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PHOTOCOPY
PRESERVATION

THE WHITE HOUSE

WASHINGTON

June 20, 1995

Melvin A. Benarde, Ph.D.
Director
Asbestos and Lead Center
Temple University
1616 Walnut Street (300-00)
Philadelphia, Pennsylvania 19103

Dear Dr. Benarde:

Thank you for sending me your article, "The Truth about Health in America," in the March/April 1995 issue of Chemical Health and Safety.

The Clinton Administration is deeply concerned about the disparity between white and non-white infant mortality rates, and we are working hard to close the gap. The Centers for Disease Control and Prevention have been working with the Association of Schools of Public Health and the Association of Teachers of Preventive Medicine to analyze existing data on the causes of preterm delivery. This work is nearing completion and will be presented by the researchers in July. In addition, the Agency for Health Care Policy and Research is supporting research on medical practices, other interventions, and individual and cultural behaviors that may effect birthweight in babies born to minority and high-risk women.

The Administration is also working to coordinate Federal and State services for pregnant women through the Healthy Start program, which provides funds to local infant mortality reduction initiatives. Philadelphia is home to a successful Healthy Start project.

One of the three broad national goals of the Healthy People 2000 prevention program is to reduce the health disparities between racial and ethnic groups. Although there is still much progress to be made, I am pleased that a recently released update on the success of Healthy People 2000 shows that greater numbers of African-Americans are receiving pre-natal care and that infant mortality among African-Americans is decreasing.

Melvin A. Benarde, Ph.D.
June 20, 1995
Page Two

Thank you again for writing. I have forwarded your article to our health policy staff for their review.

Sincerely yours,


Hillary Rodham Clinton



TEMPLE UNIVERSITY
A Commonwealth University

Center City Campus

1616 Walnut Street (300-00)
Philadelphia, Pennsylvania 19103
(215) 204-6479
Fax: (215) 204-5813

Asbestos and Lead Center

March 28, 1995

Ms. Hilary Clinton
The White House
Washington, DC 20013

Dear Ms. Clinton:

The good health of the American public has been a well kept secret. Making this widely known may help shape the type of health care system a generally healthy citizenry needs.

Best regards.

Sincerely,

A handwritten signature in cursive script that reads "M. A. Benarde".

Melvin A. Benarde, Ph.D.
Director

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Chemical Health & Safety

MARCH/APRIL 1995

Volume 2

Number 2

Published by the
American Chemical Society
and the
ACS Division of Chemical
Health and Safety

The truth about health in America

Shipping corrosives: What you need to know

Disposing of explosive laboratory chemicals



4/20/95

IMK —
Clinton also
should
make
priority
—

THE WHITE HOUSE

September 15, 1995


Dr. Bernardo Benes
Executive Director
Chairman's Advisory Committee
Jefferson Bank of Florida
301-14th Street
Miami Beach, Florida 33140

Dear Dr. Benes:

Thank you for sharing your experience and expertise on health care cost containment. I have forwarded a copy of your letter to the Office of Policy Development for their consideration. In the interim, let me express my appreciation for your support of the President and I look forward to seeing you again in Miami next week.

With gratitude and warm regards, I remain

Sincerely yours,


Hillary Rodham Clinton

~~cc:~~ Office of Policy Development

see: Bruce Lindsey

JEFFERSON BANK  OF FLORIDA
with Trust Department

301-41st STREET (ARTHUR GODFREY ROAD)
MIAMI BEACH, FLORIDA 33140 • TELEPHONE (305) 532-6451

DR. BERNARDO BENES
Executive Director
Chairman's Advisory Committee

August 30, 1995

Hillary Rodham-Clinton
The White House
Washington, D.C.

Dear Mrs. Clinton:

Today I am writing you with two ideas on health care cost containment. They are as follows:

1.) You could be instrumental in preparing legislation "Truth in Health Care" similar to "Truth in Lending." As a Banker for the last 35 years, we are subjected to inform borrowers of the cost of borrowing money. Is interest on loans more sensitive to the American public than health care costs? Are the providers of health care more ethical than bankers? My answer to these two questions is no. I'd love to see, particularly today when large corporations are buying hospitals, that every morning with their breakfast millions of patients get a detailed bill for the prior day services. Maybe some providers will be embarrassed to show that they are charging \$15.00 for an aspirin. One of the biggest problems with the cost of health care is that consumers are not sensitive to the cost because they feel someone else is paying for it. This legislation will make them more aware of it. Maybe it should be accompanied by a national advertising campaign explaining to the American people that when buying health care they should do the same as when they are buying a car.

2.) We should do nationally what we did some twenty years ago in Dade County with our only Public Hospital, Jackson Memorial Hospital. Jackson Memorial was a horrendous "dumping" hospital. When I was President of the South Florida Health Planning Council, we recommended to the Dade County Government the creation of a Public Health Trust consisting of community leaders who act as local Board of Directors. Within 10 years Jackson became one of the most outstanding hospitals in the Nation. When I see all the problems that Public Hospitals are having in New York City (I read the New York Times) and probably throughout the Nation, I feel that this idea has merit. I discussed the idea with my intimate friend, Cong. Dante Fascell. Immediately he said, "Bernardo, let's start with each Veteran Hospital in the Country." If you would like to hear the details of the Jackson Hospital story, I'd be glad to collect the literature. A meeting could be arranged with the key people responsible for this project so something can be done at the national level. I know that the above two ideas will save billions of dollars and, at the same time, improve the health care system of our Country.

I would like the opportunity to get involved. My background is extensive in this area. In 1969 I was a Co-Founder of the South Florida Health Planning Council and in subsequent years became its President and Member of the State of Florida Health Planning Council. In 1979 I was President of the American Health Planning Association. During your efforts on Health Reform Legislation I sent you an article I had written with some ideas (exhibit one). I received a letter from Carol H. Rasco thanking me for my interest and contribution. There are some other ideas that I have implemented in education as former Chairman of the School Volunteer Program in Dade County which deals with voluntarism in Public School's Management at no cost. If interested, I would be glad to share these ideas with you.

This week I have called a meeting of the most recognized leaders of Hispanics, Black, and women in Dade County (more than 84% of the electorate) to create a group to actively support your husband's speech on Affirmative Action. To date no one in Dade County has protested this issue supported by "The Contract for America." It is unthinkable that while ten of thousands of Cuban Americans became successful professionals in the last 30 years today are "Right Wing" Republicans calling your husband a "traitor" on the Cuban issue. I'd love to discuss this further looking at 96' with your husband's political strategies. I strongly believe that the present policy is wrong.

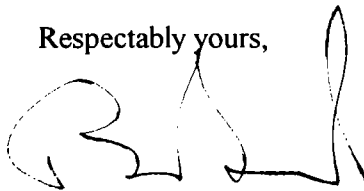
And Lastly, I was one of the first Miamians who contributed to your husband's campaign in 1992, in a breakfast, when he was "Bill who?" I also attended the Inaugural Ball. I met you last year at the VIP reception in Miami for the Summit of the Americas. The organizers sent me a picture taken with you.

Enclosed you will find an article recently published in the Miami Herald about me (exhibit two). My Resume and Personal references are attached (exhibit three & four) along with a background of the Democratic Party Activities in Dade County (exhibit five).

Sorry for the length of this letter but I am really upset of the injustices I suffered in 1978 from the same people who are trying to destroy your husband because of the Cuban issue. I urge you to get me involved (behind the scene). I am really committed. Looking forward to hearing from you.

I will be at the dinner on September 19, at The Sheraton Bal Harbour. It will be a pleasure to see you and your husband again.

Respectably yours,



Dr. Bernardo Beñes

Enclosures

BB:kmf

THE WHITE HOUSE

February 17, 1995

Cardinal Joseph Bernardin
Office of the Archbishop
Archdiocese of Chicago
Post Office Box 1979
Chicago, Illinois 60690-1979

Dear Cardinal Bernardin:

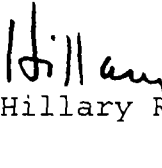
Thank you for sending a copy of your thoughtful speech. Bill Cox also sent it to the President.

In the past two years, I have seen firsthand the tireless dedication of not-for-profit hospitals to providing high quality medical care to all patients, even the most disadvantaged. As you noted, these institutions have an essential mission in caring for the growing numbers of uninsured and underinsured in their communities -- which is all the more important in light of the failure to pass health care reform last year. As you also pointed out, we must vigilantly protect our nation's not-for-profit institutions as economic pressures on the health care system increase.

Cardinal Joseph Bernardin
February 17, 1995
Page Two

Thank you for sending the speech, and
thank you again for your continuing work
and ongoing commitment to health care
reform.

Sincerely yours,


Hillary Rodham Clinton

I hope we'll have time for another
conversation soon.

February 14, 1995

William Cox
Vice President
The Catholic Health Association
Suite 204
1776 K Street, Northwest
Washington, D.C. 20006

Dear Bill:

Marilyn Yager forwarded Cardinal Joseph Bernardin's insightful speech to me. As he so correctly points out, our nation's not-for-profit hospitals, especially our religious institutions, have been tireless in their dedication to providing high quality health care to even the most disadvantaged in this country. As economic pressures on the health care system continue to increase, we must preserve the essential mission of these not-for-profit hospitals.

Thanks for sharing the speech with me. (Cardinal Bernardin also sent a copy to Hillary.) And thank you again for the Catholic Health Association's tremendous commitment and contribution to the debate on health care reform.

Sincerely,

ARCHDIOCESE OF CHICAGO

Office of the Archbishop



Post Office Box 1979
Chicago, Illinois 60690-1979

February 10, 1995

The First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mrs. Clinton:

I am pleased to provide you with a copy of a presentation I recently made to the Harvard Business School Club of Chicago. The speech, "Making the Case for Not-For-Profit Healthcare," details the need to preserve and strengthen the role of not-for-profit institutions in the nation's healthcare delivery system.

I believe that the provision of healthcare services is fundamentally different from the production and distribution of most other goods and services. The primary goal of healthcare, like other human services, should not be economic, but the promotion of human dignity and community well-being. Healthcare services are best advanced in a predominantly not-for-profit delivery system with a patient-first, community orientation.

An overwhelming majority of hospitals are not-for-profit. Only 14 percent are investor-owned (for-profit). But the issue of not-for-profit versus investor-owned is likely to become of increasing importance as investor-owned organizations continue to buy not-for-profit facilities. In addition, we are experiencing an excessively commercial healthcare environment. I question whether such developments are in the long-term best interests of patients and communities.

Not-for-profit structures are essential to the future vitality of our nation's healthcare system and to the values it represents. I hope you will find that my reflections contribute to the discussion on this important subject.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Card. Bernardin".
Archbishop of Chicago

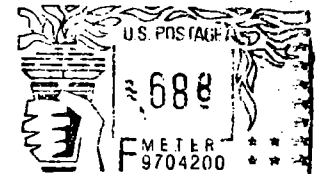
ARCHDIOCESE OF CHICAGO

Office of the Archbishop



Post Office Box 1979
Chicago, Illinois 60690

PRE-SORTED
FIRST CLASS



The First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500



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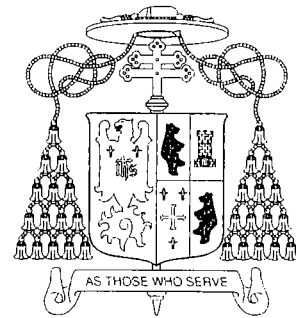
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Making the Case for
Not-For-Profit Healthcare
Speech, January 12, 1995
[21 pages]

MAKING THE CASE FOR NOT-FOR-PROFIT HEALTHCARE



*A Speech By
Cardinal Joseph Bernardin*

*The Harvard Business
School Club of Chicago*

January 12, 1995

THE WHITE HOUSE

WASHINGTON

March 1, 1995

George L. Blackburn, M.D., Ph.D.
Deaconess Hospital
Department of Surgery
194 Pilgrim Road
Boston, Massachusetts 02215

Dear Dr. Blackburn:

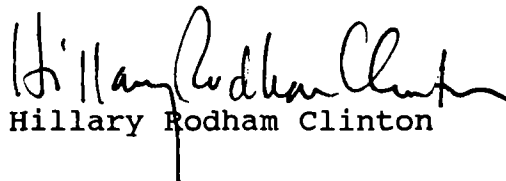
Thank you for sending a copy of your preventive medicine proposal. I very much enjoyed speaking with you, Dr. Koop and Dr. Wynder at the White House.

Dr. Koop's Shape Up America program and the wellness programs at Deaconess Hospital are outstanding examples of private sector initiatives to combat the health hazards associated with obesity and sedentary lifestyles. As Dr. Koop mentioned in his "Shape Up America" Report, medical costs related to these health risks have reached \$100 billion a year.

I would like to encourage more schools and workplaces to follow your lead and begin programs to promote healthy lifestyles. Plans like yours -- that help people identify risk factors early on and encourage them to take steps to improve their health -- will go a long way toward preventing illnesses and containing health care costs. The documented success of the Risk Reduction Program at Deaconess and the cost savings that you have seen already are a testament to this fact.

Thank you again for writing. I have forwarded the information about your wellness programs to our health policy staff for further review.

Sincerely yours,


Hillary Rodham Clinton

cc: Lisa Haines, R.N., M.Ed.

Jen - HO2C
wants you
to respond
to this Pam



Deaconess Hospital



Department of Surgery

George L. Blackburn, M.D., Ph.D.
Chief, Nutrition/Metabolism Laboratory
Cancer Research Institute

194 Pilgrim Road
Boston, Massachusetts 02215
(617) 632-8543
Fax (617) 632-0235

Associate Professor of Surgery
Harvard Medical School

December 22, 1994

Mrs. Hilary Rodham Clinton
The White House
Pennsylvania Avenue
Washington, D.C. 20500

RE: Preventive Medicine
The Koop Foundation's
Shape Up America Campaign
Deaconess Hospital
Wellness Program

Dear Mrs. Clinton,

As promised during our private conversation together with Dr. Koop and Dr. Ernst Wynder, President of the American Health Foundation, I am providing a preventive medicine proposal. The program begins with:

- a novel health risk appraisal focusing on self-help lifestyle benefit
- stratification of risk to optimize expenditure of funds where they will produce the best success, i.e., on high-risk individuals.
- proposal for incentivizing the participant (particularly those in the work site) to participate


We suggest use of the program by the benefits office of the DHHS Division of Federal Occupation and Beneficiary Health Services. The National Director of the Division of Federal Occupation and Health is located at 5515 Security Lane, Suite 917, Rockville, MD 20852. The organization of employee health leaves the final decisions to each region although demonstrations can be initiated out of the National Director's office. Excellent demonstrations could take place in a variety of federal agencies that include the IRS, the FBI and civilian populations at military bases.

"...where science and kindness unite..."

I believe that the enclosed documents represent novel preventive health approaches. The timing seems right to start a demonstration project. Needless to say, it would benefit from your participation.

I hope this is one of the ideas that could be part of Health Reform Part II.

Sincerely,



George L. Blackburn, M.D., Ph.D.

GLB:jl

Enclosures:

Deaconess Hospital Wellness Program for Employees

Middle Class Family Incentives Toward Preventive Health via School Program

cc: C. Everett Koop, M.D.
Ernst Wynder, M.D.
Lisa Haines, R.N., M.Ed.
Coordinator of Deaconess Team Health

Middle Class America

Incentive for Preventive Health and SHAPE UP AMERICA

Among middle class Americans, major concerns currently include: 1) health care, particularly availability and cost; 2) jobs and the standard of living supported by their income; 3) crime; and 4) the National debt, deficit spending and taxes. An opportunity clearly exists to link the Shape Up America campaign, and other similar preventive health programs with the known savings in medical expenses. The lower cost of medical care required by Shape Up participants would supply funds increase wages and to provide other benefits such as job training as well as creation of new and better jobs. The relationship of these type jobs and reductions in welfare, crime, and taxes is well documented, with the benefits directly related to the source of saving. For example, health insurance savings to the employer could translate into increases in salary or other employee benefits. Savings to government would be used to provide job training, forced education and other programs to reduce dependence on welfare. Better health and better jobs can be expected to reduce crime and government spending.

Commitment by the middle class to preventive health efforts -- particularly Shape Up America, children's health and immunization, and other risk reduction campaigns -- would allow the country to redirect **50 billion dollars in health savings** to other national priorities while providing real, tangible benefits to the individual. An incremental improvement in a person's preventive Health Report Card would

earn credit at a cafeteria of benefits for the employee and his/her family. Properly communicated, this effort would be acceptable to most Americans based on recent polling. The goal would be a modest, incremental improvement in one's preventive health report card, which would include immunization, physical fitness, healthy diet, healthy weight, safety belts, alcohol and smoking cessation, etc. American Health Foundation President, Ernest Wynder, has already developed a "Health Passport". Dr. Koop, and the Koop Institute in Public Health at Dartmouth, and the Koop Foundation could be the collective messenger. Together with its Blue Ribbon partners in most professional societies and volunteer health associations, they could implement this preventive medicine program, including the Shape Up American component across the country.

Who would lead the campaign? One possibility may be a school-based program. Already we recruit them for smoking and alcohol cessation for themselves and their families, and children are a key focus of Shape Up America.

I believe many government resources particularly the U.S. Preventive Task Force and other agencies of HHS and the Executive branch, could also help make this plan a reality. Development of strategic initiatives led by Shape Up America and all its partners, in alliance with the executive and legislative branches of government as well as local industry leaders could accomplish the mission.

Most important. the public, on an individual and/or family basis, would

realize personal improvements in their health and income. Americans contribute to the control of government spending and the reduction of the deficit. The linkage of preventive health with these middle class values would provide a foundation for understanding and expansion and would vastly improve the success of Shape Up America. The savings that could be realized by Shape Up America obesity component alone are substantial; adding smoking cessation and seat belt use, and the potential 50 billion dollar savings is clearly attainable. The initial three-year annualized saving of 50 billion dollars represents but 5% of the national health budget. This savings would be distributed fairly among all health care trust funds (e.g., Medicare, Medicaid, insurance companies and employers). Thus, this link between preventive health and individual benefit could achieve two important goals of value to most Americans: improved health and standard of living.

Indeed, we have a small demonstration of how to achieve this goal based on a study done in employees at the Deaconess Hospital. I hope many suggestions like this will come from the Shape Up America advisory board so that we can move quickly from planning and communicating to implementing these plans and obtaining results..

Enclosures:

Dupont Estimate of Lifestyle, Illness, Cost per Employee

Deaconess Health Risk Assessment

December 18, 1994



Deaconess Hospital



One Deaconess Road
Boston, Massachusetts 02215
(617) 632-7000

A Major Teaching Hospital
of Harvard Medical School

December 21, 1994

Mrs. Hilary Rodham Clinton
Office of the First Lady
The White House
Pennsylvania Avenue
Washington, D.C. 20500

RE: Deaconess Hospital
Wellness Programs

Dear Mrs. Clinton,

I am writing to follow up on your conversation with Dr. George Blackburn regarding the Deaconess Hospital's Wellness Programs: Deaconess Team Health and Deaconess PRO Health. This is an exciting opportunity for the Deaconess to share with you the wellness programs we have developed for our employees and the corporate market. Your commitment to preventive health and your support of the former, Surgeon General C. Everett Koop's health awareness efforts and programs are to be commended.

As a result of the focus in health care shifting from treatment to prevention, and the CDC report that 50 to 75 percent of the dollars spent on medical care are directed at treating diseases or conditions related to people's lifestyles, Deaconess Hospital administrators began an examination of our employee health-care delivery system. This examination identified two issues: increasing health-care claims and insurance premiums, and the underutilization of the excellent resources at the Deaconess.

In the Deaconess Hospital tradition of exploring the frontiers of medical practice, a team of physicians, nurses, administrators and employees envisioned a program that would focus on risk reduction and financial management. The plan was to target the risk reduction strategies by developing a program aimed at improving the physical and mental well-being of individuals who face preventable or reversible lifestyle related disorders. The goal was to move beyond the reactive practice of treating illnesses and injuries when they occur to a more proactive approach of identifying risk factors involved with illnesses and injuries early on and assisting people to take the appropriate measures to maintain or improve their current state of health. As a result of the implementation and success of the Risk Reduction Program and a review of participants' health-care claims, we have seen a reduction in health-care costs over a four year period.

"... where science and kindness unite ..."

The enclosed packet contains information on both Deaconess Team Health and Deaconess PRO Health. Through these programs, many employees at Deaconess Hospital and at several Boston area corporations that use PRO Health have reached their goals of weight loss, participation in exercise programs, stress reduction, and reducing the symptoms associated with chronic illness.

We at the Deaconess Hospital believe that a climate that promotes health, fitness and well-being is essential in the work place. Should you have any questions about Deaconess Hospital's employee wellness strategies, I would be happy to provide you with additional information. I can be reached at 617-632-0710. Thank you again for your interest in our wellness programs.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Haines".

Lisa Haines, R.N., M.Ed
Coordinator, Deaconess Team Health



DEACONESS TEAM HEALTH

OVERVIEW

The current focus of healthcare is shifting from treatment to prevention. It is estimated that 50 to 75% of the dollars spent on medical care are directed at treating diseases or conditions related to people's lifestyles. In the Deaconess tradition of exploring the frontier of medical practice, a multidisciplinary team envisioned a program aimed at improving the physical and mental well-being of individuals who face preventable or reversible lifestyle related disorders. The idea was to move beyond the reactive practice of treating illnesses and injuries when they strike and to take a proactive stance by identifying the risk factors involved with illnesses and injuries and then helping people to take the appropriate measures to maintain or improve their current state of health. According to the Centers for Disease Control, "lifestyle factors" have more influence on an individual's health than all other factors combined. By making healthy lifestyle choices people can reduce their risks of heart disease, cancer, and other serious illnesses.

The goals of Deaconess Team Health are:

- To assess employee lifestyle health behaviors and risk factors for disease development.
- To effect a positive change in employees' attitudes about their lifestyle behaviors and the impact of those practices on their health.
- To reduce the healthcare costs of Deaconess employees.
- To increase employee morale and productivity while reducing absenteeism.
- To generate referrals to the internal medical/surgical staff.
- To use program results for developing and implementing a manageable and responsive benefit structure.
- To demonstrate the effectiveness of the program with the aim of expanding to the external market (Deaconess Pro Health).

Deaconess Team Health consists of 4 key components

**ASSESSMENT
INTERVENTION
ASSISTED CARE
PREVENTION**

ASSESSMENT

The assessment phase of Deaconess Team Health is centered around the Health Risk Appraisal (HRA), a complete assessment of an employee's health status and risk factors for disease. The employee fills out a questionnaire and takes a blood test. The information from these is fed into the HRA machine and the Deaconess Team Health coordinator then reviews the resulting printout with the employee to determine the current status of their health and to make recommendations where necessary. In adhering to Deaconess Hospital patient and employee policies, all information gained through the HRA is held in the strictest confidence.

INTERVENTION

Deaconess Team Health has several resources available at the hospital for intervention services, each offering different programs. Based on the personal risks identified by the HRA, the Deaconess Team Health coordinator refers eligible employees to one of the proven and effective programs through the research pilot program (1991 - 1993) or via employee discounted programs.

Once an employees' health risks have been identified by the HRA, the employees becomes eligible for one of three levels of intervention.

Level I is the most basic and most common level of service, applying to the employee who has few or no health risks. Depending on those risks, the Deaconess Team Health coordinator may encourage employees to participate in health awareness programs, seek health counseling, or contact their primary physician; or the Deaconess Team Health coordinator may refer them to a physician through the Assisted Care Program.

Level II programs provide clinical interventions for eligible employees who are identified through the HRA as having moderate to high risk profile. These services, provided by separate clinical areas of the Deaconess, offer medical assessment, counseling, and limited medical intervention. The programs in the Level II category are designed to help with high blood pressure, high lipid values, stress management and weight loss.

The longer term Level III programs are reserved for employees with higher levels of risk, combining intervention with personalized medical treatment. Each of the three divisions of the hospital that participate in Deaconess Team Health have several specialized offerings. Setting these programs apart from the Level II programs is the fact that they are by nature more flexible, customized to the specific needs of each case so as to offer more intensive and effective treatment.

ASSISTED CARE

This phase of the Deaconess Team Health program was established to help employees find affordable and high-quality medical care at the Deaconess. When the Deaconess Team Health coordinator finds during the HRA process, that an employee does not have a primary care physician she refers the employee to one at the Deaconess where they will get priority appointments.

PREVENTION

Deaconess Team Health coordinator provides an on-going series of monthly health awareness programs aimed at informing the employee population about specific health issues and helping them take preventive measures to maintain their health. The programs are advertised in advance and then presented in highly trafficked areas of the hospital such as the cafeteria or the lobby.

Health Awareness Programs include but are not limited to the following:

- Healthy Heart
- Food For Thought
- Body Composition Analysis
- Know Your Number - cholesterol screening
- Fitness Update
- Cancer Awareness
- Emergency Services Week
- The Great American Smoke-out
- Holiday Health
- Women and Healthcare Seminar Series

THE WHITE HOUSE

WASHINGTON

June 12, 1995

Ms. Ellen A. Bruce, J.D.
Director, Public Policy Division
Gerontology Institute
University of Massachusetts -- Boston
100 Morrissey Boulevard
Boston, Massachusetts 02125-3393

Dear Ms. Bruce:

Thank you for writing to share your thoughts about the Forum on Medicare and Mammography at the White House Conference on Aging.

For several months before we launched our campaign to increase the use of mammography among our nation's older women, I held "listening sessions" around the country. At these listening sessions, I had the opportunity to hear older women, their families, and their doctors speak out about mammography and breast cancer. One of the things I learned was that -- as you point out -- men can play an important role by encouraging women to get mammograms and by supporting them if they do develop breast cancer. In fact, one of the most touching moments of the listening sessions took place at a senior citizens' center in Florida, when a man in the audience stood up and talked about how important it was to him that his wife get regular mammograms because they had been together for a long time and he wanted her to be around for a long time in the future.

This is why the Administration's mammography awareness initiative is oriented towards older women and their families. For example, in honor of Mother's Day, we kicked off the initiative with what we called the "Mama-gram" campaign. The campaign included pre-printed mammography reminders called "mama-grams" that could be slipped into a Mother's Day card or bouquet by a friend or family member -- including a husband, son, or grandson. In addition, the President was featured in one of the public service announcements you saw at the mammography forum to demonstrate that men can and should talk to the women in their lives about mammography and breast cancer. In the coming months, the Clinton Administration will continue the awareness campaign by working with Medicare carriers and intermediaries, state health departments, local aging agencies, and voluntary and professional organizations to reach out to older women, members of their families, and health care professionals.

Ms. Ellen A. Bruce, J.D.
June 12, 1995
Page Two

Thank you again for writing. I very much appreciate your support.

Sincerely yours,

Hillary Rodham Clinton
Hillary Rodham Clinton

P.S. Yeah, Wellesley!



The Commonwealth of Massachusetts

University of Massachusetts - Boston

100 Morrissey Boulevard

Boston, Massachusetts 02125 - 3393

GERONTOLOGY INSTITUTE
Telephone: (617) 287-7300
Fax: (617) 287-7080

May 10, 1995

Mrs. Hillary Clinton
White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Mrs. Clinton:

I was fortunate enough to see you at your forum on Medicare and Mammogram at the White House Conference on Aging. I thought the forum was excellent and informative.

I would, however, like to suggest that in the campaign that there be a stronger educational component aimed toward men. Men are very uncomfortable with the issue and women often fear their partner's reaction as much as the illness. I think men, as well, are afraid of their own reaction. We will reach many more women if we educate and support men in dealing with this issue. They need to know their wife's, mother's or daughter's fears and how to support them. Several women in my family have gone through this and I have seen how important their husbands have been.

Obviously this is not the primary focus of the campaign. Women should be the primary focus, but the men in their lives should be a secondary target as are doctors.

Finally, I deeply appreciate your advocacy for women, children and health. There are many people behind you.

Very truly yours,

Ellen A. Bruce, J.D. *
Director
Public Policy Division
Gerontology Institute

cb2/clinton.ltr

* Wellesley - 1970 (☺)

GERONTOLOGY INSTITUTE

UNIVERSITY OF MASSACHUSETTS BOSTON

100 MORRISSEY BLVD.

BOSTON, MASSACHUSETTS 02125-3393

UMass Boston

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BOSTON MA 02118
11 MAY 1995

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Mrs. Hillary Clinton
White House
1600 Pennsylvania Avenue
Washington, D.C. 02133

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THE WHITE HOUSE

WASHINGTON

April 20, 1995

Richard E. Burney, M.D.
President
American Medical Peer Review Association
1140 Connecticut Avenue N.W.
Suite 1050
Washington, D.C. 20036

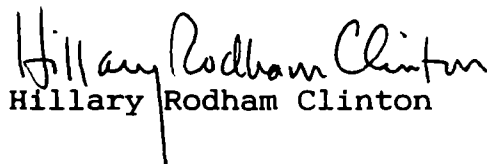
Dear Dr. Burney:

Thank you for writing about the programs launched by several of your member organizations to increase mammography use among Medicare beneficiaries and for the invitation to your upcoming health policy institute. Although my schedule will not permit me to attend, I do want to commend you for your members' tremendous efforts on behalf of our nation's older women.

As you may know, the Administration will be announcing a national campaign to publicize the Medicare mammography benefit and educate older women and their health care professionals about its lifesaving potential. We will launch this effort with a "Mamagram" campaign in honor of Mother's Day that will include public service announcements, special events, informational brochures, and other outreach efforts.

Thank you again for writing. I have forwarded your letter to Dr. Helen Smits of the Health Care Financing Administration (HCFA) and have asked her to call you to discuss ways for HCFA to work with AMPRA members on the mammography campaign.

Sincerely yours,


Hillary Rodham Clinton

cc: Dr. Helen Smits



Jan Klein

American Medical Peer Review Association

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March 10, 1995

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20050

Dear Mrs. Clinton,

In view of your public campaign to draw attention to women's health care issues -- particularly mammography -- I thought it might be helpful for you to know of some other federally-sponsored initiatives already underway to bring about improvements in this area.

A number of members of the *American Medical Peer Review Association (AMPRA)* -- a national association of organizations concerned with health care quality and availability and all of whom hold Medicare Peer Review Organization (PRO) contracts -- are currently at work to promote increased use of mammography as a method of screening for breast cancer. As president of *AMPRA*, I would like to call these programs to your attention.

In conjunction with the HCFA Medicare Health Care Quality Improvement Program, *AMPRA* members working at the state and local levels have begun a variety of projects to improve the rates of mammography among Medicare beneficiaries and to improve the quality of breast care associated with mammography.

In Michigan, the peer review organization has learned that women in the Upper Peninsula have much lower rates of mammography than in other parts of the state. Hospitals in the Upper Peninsula are cooperating with *Michigan Peer Review Organization* to improve this situation.

The Ohio PRO, *Peer Review Systems, Inc. (PRS)*, has developed a community-based network to educate and inform women of the need for regular mammography screening. In partnership with the Ohio Department of Health, the Appalachia Leadership Initiative on Cancer, county health departments, hospitals, and mammography centers, PRS has built a broad coalition to support efforts for the early detection of breast cancer in three rural counties in Ohio. Their approach includes both physician education and direct beneficiary outreach through churches, pharmacies, grocery and variety stores, banks and senior centers.

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The *Connecticut Peer Review Organization (CPRO)* has identified, through Medicare claims analysis, three geographic areas in Connecticut with low mammography use. In response, a community partnership including the Connecticut Department of Health, two universities, the Connecticut chapters of the American Cancer Society and AARP and local community agencies has been developed to increase regular screening mammography in these areas. The project includes focus groups to identify local barriers to mammography use, beneficiary outreach in each target community and physician education. A brochure describing CPRO's project is enclosed.

A variety of other kinds of projects related to breast care are possible through independent local public organizations dedicated to quality improvement in health care, very similar to the "quality improvement organizations" called for in then Senate Majority Leader Mitchell's version of the Health Security Act of 1993. The examples given above are evidence of the utility of this model for assisting in important federal initiatives and following through with them at the local level.

Getting a mammogram is only a first step in improving care for women with breast disease. Other steps that should be encouraged at the local level -- and which could be carried out by quality improvement organizations -- include:

- analyzing trends in mammography interpretation and subsequent care through collaborative data gathering and analysis with hospitals and other health care providers;
- establishing guidelines for care that remain abreast of scientific advances;
- monitoring changes in processes and outcomes of care to identify improvement and disseminating information about successful practices in this regard;
- educating consumers to make informed choices; and
- promoting improvements to ensure that not only is the overall quality of care delivered of the highest caliber, but that Medicare resources are used cost-effectively to achieve this goal.

The members of the *American Medical Peer Review Association* share your commitment to improving the quality of health care for all Americans. Combining and coordinating your global message with local and regional grass-roots initiatives could enhance the effectiveness of both our programs and your message. With regard to message, AMPRA is hosting its annual health policy institute, titled "Partnerships in Health Care Quality" in Washington on May 1. Perhaps you would agree to join us and further spread the message?

If you would like more information about our work or if we can be of assistance to your efforts in any way, Mrs. Clinton, I hope you will call on us.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Burney, M.D." The signature is written in a cursive, flowing style.

Richard E. Burney, M.D.
President

Mammography Outreach

The project involves outreach to both the beneficiary and physician communities. For beneficiary outreach, the first step is to define the barriers and motivating influences related to older women seeking a mammogram. CPRO will work with beneficiary representatives (Caucasian and African-American) from the low use areas to obtain that information through a series of focus group sessions. Representatives will also be involved in the development and implementation of the educational outreach effort for all Medicare female beneficiaries in the target areas.

CPRO's physician outreach will focus on primary care physicians and their office staffs. This will be accomplished through Physician-Hospital Organizations in the target areas. CPRO is also working in coordination with the Connecticut Chapter of the American Cancer Society through its physician Primary Care Prevention Program in two of the three areas CPRO has selected for outreach.

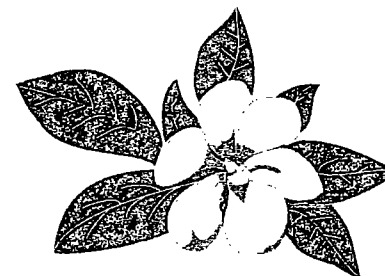
CPRO, with the collaboration of its alliance partners, believes this project has the potential to substantially improve the mammography use rate among older women in Connecticut.



For more information about this project, contact one of the project team leaders, Jeanette Preston, M.D. at (203) 632-2008 ext. 242, or Allyson F. Schulz at (203) 632-6361.

Connecticut Peer Review Organization
100 Roscommon Drive
Middletown, Connecticut 06457

MAMMOGRAPHY OUTREACH PROJECT



Team Leaders:

Jeanette A. Preston, M.D.
Allyson F. Schulz

Mammography Outreach

Breast cancer is the most common non-skin malignancy in women in the United States. Despite strong scientific evidence supporting the effectiveness of screening mammography and the universal recommendation that women age 50 and older undergo routine screening, studies have shown that only about one-third of older women comply with the recommendations. In fact, in Connecticut, the statewide annual mammography use rate by women 65 and older is even lower: 26.5% in 1993.

The Connecticut Peer Review Organization (CPRO) performed a small area analysis based on population-based use rates in 24 hospital service areas to determine use rates for female Medicare beneficiaries age 65 and older. The analysis was completed using Part B Medicare claims for both diagnostic and screening mammography codes and HCFA denominator files data. There was definitive variation among the areas ranging from a low of 10.2% to a high of nearly 31% when the annual use rates for 1993 were analyzed. The biennial use rate was 36.7% in 1991–1992, and 37.9% in 1992–1993. This obvious need for improvement in Connecticut convinced CPRO to implement an effort to increase mammography use among Medicare beneficiaries through an Outreach Project to be piloted in three low use areas.

Early on in project planning, CPRO recognized that there were many other groups in the state who had an interest in achieving a similar goal. So, CPRO established an informal alliance to partner with them in the project. This collaborative effort will maximize our

potential for success, minimize duplication of effort, and use available human and financial resources efficiently.

Alliance Partners

Health Care Financing Administration
CT Dept. of Public Health & Addiction Services
American Cancer Society (CT Chapter)
University of CT Health Center
Yale Cancer Center
Connecticut Radiology Society
The Travelers Insurance Co. (Part B Carrier)
AARP
CT Commission on Aging
Elderly Health Screening Service
Area Agencies on Aging
Local Senior Centers
Susan G. Komen Breast Cancer Foundation
(Race for the Cure)

The goals of the project are:

- to increase mammography use in the target areas;
 - to identify local barriers and motivational factors involved in mammography use;
 - to develop a partnership model with beneficiaries and other interested groups to design and implement outreach strategies;
 - to implement these strategies in the target areas; and
 - to identify CPRO as a resource for community health groups for health promotion/prevention.
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