Program?

It is a cooperative effort between The Johns Hopkins University, The Johns Hopkins Medical Institutions and Dunbar High School to prepare high school students for admission to college and for careers in the health professions. The Hopkins/Dunbar partnership is the Advanced College Preparatory Program (A-Course).

How is this program different from other A-Course programs?

Students, faculty and parents benefit from this unique collaboration of The Johns Hopkins Institutions and Dunbar through such features as the mentors program, tutorials, parent workshops, on-site service opportunities at area medical facilities, and laboratory and lecture experiences at The Johns Hopkins Institutions.

Who is eligible for the program?

Any student who meets the A-Course entrance requirements for Dunbar High School is eligible. The requirements are as follows:



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Reading level	1 year above grade level
General average Mathematics average Science average	85 or above (grades 7 & 8)
Good attendance	90% or better

How can students apply for admission?

Students who meet entrance requirements for the A-Course program at Dunbar have the privilege of applying through the Office of Student Placement. Applications are available in your school counselor's office. Students are assigned according to available space.

Where is Dunbar High School?

The $17 million complex is located at Orleans and Caroline streets in East Baltimore. It can be reached directly by bus. By 1994, direct access by Metro will be available.

What courses will be taken?

Four years of math, science, English, social studies, health and foreign language. All courses are honors program offerings. Advanced placement courses in calculus, biology, English and foreign language will be offered to selected students in the 11th and 12th grades.



Dr. Warren Hayman, program coordinator, keeps in touch with students.

What is the Hopkins/Dunbar Summer Scholars Program?

The Hopkins/Dunbar program begins with a six-week summer program. This so-called bridge program is designed to enhance and strengthen basic science, math and English skills needed in preparation for the next grade level in high school. The program is held at the Homewood campus and is conducted by Dunbar faculty. The program includes a counseling component, cultural enrichment trips and recreational activities.

Are there other special features?

✓ All books, laboratory equipment and field trip costs are paid for by the program. Students also receive a stipend. Only students admitted to the A-Course at Dunbar are invited to attend.

✓ Selected continuing students get an opportunity to spend six weeks working with physicians at one of the Hopkins facilities. In addition, there are computer literacy programs, SAT prep activities, extra-curricular activities, and extensive field trips and cultural enrichment activities.

What career opportunities are available after completing this program?

✓ Advanced placement at participating colleges and universities

✓ Acceptance into college/university pre-medical programs

✓ Guaranteed admission to The Johns Hopkins University, Coppin State College, Morgan State University and The Johns Hopkins University/Essex Community College Nuclear Medicine Program. (To qualify you must meet the admission requirements at each institution.)

✓ In addition to the various medical careers, students will be prepared to pursue college majors leading to careers as medical technologists, computer programmers, social workers, human resource managers, occupational therapists, radiation therapists, respiratory therapists and nurses.

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have questions or need information about ... donation, call the Chaplain's Office, ☎ 5-5842, or the Publications Talkline, ☎ 5-1000.



PROJECT RAISE IS LOOKING FOR A FEW GOOD MEN

It could be you if you can be a role model, friend, and mentor to a sixth grader at Dunbar Middle School. Project Raise is committed to raising confidence, horizons, and goals in these 12-year-olds, and steering them toward graduation and away from drugs, pregnancy, and trouble. Mentors commit to work with a student for at least one year. Forty-three mentors (like Beverly Duvall, an occupational therapy supervisor in Rehabilitation Medicine, above) are already meeting with their students twice a month or more to do homework, go to a movie, work at a hobby, or just talk. Seventeen more men are needed to work with boys, as well as men and women to volunteer for field trips and other after-school activities. JHMI is a sponsor, providing substantial financial support and 60 mentors for seven years at Dunbar Middle School. Interested Hospital employees should call Marcia Carpenter, ☎ 5-2350. University employees can contact Ron Bowie, ☎ 5-3006.

has terrific bargains on clothes, acces... books, and b... But did you k... pastries? Ch... almond croi... pastries, sli... or mocha ca... lemon or ap... fresh daily. ... each ($1.5... order them ... Better yet, ... sample," ... chairman ... shop, a sa... Hospital's ... in the 182... Proceeds ... benefit th... Question ... ☎ 5-871...



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Dome/May '91

Carol and Amy both plan to stay at Hopkins: Carol has been working in adult medicine since graduation, and Amy will begin work in psychiatric nursing after her graduation in May.



Dick Holden

School of Nursing student Amy Margolis walks through Hopkins corridors with her father, Dr. Simeon Margolis.

HOPKINS-DUNBAR PROGRAM CELEBRATES FIRST GRADS

Thirty-seven Dunbar High School students were recently honored as the first graduates of the Hopkins-Dunbar Program, a cooperative effort to prepare minority students for college and for careers in medicine, nursing, and related professions. Eighty percent of the graduates are college-bound, including Tanya Jeffries and Jonathan Johns, who will attend Hopkins this fall. Jeffries and Johns, along with classmates Mario Price and Sadiq Russell, are each recipients of a $1,000 Hopkins Centennial Scholarship — a gift from Hopkins employees. Hopkins Medical Staff recently voted to continue to give a $1,000 scholarship to a Dunbar student each year.

which is excavated is ... to a muck pit and sto... cart the muck away t... stadium at Camden ...

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Watch your mailboxe... "Hopkins census," a ... to all employees by t... sources Planning an... survey will ask empl... and skills, and data c... ate a skills inventory ... future training needs ... dential, and individu... available. For details ...



$1 Million Park Ded... *a pond, fountain, wall... $1 million community ... Bayview Research Cam... borders Eastern Avenu... and the Dome Corp. "I... between the city, the neig... prise," says James D. M... of the Dome Corp., whic... Bayview's neighbors.*

Dome/Summer '90

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Hopkins/NASA Video Magnifier
A Versatile New Vision-Enhancement Device

For patients with low vision, researchers at The Johns Hopkins Hospital and the National Aeronautics and Space Administration have developed a low vision enhancement system which wraps around the face like giant glasses.

The device projects black and white video images onto a screen in front of the wearer's eyes, producing an image equivalent to sitting in front of a 60-inch television screen at a distance of four feet.

Patients who will benefit most from the unit are those with visual acuity of 20/100 to 20/800 in their best eye.

Patients who will benefit most from the unit are those with visual acuity of 20/100 to 20/800 in their best eye.

The vision enhancement power of the system will not be limited to transmission of images or magnification. Technology already being developed will make possible headsets that compensate for some forms of partial vision loss due to eye disease.

In addition, a more sophisticated version will use powerful computer chips to literally take apart and rebuild images for patients who suffer retinal damage caused by diseases, such as macular degeneration or diabetic retinopathy.

Despite the advanced technology built into the device, obtaining one will be much like getting measured for glasses. Patients will visit their ophthalmologist or optometrist to get measured for their headset. These eye specialists will prescribe individual lenses for patients, just as they ordinarily do.

Lenses will be incorporated into the device at the factory that makes the headsets and then shipped back to the prescribing specialist, who will make final adjustments to ensure proper fit. Like regular glasses, the prescribed lens focuses images supplied by the enhancement system onto the patient's retina.

When linked by cable to a television receiver (such as a video casette recorder output socket), the system will allow the wearer to watch his or her favorite shows at a normal viewing distance. With a flip of a switch on the power pack, the wearer can turn on the video camera to look around the room, and then switch back to television viewing.

The system also can be connected to a computer or a compact video disc containing texts and illustrations of books that would scroll across the screen while the viewer sits comfortably back in a chair or lies down in bed. The reader will have the option of seeing the text as white letters on a black background or black letters on white.

Final modifications of the prototype will be made after extensive testing with patients at Veteran's Administration hospitals around the country. Final commericalization is expected in about two years.

Answers to the Most Frequently Asked Questions

Q: Who can benefit from the low vision enhancement system?

A: Patients whose visual acuity is less than 20/100 but greater than 20/800 in the better eye. As a general rule of thumb, if it would be appropriate to consider recommending a CCTV magnifier, the patient is likely to be a strong candidate for the first version of the system.

Q: How will the system help patients with low vision?

A: The system will function like an electronic telescope, allowing the patient to vary the focus and magnification of the camera in the video headset. It can serve as a personal large-screen television set; a portable closed-circuit television magnifier; or, eventually, a large-screen computer monitor.

Q: When will the new system be available?

A: The first commercial version is expected to be available in 18 months. The system should be widely available within two years.

Q: How much will the system cost?

A: The initial version is likely to cost between $3,000 and $4,000.

Q: Will Medicare or other health insurance pay for the system?

A: It is possible that it could qualify for payment as a durable medical device, if medical necessity were established by a physician. Currently, however, third-party payors usually do not cover the cost of low vision devices.

Q: How will it be distributed?

A: The system must be prescribed by the patient's eye doctor because the patient's refractive error correction is built into the headset. The system will be dispensed by the patient's ophthalmologist, optometrist, or low vision service.

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Dunbar High School

The Paul Laurence Dunbar Community High School has been serving the Baltimore community since 1925. In 1974, the present school building opened. The $17 million complex, located at Orleans and Caroline Streets, also serves as a multi-faceted resource for the entire community. Dunbar is an active, alive high school offering students not only an excellent education, but also a full range of extracurricular activities. Of particular interest to students in the Health Professions Program is the



fact that hospitals and service organizations such as the American Heart Association, the American Cancer Society, and the American Red Cross often involve Dunbar students in their programs. Dunbar students also help to develop numerous health fairs throughout the year. The school has a thoroughly equipped simulated hospital sick room, doctor's office, and dental office where students learn professional patient care from expert staff. Additionally, Dunbar has a computer lab for students.

"The Hopkins-Dunbar program has influenced activities throughout the school." — Principal Elzee Gladden, Ed.D.

The Johns Hopkins University ■ Dunbar High School
Health Professions Program

I'm interested in learning more about the Hopkins-Dunbar Health Professions Program.

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

School _____ Grade _____

Parent's Name _____

Parent's Signature _____



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Career Opportunities

The Johns Hopkins University-Dunbar High School Health Professions Program is a cooperative effort to prepare high school students from throughout the city for admission to college and for careers in the health professions. Dunbar faculty and Johns Hopkins Institutions staff combine their expertise to develop curriculum, explore academic resources, and increase community and family participation in the program. The Health Professions Program at Dunbar provides educational opportunities for students with a variety of career goals. **The Advanced College Preparatory Program** (the A-Course) begins in the ninth grade and is designed for advanced students who desire an intensified, college preparatory, health-oriented course of study. A selected number of students are admitted and a selected number will be taking college courses in the twelfth grade. ■ Successful completion of the Hopkins/Dunbar program offers many career opportunities. In addition to the various medical careers, students will be prepared to pursue college majors leading to careers as: medical technologist, computer programmers, social workers, human resource managers, occupational therapists, radiation therapists, respiratory therapists and nurses. ■ However, the most exciting opportunity is for successful graduates of the program, who meet the admission requirements, to be guaranteed admission to:

The Johns Hopkins University
Coppin State College
Morgan State University
Johns Hopkins/Essex Community College Nuclear Medicine Program

"I've learned a lot by observing the orthopedic surgery department and making rounds with the doctors." — Sadiq Russell

B·A·R

Photos: Ron Hirshfield and Bob Strankfield

2880

Hopkins-Dunbar Health Professions Program

Hopkins-Dunbar Health Professions Program
School of Continuing Studies
The Johns Hopkins University
105 Whitehead Hall
Baltimore, MD 21218-9985

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"The program opens up a lot of doors, not just to get into college or the workplace, but doors in the mind."

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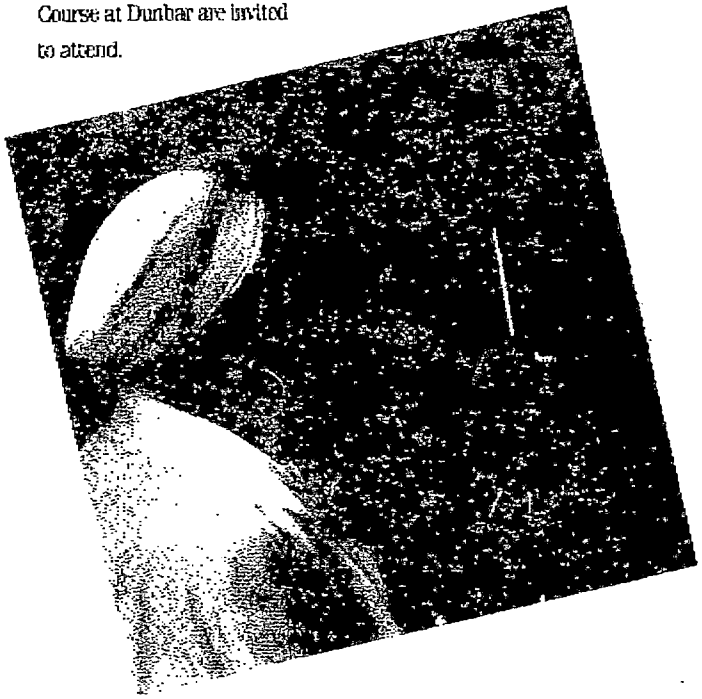
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The Summer Program

The Hopkins/Dunbar program is a cooperative effort between the Johns Hopkins Institutions and Dunbar High School. The main purpose of the program is to prepare high school students for admission to college and for careers in the health professions. ■ The Hopkins/Dunbar program begins with a six-week summer program. This "bridge program" is designed to enhance and strengthen basic science, math and English skills needed in preparation for the next grade level in high school. The program is held on the Homewood Campus and is conducted by Dunbar faculty. The program includes a counseling component, cultural enrichment trips and recreational activities. ■ All books, laboratory equipment and field trip costs are paid for by the program. Students also receive a stipend. Only students admitted to the A-Course at Dunbar are invited to attend.

"This summer experience has proved to be a very enriching and educational one . . . a great opportunity and I enjoyed it." —
Tanya Jefferies



The Academic Year

During the academic year students participate in the specially designed advanced college prep curricula (The A-Course). Four years of math, science, English, social studies, health and foreign language are offered. All courses are honors program offerings and college level courses, or Advanced Placement courses are offered to selected students in the twelfth grade. ■ Students in the program have site visits and lecture demonstrations led by faculty from the Johns Hopkins Institutions. The students have access to a computer lab, state of the art equipment and instructional materials.



DUNBAR

How the Hopkins/ Dunbar Program Differs from Other A-Course Programs

Students, faculty and parents benefit from the unique resources that the Hopkins/ Dunbar partnership offers. ■ Such features as: the Mentors Program, the Visiting Scholars Program, parent workshops, on-site opportunities at area medical facilities, as well as laboratory and lecture experiences at the Johns Hopkins Institutions are what make the Hopkins/ Dunbar program different from other A-Course programs. ■ In addition to the cooperative ventures with Johns Hopkins, the program has been expanded to include Morgan State University, Coppin State College, Community College of Baltimore and Essex Community College as members in the partnership.



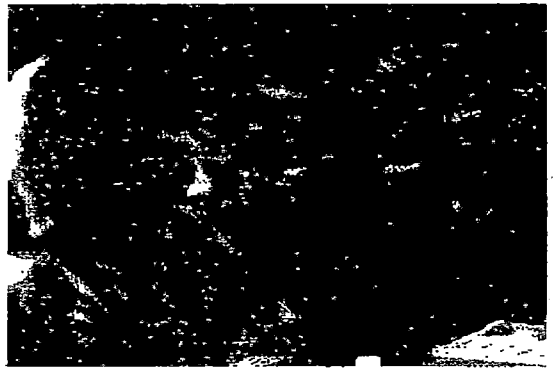




"I never knew Dunbar had so many things going on."

Parent Involvement

One of the unique and important features of the Hopkins/ Dunbar program is the community-family involvement component. ■ Beginning with the summer program, parents participate in regularly scheduled workshops. These workshops focus on increasing the knowledge and awareness of parents as to their role in the educational process. Parents select topics of interest to be discussed by "experts" in the field and they have opportunities to attend conferences, school board meetings and other places of interest.





"I think the parent sessions are very informative . . . and the program is really an opportunity for our students to be pioneers." —
Mrs. Maidah Wajid

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The Johns Hopkins Medical Institutions

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DELIVER TO: NAME Gary Gershowitz

AFFILIATION Office of Presidential Speechwriting

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FROM: NAME Elaine Freeman

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NUMBER OF PAGES (INCLUDING COVER SHEET) 10

COVER MESSAGE Here's additional info re the Hopkins/Dunbar relationship. FYI, Project RAISE is w/ Dunbar Middle School. The health program is w/ Dunbar High School, where the event probably will be held. I've also provided more info re the NASA slashes.

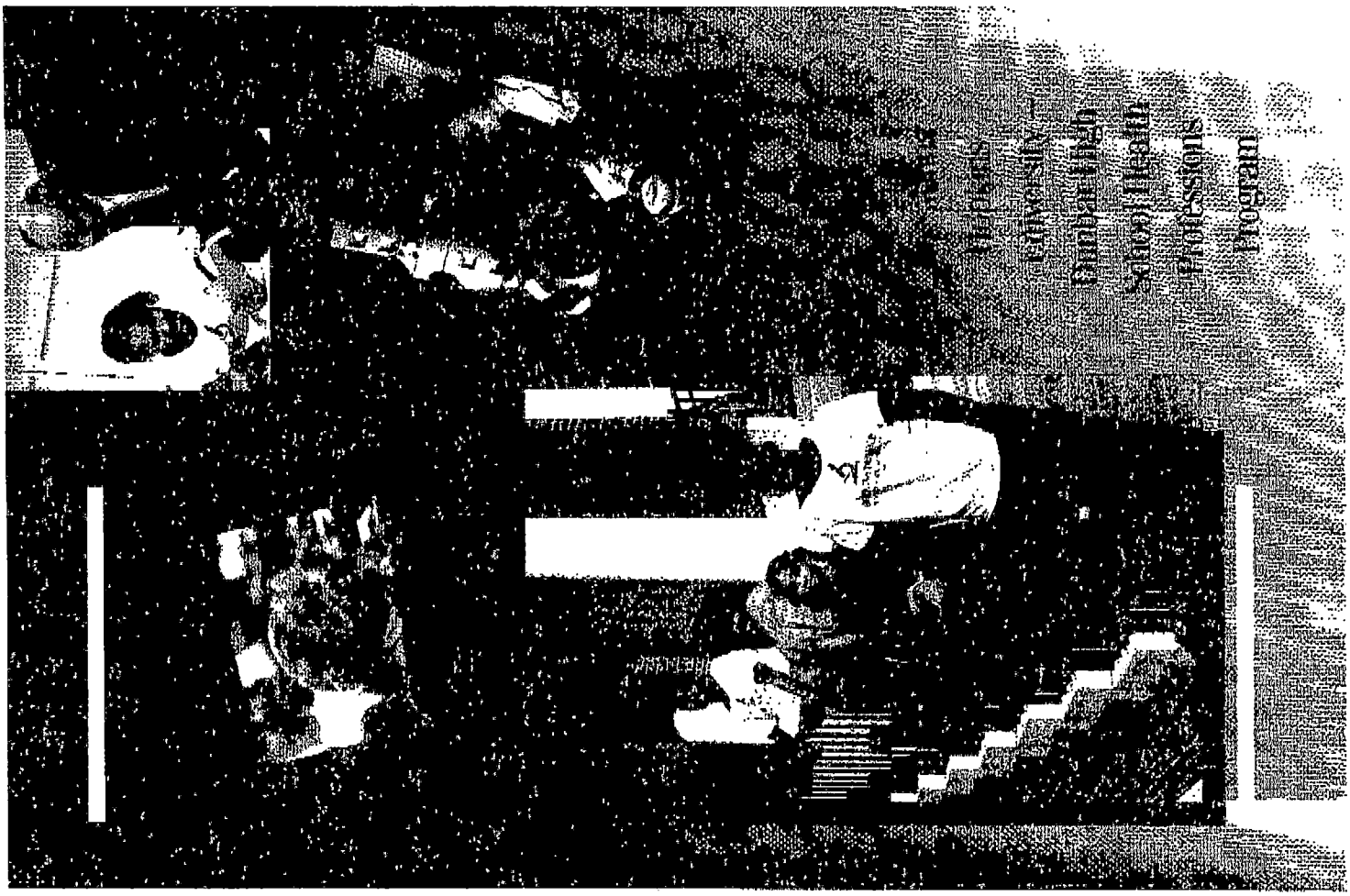
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"We learned a lot by observing the orthopedic surgery department and taking rounds with the docs." — Oliq Russell



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School of Continuing Studies
The Johns Hopkins University
105 Whitehead Hall
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"The program opens up a lot of doors, not just to get into college or the workplace, but doors in the mind."

Photos: Ron Haisfield and Bob Stockfield

2/89

Extended Page 12.1

The
Johns Hopkins
Medical Services
Corporation

East Baltimore Medical Center

1000 E. Eager Street/Baltimore, MD 21202
(301) 522-9800

FACSIMILE MESSAGE

DATE: 5/11/92 TIME: 1:00 a.m. (p.m.)

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FROM: Ancelmo Lopes

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If you do not receive the aforementioned number of pages, please contact _____ at _____. If you would like to Fax a response, our Facsimile Telephone Number is: (301) 522-5133.

Additional Comments:

The Dunbar Poets' school colors are gold and burgundy and their mascot is the owl. Let me know if you have any other questions.

Ancelmo

JOHNS HOPKINS HEALTH SYSTEM

5/13

Gary,

Before world war II only about 30-40% of people has health insurance. In the early fifties we made health insurance premiums a deductible business expense to employers-- causing the explosion of health insurance. there has never been major federal legislation regul;ating health insurers, and the tax code has not been adjusted at all to affect the deductibility of insurance.

Tom Scully

the proper medications to prevent and treat the asthma. The pediatrician spent time with Elizabeth to help educate her about how to deal with an asthma attack and how to lessen the severity of an attack when it did offer. The social worker made a home visit to educate Elizabeth and her mother about how to prevent asthma attacks and to ensure that there weren't things in their home that might be triggering the attacks, and to let them know that should an attack occur, the center was the appropriate place to go for care.

Since then, Elizabeth has not been hospitalized once. When she has an attack now, the skilled medical staff at EBMC's Urgent Care Center is frequently able to get oxygen and medicine to Elizabeth faster than in busy hospital emergency rooms -- and at a fraction of the cost.

East Baltimore Medical Center is a very good example of how coordinated care can provide better, less expensive care for our Medicaid recipients, but it's not unique. Other programs include:

-- ACCESS in Arizona

-- Comprehensive Health Systems in Detroit

-- Health Partners in Philadelphia

Another type of coordinated care is primary care case management, where the plans are responsible for providing primary care services and overseeing referrals for specialty care. Colorado, Iowa, Florida, and Michigan use these programs unless the Medicaid beneficiary joins an HMO like EBMC.

One thing I am sure of: We don't need to spend more money on health care. We need to spend our money better. HMOs like EBMC can do this by providing better care, more coordinated care, and therefore better health outcomes for all Americans. For the most vulnerable of our society, coordinated care can make significant improvements in their health.

Let me note that there is currently before the Congress a bill would encourage the development of other places like East Baltimore Medical Center to provide health care in a coordinated way for our poorest citizens. S 2077 is consistent with my reform package and would change the requirements for States operating Medicaid coordinated care programs, like that in the East Baltimore Medical Center. If enacted, S 2077 would increase the States' flexibility to serve their poor citizens through coordinated care programs. The benefit of such legislation is clear. It would provide

S-2077

Sponsor - Moynihan

Co-sponsor -

Akaka
Durenberger
Johnston
McCain
Packwood
Roth

Alex White
x6563

INSERT #1

Oh, the other approaches can sound great, but what do you really get?

National Health Insurance means long lines, long waiting lists and lower quality care. And the idea for cost control is flat out "price fixing" -- an idea we know won't work. Some point to Canada -- but their health inflation now outpaces ours and the system has major problems of its own. Others point to Medicare-- which adopts set prices for many seniors' health services. But Medicare inflation has far outstripped the inflation of private health care in the 70's and 80's-- and it is still growing at 12% a year. Cost containment is not its strong suit. Price fixing by the Congress in Washington has never worked before -- and it never will!

The so called "Play or Pay" approach is structurally unsound. Even many of its proponents admit that it will "melt down" into National Health Insurance within a few years. And it does nothing to address the underlying flaws of the health care system or change the dynamics of the way health care is delivered -- except to -- once again -- fix prices. It is a package full of empty promises.

INSERT #2

Maryland is already getting on board this voucher approach with bipartisan legislation. State Rep. Casper Taylor, with the support of Blue Cross and Blue Shield of Maryland, has outlined a $3600 standard health package that would cover all low income Marylanders through a tax credit system. The Maryland "Consumer Choice" plan passed the Maryland House a few weeks ago by 134-0. This is the type of state reform that my plan encourages and under my Comprehensive Plan Maryland would have much of the flexibility needed to make this reform a reality.

INSERT #3

Even if the differences in Congress prevent passing my comprehensive package in this partisan election year, there are steps we must take now. Part of my plan entails significant reform of the insurance markets for which there is strong bipartisan support. Senator Bentsen and Chairman Rostenkowski have proposed very similar reforms that can, and should, be passed immediately. These reforms will go a long way toward curing the inequities in cost and coverage under existing health insurance practices.

S.2077, another bipartisan reform package, proposed by Senators Durenberger and Moynihan would promote much greater use of managed care in Medicaid. As all of you at EMBC know -- this works! And we must make it easier for the rest of the country to follow your road to better health care.

TALKING POINTS ON

THE PRESIDENT'S PLAN

- The President's Comprehensive Health Reform Proposal addresses the twin challenges of expanding access and containing cost in a way that builds on the strengths of our present health care system.

- It meets head-on the root causes of the problems in our health care system, not just the symptoms.

- It does so by changing the incentives that lead to more, more, more.

- When the President unveiled his reform package, he put the case best and most succinctly.

- We need to:

  - Provide health security so that all citizens can feel secure that they will be able to afford the health care they and their families need and deserve.

  - Encourage economic growth for large and small businesses alike

  - Make health insurance more affordable

- And create incentives to make the health care system more efficient

o And we must do this by building on the strengths of the current system.

o First, the President's plan provides health security for all Americans.

- The plan will ensure that all Americans, particularly the most needy, have access to health insurance through transferrable health insurance tax credits and deductions.

  + In all, about 95 million Americans would benefit.

- Health insurance coverage for workers would be guaranteed, renewable, and pre-existing condition limits would be eliminated. & portable

  + Americans would never again fear losing their health insurance just because they change jobs.

o Second, the President's plan encourages economic growth.

- It will not saddle employers with new government-imposed costs.

- It will not mandate benefits for small employers, where most of the new jobs are created.

- It will allow employees to take increases in productivity as wages rather than benefits.

o Third, the President's plan would reduce the cost of health insurance through major market reforms.

- For example, small employers would be pooled together in Health Insurance Networks or "HINs" to purchase health insurance.

- HINs will give small employers the purchasing power and clout that many larger employers already enjoy.

  + It is estimated that premium costs will be reduced by up to 20 percent for 70 million people affected by small group reforms

o Fourth, the President's plan includes several proposal to help contain health care costs and make the system more efficient.

- Greater emphasis on encouraging coordinated care programs in both the public and private sectors.

  + The Bush Administration has promoted even greater

choice for our Medicare beneficiaries through Medicare SELECT and Medicare point-of-service options.

+ During past two years, State Medicaid programs have increasingly embraced coordinated care programs and have demonstrated the programs' ability to delivery high-quality, cost-conscious care.

  * Detroit, Kentucky and Arizona

- Malpractice reform will provide less incentives for physicians to practice defensive medicine.

- Consumers would be given more information on health insurance policies and on quality of care so that they can make better and more informed decisions about their care.

- Administrative costs will be reduced through greater use of electronic billing.

o All of this can be achieved by building on the strengths of our current system.

  - High-quality health care will be maintained.
  - American innovation will continue and be encouraged.
  - Access to technology will be preserved.

- The President's plan does not:

  - Include governmental price regulation or rationing of health care

  - Create mandates for small business that will stifle new jobs and result in higher costs for American products

  - Require massive tax increases like "play-or-pay" and national health insurance

  - Threaten poor older Americans with benefit reductions or premium increases.

THREE MAIN POINTS TO GET OUT OF SPEECH

1. The President has a comprehensive health reform package, there is legislation before Congress, and that the President wants the Congress to act.

2. Coordinated care, like that provided at East Baltimore Medical Center, works for all Americans. It changes the incentives to ensure access to appropriate, high quality, less costly health care services.

3. Coordinated care is especially important for Medicaid recipients because of the difficulties they face in receiving care. It helps to ensure that their care is provided early, less expensively, and in the appropriate setting (i.e., not in the emergency room).

I. Recap of Comprehensive Health Reform Program

(NOTE TO SPEECHWRITER: Section I probably has more detail than you need or want to use.)

Last February I spoke of the need to reform our health care system to ensure access to affordable health care for all Americans.

Why need to reform system? Three reasons:

1. Concern for the uninsured

   Some 35 million Americans are uninsured and many more are worried about their insurance

   30 percent of those without insurance are poor (below the Federal poverty level)

   60 percent are low and middle income individuals who are unable to afford health insurance premiums

   Most of those employed adults who are uninsured work in small companies that cannot afford to offer insurance to their employees.

   Those without insurance do receive care. But, unfortunately it is often too little, too late, and in the most expensive place -- the emergency room.

2. Concern for the worried insured

   Working men and women are concerned about losing their jobs and therefore losing their health insurance

   Also worried about changing jobs. May not be able to purchase health insurance through their new employer. May have a preexisting condition that would exclude coverage for specific disease or condition (e.g., back problems, history of cancer, etc.)

3. Rising and uncontrollable health care costs

   From $74 billion in 1970 to $800 billion today. If we keep going at same rate, will reach $1.6 trillion by year 2000.

   Why have costs been increasing? Everything drives the system to consume more and spend more.

   Aging population: Elderly consume more resources (although don't want to focus on this too much)

Blank-check medicine: Perverse incentives for patients to consume more, practitioners to provide more, and payers to pay more without associated improvement in health; no control over number of services provided or how much is paid

Technology: American leads the way in the development of new technology. This technology has allowed us to dramatically alters the way medicine is provided. It distinguished our health care system from all others in the world. However, a new technology is often developed and introduced, but the old technology it was designed to replace is still used - leading to redundant use of services.

Malpractice: Physicians practice defensive medicine to protect themselves against malpractice suits rather than to improve patient care. Wastes resources with needless tests.

Administrative costs: Paperwork for billing, etc. "Hassle factor" for physicians. Endless paperwork for physicians, confusing for patients. No one is better off.

The plan that I announced last February was a comprehensive, market based reform that builds on the strengths of our current system to provide access to affordable insurance for all Americans.

The Comprehensive Health Reform Program would:

1. Improve access to health care for all Americans

   a. For the poor: Reform Medicaid and provide transferrable credits to purchase health insurance

   b. For low income and middle class: New deductions for health insurance premiums and access to affordable insurance through reform of small market insurance

   c. For the worried insured: "Health Security" Limits on the availability of insurance for those with "pre-existing conditions eliminated. Guaranteed renewability of current health benefit packages.

2. Encourages economic growth

   a. No new mandates. States would be precluded from mandating benefits for employers. Relieves burden

for small business, where most of our new jobs are created.

b. No new taxes. Different from other reform proposals that seek to pay for expanded access to health insurance through taxes on businesses for employers.

c. No job loss. Does not create undo burden on employers that may result in job loss

3. Contains health care costs: "Attacks causes of problem, not just ~~system~~ symptoms"

a. Malpractice reform: Will reform medical liability. Will take away incentives for "defensive medicine" where doctors provide more tests than really necessary because they are afraid of being sued.

b. Better information: Will make everyone a better health care consumer by providing information on cost and quality

c. Improve efficiency in the system: Create Health Insurance Networks (HINs) that will allow small employers to band together to have the same cost advantage and market power enjoyed by larger employers

d. Less paperwork: Create incentives for electronic billing and medical records

e. Greater emphasis on coordinated care: Change the incentives for consumers, patients, and providers. (See attached definition of coordinated care)

II. East Baltimore Medical Center: Improving Health Care Through Innovation

Today I visited the East Baltimore Medical Center, just four blocks from here. The East Baltimore Medical Center is a living example of the public/private partnerships in coordinated care that I have been advocating. Low-income Medicaid recipients and middle-income families receive top quality, cost-effective health care side-by-side, thanks to a partnership between one of the world's foremost medical institutions, the nation's largest insurance company, and the State of Maryland.

This plan offers its members a host of preventive health

care services: nutrition programs, smoking cessation classes, and a unique program that provides incentives for expectant mothers to get prenatal care -- improving the quality of life for them and their children and saving the health care system unnecessary expenditures. I saw many of these when I was there.

But more important than the type of services that are available at East Baltimore Medical Center is the way in which these services are provided. Physicians, nurses, dentists, health educators, and others work closely together to ensure that all of their patients' care is provided in a coordinated way. They work to keep their patients healthy rather than waiting until they are sick to provide care. They educate their patients about their role in preventing disease. And they ensure that their patients receive the care they need -- when they need it, where they need it, and in a cost-effective way.

Coordinated care changes the incentives for everyone. Let me give you an example of why I think coordinated care will help improve the health for all our citizens.

(NOTE TO SPEECHWRITER: This example was modified from those provided by Greg Conderacci, Vice President of Marketing, Prudential Health Care Plan (memo dated 5/8/92). The prenatal example is good, but we don't want to focus solely on prenatal care. The point to get out of EBMC is not that a <u>particular</u> service is available, but rather that <u>all services</u> are provided in a <u>comprehensive, coordinated way</u>.)

(NOTE: If this new example is used, we need to check it out with Greg to ensure that it is representative of their patients and services.)

Let me tell you about a patient I heard about during my visit today that highlights why I feel so strongly about coordinated care. Elizabeth (not her real name) came to the center a few months ago. A thin, almost frail 8-year old, she had a long history of asthma. Elizabeth wasn't able to take her medications regularly, the very medication that could prevent an attack or could lessen the severity of an attack if it did occur. Before she began receiving care at the center, Elizabeth's mother could afford to take her to the doctor only when she had a severe attack of asthma. Usually when Elizabeth did have an attack, it was so severe that she had to be hospitalized.

Soon after Elizabeth became a client at East Baltimore Medical Center, she began working with a pediatrician and a social worker at the center. Together, this team worked with Elizabeth and her mother to ensure that Elizabeth had

the proper medications to prevent and treat the asthma. The pediatrician spent time with Elizabeth to help educate her about how to deal with an asthma attack and how to lessen the severity of an attack when it did offer. The social worker made a home visit to educate Elizabeth and her mother about how to prevent asthma attacks and to ensure that there weren't things in their home that might be triggering the attacks, and to let them know that should an attack occur, the center was the appropriate place to go for care.

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One thing I am sure of: We don't need to spend <u>more</u> money on health care. We need to spend our money <u>better</u>. HMOs like EBMC can do this by providing better care, more coordinated care, and therefore better health outcomes for all Americans. For the most vulnerable of our society, coordinated care can make significant improvements in their health.

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States with the ability to control Medicaid expenditures and offers a quality alternative to the more traditional fee-for-service system that has poorly served Medicaid clients.

This bill has bipartisan support. It is time for the Congress to act.

III. Call for Action: President's Legislative Agenda

As part of my comprehensive health reform program, I sent two legislative packages to the Congress last week. The first implements my proposal to extend the current 25 percent deductibility of health insurance premiums for the self-employed, and to raise the allowable deduction to one hundred percent of premium costs. This will allow the self-employed to enjoy the same benefit as the rest of Americans.

The second bill implements my proposal to reform the health insurance market to make coverage more secure, available, and less costly for millions of Americans. In particular, the bill will expand the availability of more affordable health insurance products to those who are employed by small businesses. It would also eliminate restrictions on preexisting conditions and would ensure guaranteed renewability for insurance packages.

In the coming weeks, I will be sending two additional packages to the Congress to reform medical liability and to improve administrative efficiency.

Now is the time for the Congress to start acting on these packages. I call on the Congress to put aside partisan politics so that together we can ensure that every American has access to the high quality health care systems that most of us already have.

What is coordinated care?

Coordinated care is a diverse, evolving set of health care delivery models that integrate the financing and delivery of care and alter the incentives for both providers and consumers. They offer better incentives for appropriate, less costly, higher quality care.

Because the plan is at financial risk, the plans tend to organize better and deliver care in the most efficient manner. But because they are responsible for any illness a person may get, the plans have strong incentives to get (and keep) their patients healthy and encourage as well as offer preventive care.

One sees this at East Baltimore Medical Center. An example is their paying pregnant women $10.00 each time they come in for a prenatal visit. EBMC also gives the women useful gifts when the baby is born. Mothers also receive $10.00 for post-delivery visits and for visits to the nutritionist or social worker of for attending smoking cessation classes.

Consequently, both the plan and the mother are better off.

The art of medicine consists of amusing the patient while nature cures the disease.
—Voltaire (François Marie Arouet) (1694–1778)
(On the other hand, if there was no such thing as tennis, cardiologists would have had to invent it.)

It should be the function of medicine to have people die young as late as possible. —Ernst L. Wynder, M.D.

The one thing I dread is affluence. I have a lovely office now, with pictures on the wall and a swivel chair, and I can't do anything. —Sir Frederick G. Banting

You must begin with an ideal and end with an ideal.
—Sir Frederick G. Banting

You can only cure retail but you can prevent wholesale.
—Brock Chisholm

Painstaking detective work by medical researchers is producing mounting evidence that environmental impurities in man's habitat are the primary cause of most cancer.
—Peter J. Bernstein

There are no such things as incurables; there are only things for which man has not found a cure.
—Bernard M. Baruch

Care more for the individual patient than for the special features of the disease. —Sir William Osler

The pen is mightier than the sword! The case for prescriptions rather than surgery. —Marvin Kitman

There are more doctors in a single North Shore medical building than in one entire West Side ghetto.
—Jack Starr

I got the bill for my surgery. Now I know what those doctors were wearing masks for.
—James H. Boren

A hospital should also have a recovery room adjoining the cashier's office. —Francis O'Walsh

* *

One of the things the average doctor doesn't have time to do is catch up with the things he didn't learn in school, and one of the things he didn't learn in school is the nature of human society, its purpose, its history, and its needs . . . If medicine is necessarily a mystery to the average man, nearly everything else is necessarily a mystery to the average doctor. —Milton Mayer

A rule of thumb in the matter of medical advice is to take everything any doctor says with a grain of aspirin.
—Goodman Ace

Wherever the art of medicine is loved, there also is love of humanity. —Hippocrates (460?–370? B.C.)

Financial ruin from medical bills is almost exclusively an American disease. —Roul Turley

MEDIOCRITY

The world is made of people who never quite get into the first team and who just miss the prizes at the flower show.
—J. Bronowski

Only a mediocre person is always at his best.
—Somerset Maugham

Good behavior is the last refuge of mediocrity.
—Henry S. Haskins

In my opinion, we are in danger of developing a cult of the Common Man, which means a cult of mediocrity.
—Herbert Hoover

Great spirits have always found violent opposition from mediocrities. —Albert Einstein

The general tendency of things throughout the world is to render mediocrity the ascendant power among mankind.
—John Stuart Mill (1806–1873)

The characteristic of the hour is that the commonplace mind, knowing itself to be commonplace, has the assurance to proclaim the rights of the commonplace and to impose them wherever it will . . . I uphold a radically aristocratic interpretation of history . . . For the mass to claim the right to act of itself is then a rebellion against its

Weekly Compilation of

Presidential Documents



Monday, February 10, 1992
Volume 28—Number 6
Pages 191–230

111 RESEARCH

Pres Documents 4

by superseded to the extent of such inconsistency.

(3) The amendment made by this proclamation shall be effective with respect to articles both: (i) imported on or after January 1, 1976, and (ii) entered, or withdrawn from warehouse for consumption, on or after 15 days after the date of publication of this proclamation in the *Federal Register*.

In Witness Whereof, I have hereunto set my hand this fifth day of February, in the year of our Lord nineteen hundred and ninety-two, and of the Independence of the United States of America the two hundred and sixteenth.

George Bush

[*Filed with the Office of the Federal Register, 10:37 a.m., February 6, 1992*]

Note: *This proclamation was published in the Federal Register on February 7.*

Letter to Congressional Leaders on Beneficiary Trade Status for Estonia, Latvia, and Lithuania

February 5, 1992

Dear Mr. Speaker: (Dear Mr. President:)

I am writing to inform you of my intent to add Estonia, Latvia, and Lithuania to the list of beneficiary developing countries under the Generalized System of Preferences (GSP). The GSP program offers duty-free access to the U.S. market and is authorized by the Trade Act of 1974.

In extending nondiscriminatory, most-favored-nation treatment to Estonia, Latvia, and Lithuania, the Congress provided that I should take prompt action to grant GSP benefits to the Baltic States, provided they each satisfied the eligibility requirements. I have carefully considered the criteria identified in sections 501 and 502 of the Trade Act of 1974. In light of these criteria, and particularly the Baltic nations' ongoing political and economic reforms, I have determined that it is appropriate to extend GSP benefits to Estonia, Latvia, and Lithuania.

This notice is submitted in accordance with section 502(a)(1) of the Trade Act of 1974.

Sincerely,

George Bush

Note: *Identical letters were sent to Thomas S. Foley, Speaker of the House of Representatives, and Dan Quayle, President of the Senate.*

Remarks to the Greater Cleveland Growth Association in Cleveland, Ohio

February 6, 1992

Thank you very much for that welcome back to Cleveland. And first let me thank Dick Pogue, the chairman of the Greater Cleveland Growth Association, and all who help make this wonderful forum possible. I'm pleased to be back here in Cleveland, the capital city of the North Coast.

Hello to Bob Horton, who I understand not only warmed up the crowd but made it very difficult for me to come on as the next speaker. I salute what he and so many other business leaders in this community have done and are doing. You always get this feeling of cooperation between the business community and the government of Cleveland, the city government. I had that when I first came here and Mayor Ralph Perk was in office, and particularly did I get that feeling when George Voinovich came in as your mayor and energized this place to a fare-thee-well. And business pitched right in. And you have this wonderful community spirit that this organization really epitomizes, Dick. And I am grateful to be here.

And so let me get on with just saying I'm very pleased to have been introduced by George Voinovich, the great Governor of this State now. And may I salute Mike DeWine, who is over here, the Lieutenant Governor. We've got some other friends with us, too. I know that Bob Taft is out here, the secretary of state. Three distinguished Members of the United States Congress came with us, Ralph Regula, Mike Oxley, and Dave Hobson. And I'm sure I'll forget somebody, but

nevertheless I see our State senate president, Stan Aronoff, sitting over here. So that takes care of it. We've got good representation from Ohio's government; we've got representation from the wonderful congressional delegation; and we have outstanding representation here from the medical community and, of course, from the business community at large.

Good things are happening here for the Cleveland Cavs. [*Laughter*] In fact, I told the Governor I was going to be speaking today about the number one health issue on every Clevelander's mind. He said, "Mr. President, Mark Price's left knee is just fine." [*Laughter*]

People who know northern Ohio know that this region's on the move. In addition to the world-renowned Cleveland Clinic, now the city's number one employer, northern Ohio is also home to some of the most innovative approaches to health care. COSE and Cleveland Health Quality Choice are pioneers. Communities across the country can follow your lead to create workable solutions to health care challenges. And I had a briefing in Washington from the leaders of these organizations, and that really is why I've chosen to come to Cleveland this morning to address the health care crisis in our country and lay out my four-point program for comprehensive health care reform.

Reform is urgent for more reasons than one. Right now, far too many Americans are uninsured, and those who are insured pay too much for health care. And we're going to do something about that.

The one thing this crisis isn't about, and I was reminded of this in my visit to the hospital just now, the one thing it is not about is the quality of care. American health care is first-rate. It is the best in the entire world. And right now, the vast majority of Americans have access to that health care system. But the cost has skyrocketed from $74 billion in 1970 to $800 billion today. And if we keep going at the same rate, that $800 billion will double to $1.6 trillion by the year 2000.

These numbers alone would make the case for reform. They tell us there's a connection we simply can't ignore between what we pay for health care and the long-term health of our economy. But cold statistics don't show us the worry that people feel, the all-too-familiar fear about what happens to their health care if they change jobs or, worse still, if they lose their jobs. And in these hard times, we simply cannot accept the fact that one in every seven Americans is uninsured.

There's a better way. And my plan puts the emphasis on expanding access while preserving the choice people now have over the type of health care coverage and health care they receive. My plan will give Americans a greater sense of security, help ease the fears that so many Americans have that changing jobs will cost them their health coverage. And the key here is portability, changing the system to ensure people that they will always have access to health insurance no matter where they work. And finally, my plan will cut costs. It helps us make health insurance more affordable, and more affordable means more accessible.

And my plan will preserve what works and reform what doesn't. And above all, it will ensure every American universal access to affordable health insurance.

We stand at a crossroads. We can move forward dramatically to reform our market-based system, or we can force ourselves to swallow a cure worse than the disease. Some people have scribbled out a prescription for disaster. They want to nationalize our health system, put the Government in control of the system: Well, you let Government control the prices, let Government ration the kind of health care people get, let Government tell people looking for care how much they'll get, what kind, and when.

Nationalized systems cover everyone. But keep in mind the drawbacks that come with a nationalized system: Long waiting lists for surgery, shortages of high-tech equipment responsible for so many of the miracles of modern medicine. Let me cite just one example for you. The Cleveland Clinic performs 10 coronary bypass surgeries a day, I'm told, high-tech, high quality surgery without any wait. But if you live in British Columbia, the wait for coronary bypass surgery is 6 months. It's no wonder so many people from abroad come to American hospitals for surgery.

When you nationalize health care, you push costs higher, far higher. Some studies estimate that nationalized health care would

cost the average American family a huge new tax burden; for the Nation, a staggering $250 billion to $500 billion a year in new taxes. Such a massive tax increase is simply unacceptable, and the American people should not be asked to accept it. And for that price, you get the worst of both worlds: No one has an incentive to control costs, and everyone pays.

But there are other proposals out there that sound simple but are every bit as harmful. One's called "play or pay." Each employer must play, provide insurance for employees, or pay a payroll tax to finance Government health coverage. Business men and women tell me horror stories about health care costs spiraling out of control. Well, "play or pay" will leave a lot of small businesses, businesses struggling on the edge of survival right now, with a tough choice. They can cut workers' wages to pay for mandated health care; they can fire some workers to cover the workers they keep; or they can raise prices and pass along the cost to the consumer. Some studies put the cost in jobs lost under "play or pay" as high as half a million or more. Lower wages, lost jobs, higher costs: Any way you look at it, that's the wrong choice for America.

Step away from the rhetoric, strip it out of there, and "play or pay" just creates a back-door route to nationalized health care. And it encourages employers to stop offering benefits, throw the problem in the Government's lap, and dump millions of fully insured workers into a public plan like Medicaid. And because the new employer taxes in "play or pay" don't pay for the program, the American taxpayer will obviously foot the bill. And I am not about to let that happen. You won't hear this from the people pushing "play or pay." Ask them about the side effects of their proposal, and they'll say, "Take two aspirin, and call me after the election."

I don't believe people want to be shoveled into some new health care bureaucracy. They want good health. A large part of the answer is prevention. And every one of us can make changes in our behavior to reduce the risk of disease and illness. And pardon me for being just a little bit old-fashioned, but what we're talking about is behavior: drugs, alcohol abuse, risky sexual behavior. You know what I'm talking about. And there's nothing wrong discussing that, trying to do better in this field. Tomorrow, in San Diego, I'll focus in more detail on the ways prevention can help people live healthier lives and help keep our economy healthy, too.

But today, I want to focus on the health care system, on this comprehensive, market-based reform plan I have. The fact is, we do not have to create a new Government bureaucracy to give Americans access to affordable, quality health care. We need a system that delivers, a system that works for America, a system that puts quality care within reach of every American family.

Our system should be built on choice, not central control. It should keep costs down and open up access. But above all, it should allow all Americans to rest secure when it comes to health care, to ease their worry that if they change jobs, if they or their kids develop serious health problems, they'll still be able to count on the coverage they need.

Now, my comprehensive four-point plan meets every one of these commonsense tests. And here's how it works. Point one, we will make health care more accessible by making health insurance more affordable. For low-income individuals and families, I propose a health insurance credit, up to $3,750 a year to guarantee people, even people too poor to file taxes, the ability to purchase private health insurance. That will give these families a certificate or voucher, to be used strictly for health care, worth more than $300 a month. They can use it to buy into the plan their employers offer but they could never afford, or they can shop for whatever private plan suits them best. That's the American commitment to choice at its best.

For middle-income individuals and families, I propose a health insurance tax deduction of $3,750. American families with incomes under $80,000 will receive new help from either the credit or the tax deduction. Let me tell you what that means: new help to purchase health insurance for 95 million Americans. And once again, this insurance will be portable. People who change jobs would have insurance regardless of their health, and this is important, or regardless of their family's health. But best of all, my plan will bring health care coverage to almost

30 million uninsured Americans, security to people who for far too long have had to do without. That's the first point in this four-point plan, access.

Point two, we will cut the runaway costs of health care by making the system more efficient. Today, I'm asking you to learn a new acronym, HIN, health insurance networks. Insurance costs obey the law of large numbers. The larger the group being insured, the lower the cost per individual. Pooling, pooling lowers insurance costs and significantly cuts administrative costs. HIN's will provide incentives for small companies to do what Cleveland's COSE group has done when it brought 10,000 small businesses together to make a joint purchase of health care. The Nation should listen and follow.

Another way to drive costs down, make everyone a better health care consumer. Right now, most people pay more attention to the price of toothpaste then the comparative costs of health care. People don't waste much time thinking about the costs of their care, but in the end we all pay the price. We need to follow the lead of initiatives like Cleveland Health Quality Choice, programs that give people shopping for health care a kind of blue book for medical costs. Innovations like these will help all of us keep the costs of quality health care as low as possible.

Point three, we will wring out waste and excess in the present system. We've targeted medical malpractice for reform. It is time to put an end to these astronomical, sky's-the-limit lawsuits. You shouldn't have to pay a lawyer when you go to the doctor. And our doctors, the most able and dedicated in the world, shouldn't be living in fear of these outrageous lawsuits. And high malpractice premiums mean higher doctors' bills, higher hospital costs, costs passed along not only to the patient but to every American taxpayer.

Now, I have challenged the health insurance industry to cut redtape, to share common forms, to simplify and speed up claims processing. And here's a challenge for the next 4 years: There is no reason almost all health insurance claims can't be processed electronically. That single step would eliminate a mountain of health care paperwork and pare back costs. We've got to attack the excesses of mandated benefits. When States now order health insurers to cover 1,000 different types of treatment, something's gone wrong. Next thing they'll be covering manicures for Millie. [*Laughter*] It's gone too far. And I think everybody knows it. And we should challenge the States to do something about the excessive mandates that shoot these costs right up through the roof.

Fourth and finally, we will get the growth in Government health programs under control. Right now, Government health care programs can claim a dubious distinction: They are the fastest growing parts in the Federal budget. For those of you interested in history, go back and listen to what was said about these programs at their inception. Go back and hear the rhetoric on the floor of the United States Congress. And now compare that to what actually has happened in these costs. This year alone, this year alone, let me repeat that, Medicaid costs will increase by 38 percent. We will not, repeat, not cut benefits. We can make real savings simply by reducing this huge rate of increase. We must bring runaway costs under control. Smart, sensible efficiencies will help our reform plan pay for itself.

The Federal Government should also give States flexibility to design these new universal access programs for the poor, programs that will provide quality services to all their citizens. I've just met with Governor Voinovich and the rest of the Governors. Regardless of party, Democrat or Republican, it doesn't matter, they want flexibility. And we must give it to them. Right here in Ohio, your Governor has proposed health care reforms that will do for this State what we want to do on the Federal level. States should be able to use new Federal resources to design programs that work, not some one-size-fits-all solution imposed by Washington, DC.

Providing affordable care, efficient care, wringing out excess and waste, and controlling Federal growth. These four points will create the kind of market-based reform plan that will give Americans the kind of health care they want and deserve and put an end to the worry that keeps them awake at night.

Remember what people want. People want quality care, care they can afford, and care they can count on, care they can rely on. I

keep coming back to what works for this country. Think about the challenges that we face as a Nation. Anyone who is concerned about competitiveness has to see controlling health care costs as key to a healthy economy. We've got to make certain our reform corrects our weaknesses without destroying our strengths. When we talk about health care, we're talking about matters of the most personal nature, in some cases literally life and death and decisions that go with it. We don't need to put Government between patients and their doctors. We don't need to create another wasteful Federal bureaucracy. As President I simply will not let that happen.

We need commonsense, comprehensive health care reform, and we need it now. And my plan I really believe is the right plan, a plan that meets our obligation to all Americans by putting hope and health within their reach.

Cleveland has led the way. Your hospitals, COSE, citizens in this community are way out front for these principles. And it's most appropriate that I give this speech to the Nation on health care reform right here in this city that is leading the way.

Once again, my thanks for this warm Cleveland welcome. May God bless you all and the United States of America. Thank you very, very much.

Note: The President spoke at 12:36 p.m. at the Stouffer Tower City Plaza Hotel. In his remarks, he referred to Robert B. Horton, chairman of British Petroleum, and Mark Price, a member of the Cleveland Cavaliers basketball team. He also referred to the association's Council of Small Enterprises (COSE).

Remarks to the Staff of the University Medical Center of Southern Nevada in Las Vegas, Nevada

February 6, 1992

Thank you all very much. And again, I apologize if we've kept this distinguished group, busy people, waiting. But we're delighted to be here. It's kind of a hit-and-run day. It started in Cleveland where I announced the fundamentals of a new national approach for health care which I intend to work very hard for. But I want to thank Dr. Brandness and single out the Governor of the State who has been most hospitable to me since we've been here. Also Barbara Vucanovich, who is a Congressman here, a great friend of mine of long-standing, and simply say that I'm very pleased to be here to thank all of you for this afternoon's tour.

You can't help but when you walk through these halls and see the incredible work and dedication of the people, as we saw both at the neonatal care and the burn care center, you can't help but count your blessings for those who are devoting their lives to helping others. When you see somebody treating babies like that, tiny preemies, or those ravaged by burns, it just, at least in my heart, evokes tremendous gratitude and admiration for what you do. So, I hope you know that people outside the medical profession are extraordinarily grateful to those who give of themselves as you all do.

I did release this comprehensive health care program earlier today. And let me just, without giving you the full load, summarize a little bit. I know you're used to extended debates about health care. You probably get a lot of requests for free advice on this subject and many others. But I think everyone understands that all of you do something that politicians sometimes forget, and that is that America's medical system offers the best care in the world.

It's not simply that we start with the scientific and research end with far more Nobel Prize winners in medicine than any other country. It is just generally the quality of care. And when people from other countries seek the best possible care, you just have to look, where do they go? Well, they come to the United States of America.

And with all the problems and all the breathless press reports about health care, I think of the guy who got in a car accident. And when he got to the hospital, the doctor set his broken bones, examined him carefully, and assured him that he could go home the next day. The next day came, and the doctor rushed to the patient's room with a look of great anxiety and concern. "Is some-

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Correct name/title:

ROBERT M. HEYSSEL, M.D., president and chief executive officer of The Johns Hopkins Hospital and the Johns Hopkins Health System

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Carol Pearson

Carol Pearson

July 6, 1988

Aug. 25, 1988

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May 12, 1992

TO: Gary Gershowitz

FROM: Deborah Knight-Kerr

This is the phonetic spelling and pronunciation of Dr. Heyssel's name:

HI-SIL

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