HRC Friday Philadelphia 2/4/94

**THE CHILDREN'S HOSPITAL OF PHILADELPHIA**
**HILLARY RODHAM CLINTON/C. EVERETT KOOP, M.D.**
**HEALTH CARE FORUM**
**SUBSTANTIVE MEETING**
**FEBRUARY 4, 1994**

**Participants-The Children's Hospital of Philadelphia**

Edmond F. Notebaert, President and Chief Executive Officer

Kenneth Fellows, M.D., President-Medical Staff

Frances Gill, M.D., Medical Director-Primary Care Center

Anna Meadows, M.D., Director-Division of Oncology
Oncology and Cancer Research

James A. O'Neill, Jr., M.D., Surgeon-in-Chief

Russell Raphaely, M.D., Director-Pediatric Intensive Care

Elias Schwartz, M.D., Physician-in-Chief

Saul Surrey, Ph.D., Director-Joseph Stokes Jr. Research Institute

Camillus Witzleben, M.D., Pathologist-in-Chief

**Participants-The College of Physicians of Philadelphia**

John M. O'Donnell, Executive Director

Robert H. Bradley, Jr., M.D., President

Lewis L. Coriell, M.D., Ph.D., Council-College of Physicians
Founded the Coriell Institute for Medical Research and has served as President of the College and his area of expertise is medical research.

Lewis W. Bluemle, Jr., M.D.-Council-College of Physicians
Past President of Thomas Jefferson University as well as past president of the College of Physicians. His area of expertise is medical education.

Richard A. Lippin, M.D.-Council-College of Physicians
Corporate Medical Director-ARCO Chemical Company
Serves as president of the International Arts-Medicine Association. His area of expertise is occupational and community medicine.

**Participants-Co-Hosts**

Gerald Michael Aronson, M.D., President
The American Academy of Pediatrics

Margaret C. Fisher, M.D., President*
The Philadelphia Pediatric Society

Albert Gaskins, M.D., President
The Coalition of Black Pediatricians of Greater Philadelphia

Sandra McGruder, M.D., President
The Medical Society of Eastern Pennsylvania

Robert Meals, D.O., President
The Philadelphia County Osteopathic Society

Note: Dr. Margaret C. Fisher, President, Philadephia Pediatric Society is out of town.

THE CHILDREN'S HOSPITAL OF PHILADELPHIA
HILLARY RODHAM CLINTON/C. EVERETT KOOP, MD VISIT
ATTENDEES - OPENING RECEPTION
FEBRUARY 4, 1994

Edmond F. Notebaert, President
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The Children's Hospital of Philadelphia

John M. O'Donnell, Ph.D.
Kate O'Donnell
Executive Director
The College of Physicians of Philadelphia

Susan S. Aronson, M.D.
Children's Staff/Friend of HRC

Gerald Michael Aronson, M.D.
The American Academy of Pediatrics

Robert Austrian, M.D.
College of Physicians Board

Mark L. Batshaw, M.D.
Physician-in-Chief
Children's Seashore House

Councilwoman Jannie Blackwell
City Council-Philadelphia

The Honorable Lucien Blackwell
United States Congress

The Honorable Robert A. Borski
United States Congress

Mr. Michael J. Bradley and Veronica Bradley
President and Chief Executive Officer
College of Physicians Board

Robert H. Bradley, Jr., M.D. and Patricia Bradley
President
The College of Physicians of Philadelphia

Bonnie Brier, Esq.
General Counsel
The Children's Hospital of Philadelphia

Andrew Cardin, M.D.
Chief Pediatric Resident
The Children's Hospital of Philadelphia

Mrs. Tristram C. Colket (Ruth)
Children's Hospital Board

Mr. Tristram C. Colket
Children's Hospital Board

Lewis L. Coriell, M.D., Ph.D.
College of Physicians Board

Donald Cramp
Board of Advisors-College of Physicians

Kenneth Fellows, M.D.
President-Medical Staff
The Children's Hospital of Philadelphia

Robert Flick, Guest
Children's Hospital Board Member

John Foster, President
Chief Executive Officer
NovaCare, Inc.
Children's Hospital Board

William C. Frayer, M.D. and Joy Frayer
College of Physicians Board

Albert Gaskins, M.D.
Coalition of Black Pediatricians of
Greater Philadelphia

Frances Gill, M.D.
Medical Director
Primary Care Center

Mr. and Mrs. Richard H. Glanton
Children's Hospital Board Member

Emily Haines
Children's Hospital BoardC

Carroll Mac Harmon, M.D.
Chief Surgical Resident
The Children's Hospital of Philadelphia

Beatrice Jordan
Guest-Children's Hospital Board Member

Dr. William N. Kelley
Executive Vice President
and Dean, Medical School
University of Pennsylvania

Dr. William L. Kissick and Priscilla Kissick
College of Physicians

Mary Katherine Kraft, Ph.D.
Guest-Children's Hospital Board Member

Anthony A. Latini
Chlldren's Hospital Board Member

Charles T. Lee, Jr., M.D.
College of Physicians Board

Mr. Lawrence A. McAndrews, President
Chief Executive Officer
National Association of Children's
Hospitals and Related Institutions, Inc.

Sandra McGruder, M.D., President
Medical Society of Eastern Pennsylvania

Anna T. Meadows, M.D.
Director-Oncology Division
Children's Hospital

Robert Meals, DO, President
Philadelphia County Osteopathic Medical Society

Ms. Marilyn Mennis
Interim President/CEO
Philadelphia Child Guidance Center

Honorable Marjorie Margolies-Mezvinsky
United States Congress

Frederick Murtagh, M.D.
College of Physicians Board

Mr. and Mrs. Ronald J. Naples
Children's Hospital Board

James A. O'Neill, Jr., M.D.
Surgeon-in-Chief
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Jeffrey E. Perelman
Children's Hospital Board

Marcia K. Quill
Children's Hospital Board

Russell Raphaely, M.D.
Director-Pediatric Intensive Care
The Children's Hospital of Philadelphia

Mr. and Mrs. George Reath
Children's Hospital Board

Edward J. Resnick, M.D. and Irene Resnick
Department of Surgery
Temple University Hospital
College of Physicians Board

Elias Schwartz, M.D.
Physician-in-Chief
The Children's Hospital of Philadelphia

Alberto C. Serrano, M.D.
Medical Director
Philadelphia Child Guidance Center

Dr. Robert G. Sharrar and Karen Sharran
College of Physicians

Richard Shepherd, President
Children's Seashore House

John F. Smith
Children's Hospital Board

John F. Smith, III
Children's Hospital Board Guest

Honorable Arlen Specter
United States Senator

Saul Surrey, Ph.D.
Director-Jos. Stokes Research Institute
The Children's Hospital of Philadelphia

Kathleen Watson, Director
Development Department
Children's Hospital

Michael Williams
Councilwoman Blackwell's Staff

Camillus Witzleben, M.D.
Pathologist-in-Chief
The Children's Hospital of Philadelphiaxs

Honorable Harris Wofford
United States Senate

Kathleen Zsolway, D.O.
Chief Pediatric Resident
The Children's Hospital of Philadelphia

## POINTS OF INTEREST ON THE CHILDREN'S HOSPITAL OF PHILADELPHIA

* Dr. Gerald Exil, M.D. of Children's Hospital Pennsylvania was awarded a research grant from the National EpiFellows Foundation on December 16, 1993.

* The Federal government awarded $6 million for heart research to The Children's Hospital of Philadelphia and the Wistar Institute of Anatomy and Biology, on November 19, 1993. They will jointly use the money to establish a specialized center for Research in Pediatric Cardiology.

* The Children's Hospital of Philadelphia hosted a Children's Health Forum on November 2, 1993.

* The Children's Hospital of Philadelphia have "absorbed" the bills of the famous siamese twins delivered there on August 20, 1993.

FOUNDED 1855

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

34th STREET AND CIVIC CENTER BOULEVARD • PHILADELPHIA, PA. 19104 • (215) 590-1000

**VIA FACSIMILE**

**FAX #:(215) 590-3299**

**FACSIMILE TRANSMISSION COVER SHEET**

**FAX TO:** Sarah Grotz
1-202-456-2317

**FAX FROM:** Shirley Bonnem, Vice President
Children's Seashore House and the Child Guidance Center are our affiliates.

**DATE:** Feb 1, 1994

**NUMBER OF SHEETS: (including this one)** 5

**Comments:** This is as complete a list for the 9 AM reception as we have at the moment. We are waiting for answers from the unmarked names. Shirley



If you have any problems with the transmission of this fax, please call Dorothy Barnes, 590-1098. Thank you.

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Mr. Calvin Bland, President
Chief Executive Officer
St. Christopher's Hospital for Children

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Comprehensive Sickle Cell Center
The Children's Hospital of Philadelphia

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**VIA FACSIMILE**

**FAX #:(215) 590-3299**

RM 160
Amanda Crumbly

**FACSIMILE TRANSMISSION COVER SHEET**

**FAX TO:** Sarah Grote

**FAX FROM:** Shirley Bonnem, Vice President

**DATE:** 2-3-94

**NUMBER OF SHEETS: (including this one)** 3

**Comments:**



If you have any problems with the transmission of this fax, please call Dorothy Barnes, 590-1098. Thank you.

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Chandler Hall
HEALTH SERVICES

99 BARCLAY STREET
NEWTOWN, PA 18940

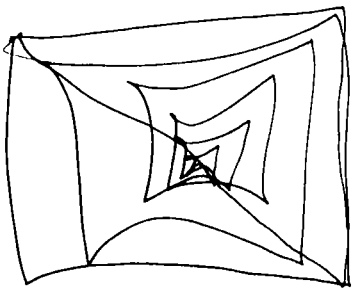
Jane W. Fox/Laquer, RN, CS, ACSW
Executive Director

Marie Boltz, MSN, GNP
Associate Director

TELEPHONE
(215) 860-4000

***The Goals to complement these values and standards include:***

1. To foster the highest possible quality of life, not just quality of care of those involved in our programs.
2. To foster independence in our residents, assisting them to the highest possible level of functioning.
3. To provide support and comfort to individuals and their families dealing with loss and terminal illness.
4. To develop a sense of community among our participants and integrate participants among all levels of care.
5. To maintain a non-institutional, homelike environment.
6. To meet the ever-changing needs of the community for health care and wellness program.
7. To educate our residents and recipients of care in the community at large about options available in health care.
8. To limit practices that curtail resident and client autonomy.
9. To foster relationships between staff, participants, and families built on trust as well as through direct open and honest communications.
10. To respect and values each person's uniqueness and individuality.
11. To treat employees with the same dignity and respect accorded to those who receive our care.
12. To provide employees with safe and pleasant working conditions.
13. To provide opportunities for employee education and advancement.
14. To provide employees with a work experience which fosters self-growth and career growth.
15. To manage our different providers in a manner that promotes a sense of community focusing on our strengths and facilitating communication.
16. To keep our governing board and employees informed about what is happening in the field of aging. To contribute to efforts made to advance knowledge in the field of aging.
17. To assume a leadership role in providing a model of care as well as to provide leadership in legislative and regulatory areas.



4 teens

Note:
Tour the

1st thing
3 residents w/ 4 children & one super
- seniors interact
- day-care to kiddy
- resid help teach to read, play, etc.

---

next

program
resident teach kids - cookies

---

art projects

---

group of res. - once a week
- current "news & views"
- reach a consensus on things
- activity this week HC
- are printed in Chadler Bulletin

4-6-05

will present HRC w/ this

UNITED STATES SENATE

# U.S. SENATOR HARRIS WOFFORD

PENNSYLVANIA

1- patients & families - Chandler
2- on the program
3- name of titles of staff at Chandler
4- concerns

Sara

**Telecopier Cover Sheets**

**Office of Senator Harris Wofford**
**521 Dirksen Senate Office Building**
**Washington, DC 20510**
**(202) 224-6324 - Main No.**
**(202) 224-4161 - Fax No.**

**TO:** Amanda

**FROM:** Darrel Jodrey 224-7760

**DATE:** 2/2-

**TIME:**

**NUMBER OF PAGES:** 7
**(Including Cover Sheet)**

Lori:

**REMARKS** Info on Friday afternoon site + PR pgm that provides assistance + some of the families with whom the First Lady will be meeting.

___ **PLEASE VERIFY RECEIPT OF DOCUMENT IMMEDIATELY**

Wofford

# CHANDLER HALL HEALTH SERVICES

## Friends Nursing Home

Established in 1973 by Bucks Quarterly Meeting of Friends (Quakers)

Medicare-Certified
Accredited by Joint Commission of Health Care Organizations - received commendation (voluntary accreditation for long-term care)

Resident Population
Census 53 (100 % occupied)
Average Age 86

Special Programs
**Dementia Care, Rehabilitation, Muller Program for ALS Care** (Lou Gehrig's Disease)

Funding: Medicare, Medical Assistance, Private Pay, fund raising.
Also, Philadelphia Friends Yearly Meeting
ALS Association of Philadelphia partially supports the ALS program.

One of the few facilities that operates totally restraint-free.

## Hospice

Established in 1982 (one of two of the first hospices in Pennsylvania at that time)

Provides:

**Home Hospice -** Nurses, social workers, home health aides, volunteers, counselors provide comfort measures to patient and support to family.

**In-patient hospice -** Provided for those families requiring respite care as well as crisis care (such as pain control) and terminal care for those who do not have a home or a caregiver. Referrals are from home hospice and other providers. Capacity - 8 patients

**Bereavement Care -** Provided to the family for a year after the patient's death: individual volunteer contact, support groups, memorial services and newsletters.

Over 250 patients/families served in 1993.

Diagnosis of Patient include cancer, AIDS, End stage dementia, Heart Disease, Lung Disease and ALS.

Source of Funding: Medicare Hospice, Medical Assistance Hospice, private insurance, fund raising.

**Home Health Care**

Established in 1983. Referral source - over 50% are from word of mouth. 780 patients served with 17,073 visits in 1993.

Provides restorative and rehabilitative care.

Funding - Medicare, Medicaid, private insurance, private pay and HMO.

Received accreditation with commendation from Joint Commission.

Homemaker care also provided.

**Adult Day Health Program**

Established in 1983

Provides nursing care, recreation, physical therapy, occupational and speech therapy on a daily daytime basis to participants coping with-

- -dementia
- -depression
- -physical losses
- -acute recovery process

and provides respite, counseling and education to caregivers.

Funding - Approximately 50% of participants are funded through the Area Agency on Aging Caregiver Program -50% are private pay

**Child Development Program**

-a licensed child care, pre-school and kindergarten
-provided to employee children as a benefit (heavily subsidized)
-samples of intergenerational activities
- -language art classes taught by older person
- -shared dance/movement groups
- -childcare provided by elders
- -cooking and art projects

**Wellness Programs**

| | |
|---|---|
| Arthritis Aquatics Programs | -water exercise and education support programs |
| Encore Program | -aquatics exercise and support group for women recovering from breast surgery. |
| Physical Therapy | -on land and in water |

Learn to Swim programs for ages 6 months to adults

**Older Adult Resource Center**

Serves as centralized case management service for all Chandler Hall Programs.Multi-service medical provider staffed by a geriatrician, other physicians, gerontologic nurse practitioners, social worker, audiologist, physical therapist and dentist.

Services are billed to Medicare and other insurers.

Emphasis is in wellness and inclusion of family unit in care planning process.

**Independent Living**

A licensed personal care home

Census of 50

Average Age of 88

Designed for those older persons who require support but do not require nursing home care.

Funding -100% private pay, no other funding available

**Other Facts About Chandler Hall**

Employee Benefits include:
- -subsidized child care
- -subsidized meals
- -wellness programs
- -scholarship programs

First long-term care facility in Pennsylvania to receive approval from the Department of Education to provide nurse's aide training.

Pioneer in long-term care as evidenced by:
- -diversification of programs
- -resident and family inclusion in planning and evaluation
- -pets on-site
- -intergenerational programs
- -no-restraint policy
- -case management services
- -training programs - gerontology, death and dying

*Focusing on the Quality of Life Everyone Deserves...*

ADULT DAY HEALTH PROGRAM

Our innovative Adult Day Health Program provides a safe, therapeutic environment for older persons who are physically or mentally challenged. An individualized program is designed to help maintain the participants in their own community. The program is open from 7:00 a.m. to 7:00 p.m., Monday through Friday; special weekend hours can also be arranged.

The Day Program includes health monitoring and intervention, therapeutic recreation programs, and intellectual stimulation.

Most important, the Adult Day Health Program offers our participants days to look forward to, variety in their lives, companionship, and health care.

HOME HEALTH CARE AGENCY

Chandler Hall Home Health Agency, certified by Medicare and Blue Cross, provides rehabilitative and restorative care to clients convalescing in the comfort of their own homes. A team of Registered Nurses, Social Workers, Physical Therapists, Occupational Therapists, Speech Therapists and Home Health Aides all provide visits as necessary to assist the client regain health and return to normalcy as much as possible. Special emphasis is placed on educating the client and support system, so that the highest degree of self-care can be reached.

HOSPICE CARE

Chandler Hall Hospice provides a caring, compassionate alternative for the patient and family faced with terminal illness. Centering on the care of the whole person, Hospice aims at alleviating pain, depression, and anxiety by providing skilled, consistent care under the supervision of the patient's physician. Hospice provides hope through the premise of improving the quality of life of the patient and family members. Care can be provided both in the patient's home as well as in our home-like in-patient unit. Hospice patients are also involved in our special day program.

BEREAVEMENT CARE

Bereavement care is given to help the Hospice family cope with the crisis of losing a loved one, to facilitate a natural grief process and to assist the family in adjusting to a normal life. Support groups and individual counseling are provided.

## Diverse Programs & Services

*The Uniqueness of Each Individual is Radicall and the Family Growth System is Vig*

INDEPENDENT LIVING PROGRAM

Older adults who require some assistance with activities of daily living enjoy the supportive living arrangement of this licensed personal care facility. The residents of Independent Living are encouraged in their efforts to remain involved with life. Social and recreational programs are customized to the individualized needs, likes, goals, and aspirations of our residents. The following services help our residents be as independent as possible and to enjoy life to the fullest: trips out, therapeutic recreation, guest speakers/seminars, social events, workshops and cooking groups.

FRIENDS NURSING HOME

Since 1973, Chandler Hall's Nursing Home has been providing skilled care for the older person. The residents of Friends Nursing Home of Bucks Quarterly Meeting are assisted by a well-trained staff sensitized to the needs of the impaired older person. The hallmark of care is the individualized approach; our residents' waking times, content and time of meals and activities are reflective of what have naturally been their choices. Care is focused on wellness and the enhancement of each resident's ability to function optimally, with responsibility for his or her own decisions.

In addition, a "state of the art" Physical Therapy program is provided on site.

Chandler Hall is well known for the innovative array of programs offered its residents. A very full social recreational program and the services of a Music Specialist, a Dance/Drama Therapist and a Visual Artist complement the diligent health care and supportive services provided by a very creative and highly credentialized staff.

In addition to rehabilitative care, Chandler Hall is very proud of its Special Care Program, a 19-bed Dementia Care unit providing a structured, lifestyle program in a safe, self-contained unit. Specially trained staff provide an environment which enhances our residents' ability to function normally and naturally in a full, productive manner.

PHYSICAL THERAPY/ WELLNESS PROGRAMS

Our Aquatic Fitness Programs are available to residents of Chandler Hall and the general community. They offer the following programs in our 44 x 16-foot heated, indoor, handicap-accessible walking pool with heated spa.

☐ Arthritis Aquat
An exercise grou
with arthritis. Usi
bility exercises, t
designed to reduc
increase mobility.

☐ Aquatic Physic
Out-patient rehabi
by a licensed phy

☐ Aqua Aerobics
achieve cardio-vas
and tone the who

*Other Wellnes*
*include an Arthr*
*Group, a Land Ex*
*gram, Relaxation*
*Out-patient Phys*

LEARN-TO-SWIM

The following p
offered by Red Cr
instructors:

☐ Parent/Infant fo
ages six (6) mont
(18) months

☐ Parent/Tot prog
toddlers ages nine
months to three (

☐ Swimming Less
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youth and adults

OLDER ADULT RESOURCE PROG

This is a health
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Nurse Practitioner
prepared nurses, w
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Extended Eagle

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*ysical Therapy.*

**PROGRAMS**

programs are
Cross certified

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(3) years
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**GRAM**

h care practice
ians specializing
by Gerontologic
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who focus on
person func-
. This practice
is responsible for conducting pre-admission assessments to determine level of care, providing primary medical care to Chandler Hall participants, coordinating other health consultant services (dental, podiatry and audiology) and acting as a resource in the community for age-related concerns such as urinary incontinence, falls and memory problems. Counseling services for older adults and caregivers are another important service provided.

SUSAN C. RICCI
CHILD DEVELOPMENT
PROGRAM

The Chandler Hall Susan C. Ricci Child Development Center, founded in 1988, serves as a tremendous employee benefit as well as a vital source of intergenerational programs for all Chandler Hall Services. Children aged six (6) weeks to twelve (12) years receive care from experienced, skilled caregivers in a creative, energetic environment.

Special programs include music, drama/dance, visual art programs, exercise/sport programs and human services projects. Chandler Hall has been a pioneer in intergenerational programming wherein children and older adults enjoy sharing natural life experiences and some surprises too!

*A Pennsylvania-licensed Preschool and Kindergarten are also provided on site.*

Chandler Hall
HOSPICE HOME HEALTH AGENCY, INC.

BUCK ROAD AND BARCLAY STREET
NEWTOWN, PA 18940
(215) 860-4000

Concern: - Chronic Care

## Facsimile Cover Page

Total Number of pages 4 including cover page

Please deliver to: Sarah Grote

Fax Number: 202-456-2317

From: Marie Boltz

Comments:

If you do not receive all the pages, or if there is a problem, please contact the appropriate person and extension at (215)860-4000.

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Provides:

**Home Hospice -** Nurses, social workers, home health aides, volunteers, counselors provide comfort measures to patient and support to family.

**In-patient hospice -** Provided for those families requiring respite care as well as crisis care (such as pain control) and terminal care for those who do not have a home or a caregiver. Referrals are from home hospice and other providers. Capacity - 8 patients

**Bereavement Care -** Provided to the family for a year after the patient's death: individual volunteer contact, support groups, memorial services and newsletters.

Over 250 patients/families served in 1993.

Diagnosis of Patient include cancer, AIDS, End stage dementia, Heart Disease, Lung Disease and ALS.

Source of Funding: Medicare Hospice, Medical Assistance Hospice, private insurance, fund raising.

**Home Health Care**

Established in 1983. Referral source - over 50% are from word of mouth. 780 patients served with 17,073 visits in 1993.

Provides restorative and rehabilitative care.

Funding - Medicare, Medicaid, private insurance, private pay and HMO.

Received accreditation with commendation from Joint Commission.

Homemaker care also provided.

**Adult Day Health Program**

Established in 1983

Provides nursing care, recreation, physical therapy, occupational and speech therapy on a daily daytime basis to participants coping with-

- -dementia
- -depression
- -physical losses
- -acute recovery process

and provides respite, counseling and education to caregivers.

Funding - Approximately 50% of participants are funded through the Area Agency on Aging Caregiver Program -50% are private pay

**Child Development Program**

-a licensed child care, pre-school and kindergarten
-provided to employee children as a benefit (heavily subsidized)
-samples of intergenerational activities
- -language art classes taught by older person
- -shared dance/movement groups
- -childcare provided by elders
- -cooking and art projects

**Wellness Programs**

| | |
|---|---|
| Arthritis Aquatics Programs | -water exercise and education support programs |
| Encore Program | -aquatics exercise and support group for women recovering from breast surgery. |
| Physical Therapy | -on land and in water |

Learn to Swim programs for ages 6 months to adults

**Older Adult Resource Center**

Serves as centralized case management service for all Chandler Hall Programs.Multi-service medical provider staffed by a geriatrician, other physicians, gerontologic nurse practitioners, social worker, audiologist, physical therapist and dentist.

Services are billed to Medicare and other insurers.

Emphasis is in wellness and inclusion of family unit in care planning process.

**Independent Living**

A licensed personal care home

Census of 50

Average Age of 88

Designed for those older persons who require support but do not require nursing home care.

Funding -100% private pay, no other funding available

**Other Facts About Chandler Hall**

Employee Benefits include:
- -subsidized child care
- -subsidized meals
- -wellness programs
- -scholarship programs

First long-term care facility in Pennsylvania to receive approval from the Department of Education to provide nurse's aide training.

Pioneer in long-term care as evidenced by:
- -diversification of programs
- -resident and family inclusion in planning and evaluation
- -pets on-site
- -intergenerational programs
- -no-restraint policy
- -case management services
- -training programs - gerontology, death and dying

# Pennsylvania's Family Caregiver Program

Pennsylvania Department of Aging
Linda M. Rhodes, Secretary

## Mission

To support families who want to care for an older relative in their home.

## Who Qualifies

To quality for the program, all four of the following criteria must be met:

- The income of the family must not exceed 380% of HHS Poverty Guidelines.
- The primary caregiver and care receiver must live in the same residence and be related by blood, marriage or adoption.
- The care receiver must be 60 years of age, however, if the care receiver is diagnosed with chronic dementia then age does not apply.
- The care receiver must require assistance with at least one activity of daily living (ADL).

## What Services Are Offered

The Family Caregiver Program offers the following services:

- Comprehensive assessment of caregiver and older relative's needs.
- Benefits advice and counseling in which caregivers are educated on the availability of local, state and federal benefits.
- Advice on medigap insurance.
- Assistance in completing benefits and insurance forms.
- Counseling in coping skills.

- Training in caregiving skills.

- Referrals to family support organizations such as the Alzheimer's Disease and Related Disorders Association.

- Financial assistance with caregiving expenses. Through a cost-sharing approach, families may receive up to $200 per month to help them with out-of-pocket expenses ranging from respite care and home chore services to paying for adult briefs. Families below 200% of poverty are not subject to cost sharing requirements.

- Financial assistance with home modifications such as installing stair climbs, building ramps or modifying the bathroom. One-time grants of up to $2,000 can be given to families who qualify so that they can make the home more livable for the frail relative.

An important feature of the Family Caregiver Support Program is that it allows for the caregiver to choose the service most needed to help care for the older relative at home.

## How It Works

The Bucks County program was one of the original four sites.

- The program was developed by the Pennsylvania Department of Aging and started as a four site demonstration in 1987. In 1991, the legislature found the program to be so worthwhile that it passed a law mandating it statewide.

- The program is now offered by all 52 Area Agencies on Aging throughout Pennsylvania.

- Each Area Agency on Aging assigns staff professionals who help families assess their needs in taking care of older relatives who are sixty years of age and older.

- The program is funded at ~~$9.5~~ $8.25 million from the state General fund. Currently 6,000 families will receive care from this program at a cost of just under $1,500 per family. On average, caregivers use the program for seven to eight months.

Note: We expect Governor Casey to increase funding to $10m in the 1994/1995 budget. This, of course, needs to be passed by the General Assembly.

## The Benefits

The program is designed to:

- Work in partnership with caregivers to provide a more holistic approach to family support
- Reduce caregiver stress.
- Reinforce the care being provided at home to older persons and older adults with chronic dementia.
- Empower caregivers through direct reimbursement for caregiving expenses.
- Extend the program to middle-income families through the use of a cost sharing plan.

45th

UNITED STATES SENATE

# U.S. SENATOR HARRIS WOFFORD

PENNSYLVANIA

**Telecopier Cover Sheets**

**Office of Senator Harris Wofford**
**521 Dirksen Senate Office Building**
**Washington, DC 20510**
**(202) 224-6324 - Main No.**
**(202) 224-4161 - Fax No.**

**TO:** Chris Jennings

**FROM:** Daniel Jadrey

**DATE:** 1/12

**TIME:**

**NUMBER OF PAGES:** 7
**(Including Cover Sheet)**

**REMARKS** Here's the info from the AAA in Bucks County. They know the arrangements are preliminary & the notes here reflect their thoughts on the visit. They know that we will be working with us on putting together the format. It should be around for awhile tonight - and I'll be in tomorrow Friday. And will

___ **PLEASE VERIFY RECEIPT OF DOCUMENT IMMEDIATELY**

# County of Bucks

AREA AGENCY ON AGING

30 E. Oakland Ave., Doylestown, Pa. 18901
(215) 348-0510
Protective Services # 1-800-243-3767
Fax # (215) 348-3146



January 12, 1994

Office of Senator Harris Wofford
Attn: Darell Joddrey

FAX No. (202) 228-4991

This will confirm preliminary discussions on arranging a site in Bucks County for Senator Wofford to visit to observe some existing programs and discuss with providers, participants and family the importance of health reform and long term care.

It is my understanding that the Senator is planning to visit on Thursday, January 20th, sometime between 2:30 PM and 5:00 PM.

It is my recommendation that he visit the

**Chandler Hall Adult Day Health Program**
Buck Road and Barclay Street
Newtown PA. 18940 (Phone 215-860-4000)

Directions: North on I-95 to Newtown exit
(approx. 3 miles to facility - map to follow)

Chandler Hall is a Quaker run facility which has nursing care, personal care, adult day care and child day care for employees. The facility has an indoor swimming pool which some clients use for therapy. It is well run and growing. It is affiliated with the Quaker run Newtown Friends Boarding Home and the Pennswood Retirement Community which is next to the George School. Chandler Hall is also participating in a "Life Care at Home Program" for persons wishing to remain at home.

Office of Senator Harris Wofford
Attn: Darell Joddrey
January 12, 1994

Attached is our AAA brochure describing our programs. At Chandler Hall, we would plan for the Senator to see the lottery funded senior transportation (Bucks County Transport, Inc.) to visit with AAA clients and some family members who receive AAA subsidized Adult Day Care through PA. Department of Aging Options and Family Caregiver Programs. The need for adult day care continues to rise and we have a waiting list. He would also see some of the RSVP volunteers who serve there - particularly in their Hospice Program.

Please let me know if this proposed plan is acceptable and I will personally coordinate. (Phone 215-348-0510 work and 215-348-4122 Home) I will await further information.Very truly yours,

Peggy O'Neill

Peggy O'Neill, Director
Bucks County Area Agency on Aging

PON/hg

Enclosure

# Services Provided By The Bucks County Area Agency on Aging

## INFORMATION AND REFERRAL

The Bucks County Area Agency on Aging has trained staff available to answer questions and offer referrals to other agencies in the community that provide the specific services needed by the individual. General information is also available on aging issues through an Aging Collection at the Bucks County Library.

## CARE AND MANAGEMENT SERVICES

Care Managers assess the situation of older people who need assistance at home. They develop plans to meet those needs and coordinate to ensure that the services are delivered properly. Some services may be subsidized by the agency; contributions toward this cost are encouraged. Support and financial assistance is available for eligible caregivers of disabled relatives.

## PROTECTIVE SERVICES

This service, mandated by law in 1988, establishes programs for training, information and public education concerning elder abuse, and provides legal protection to victims and those who report cases of abuse. Call 1-800-243-3767.

## LEGAL

The Area Agency has an attorney from Legal Aid who provides counseling and legal representation on benefits, rights and other legal matters to older persons with economic or social needs.

## PRE-ADMISSION ASSESSMENT AND PLACEMENT

Individuals age 18 or older who are requesting Medical Assistance funding for nursing home care are also assessed to determine that placement in a nursing facility is appropriate. Assessment is also performed for individuals seeking the state supplement for placement in a Personal Care Facility or Domiciliary Care. The Area Agency's Domiciliary Care program places adults in need of a sheltered, supervised living arrangement into certified private family homes.

## OMBUDSMAN

The Ombudsman investigates and helps resolve complaints about care made by or for older persons in long-term care facilities such as nursing homes, boarding homes and in community care.

## IN-HOME SERVICES

Trained Aides can assist elderly clients in need with their personal care and other necessary tasks such as grocery shopping or laundry. This service may be privately obtained or may be subsidized by the Area Agency.

## NUTRITIONAL SERVICES

Nutritious meals are served in a group setting at least once a day, five days a week, depending on the facility--usually senior centers.

For those older persons who are unable to prepare meals and have no other means of obtaining a hot, nutritious meal, Home Delivered Meals can be provided.

## ADULT DAY CARE

For those seniors who require supervision which their families a provide, or for those seniors who ization opportunities but are too mentally impaired to attend a se Adult Day Care provides daytim and activities which are geared t of the participants. This service tained privately or may be subsi Area Agency.

## TRANSPORTATION

The Area Agency subsidizes t for older persons in getting to an centers, medical facilities, huma agencies and stores for shoppin transportation is available from Transport. Call 794-5554.

## EMPLOYMENT ASSISTANCE

The Area Agency has a Senio Office which is located at Bucks munity College. This service he and place seniors who want or r to the work force while increasin of the benefits of hiring the olde office number is 968-8482.

## VOLUNTEER OPPORTUNITIE

The Retired Senior Volunteer (RSVP) recruits and trains pers ages and skills to provide assist teers. Over 1,000 volunteers c valuable services in more than community organizations. Call more information.

ucks County
ency on Aging

y of Services*

Oakland Ave.
own, Pa. 18901

5-348-0510
O'Neill, Director

# * A COMMITMENT TO SERVING THE NEEDS OF OLDER ADULTS

## WHO WE ARE

The Bucks County Area Agency on Aging, one of 52 in Pennsylvania, is a public agency designated by the Bucks County Commissioners in 1973 and is responsible for the planning and implementation of a variety of services and programs to assist older persons in Bucks County. An appointed Senior Citizens Advisory Council approves the annual plan. Aging services are financed by Federal, State and County funds.

## WHAT WE DO

The broad goal of the agency is to develop comprehensive services to assist older people to remain independent and prevent premature institutionalization.

Our priorities are:
- the frail elderly over 75 years old
- minorities
- those persons with chronic disabilities
- persons living alone with a low income

The Area Agency on Aging offers more than twenty programs to help older adults and their families and is an advocate for all older persons in Bucks County.

Business and community organizations are invited to join the "Aging Connection", a unique program offering information and employee assistance on aging issues.

## PA. STATE LOTTERY BENEFITS

Pennsylvania's Lottery is unique because its proceeds can only be used to fund programs for older persons. The major programs are:

Pharmaceutical Assistance Contract for the Elderly (PACE) -- helps to pay for prescribed medicines for Pennsylvania residents 65 years of age or older whose incomes are under: $13,000 for single persons, $16,200 for couples. PACE card holders pay only the first $6 of each prescription. Lottery funds pay the balance.

Rent and Property Tax Rebates --reimburses, up to $500 annually, persons whose income is less than $15,000 per household, who are age 65 and over; widows and widowers over age 50, and permanently disabled people age 18 and over.

Transportation -- free mass transit provided in urban areas to persons age 65 and over, and reduced-fare transportation services for persons age 65 and over in both rural and urban areas.

Funds for Area Agencies on Aging -- to use in a variety of services and benefits for older persons.

Applications for PACE, property tax and rent rebates--which must be filed each year--can be obtained at Area Agencies on Aging, pharmacies, senior centers, legislators' offices, or the Department of Aging in Harrisburg.

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## — SENIOR CENTERS —

**Bensalem Senior Citizens Center**
3740 Hulmeville Road
Bensalem, Pa. 19020
**638-7720**

**Bristol Township Activity Center ***
2501 Oxford Valley Road-PO Box 1078
Levittown, Pa. 19058
**788-9816**

**Central Bucks Senior Center**
700 Shady Retreat Road
Doylestown, Pa. 18901
**348-0565**

**Council Rock Senior Center ***
25 Upper Holland Road
Richboro, Pa. 18954
**357-8199**

**Eastern Upper Bucks Seniors, Inc. ***
RD #2, Box 88
Kintnersville, Pa. 18930
**847-8178**

**Falls Township Senior Center**
Trenton and Oxford Valley Rds.-PO Box 24
Fairless Hills, Pa. 19030
**547-6563**

**Lower Bucks Senior Center**
Wood and Mulberry Streets
Bristol, Pa. 19007
**788-9238**

**Middletown Senior Citizens Center**
Municipal Bldg. - 2140 Trenton Rd.
Levittown, Pa. 19056
**945-2920**

**Morrisville Senior Servicenter**
Borough Annex-31 E. Cleveland Ave.
Morrisville, Pa. 19067
**295-0567**

**Neshaminy Senior Center**
1842 Brownsville Road
Trevose, Pa. 19053
**355-6967**

**Pennridge Senior Center**
815 Chestnut St.
Perkasie, Pa. 18944
**257-9692**

**Upper Bucks Senior Center**
26 N. 4th St.
Quakertown, Pa. 18951
**536-3066**

**Benjamin H. Wilson Senior Center**
[illegible]ont Ave.
Warminster, Pa. 18974
**672-8380**

* Activity Center Only

These Programs Are Funded in Part by
The Pennsylvania Department of Aging
Dr. Linda Rhodes, Secretary

Bucks County Commissioners

Andrew L. Warren, Chairman
Mark S. Schweiker
Sandra A. Miller

*The*
*Area*

**Direct*

# Volunteering at Chandler Hall

The Chandler Hall Board of Directors, Administration, and Staff believe that every person has the right to independence, free choices regarding health care and a living situation which fosters productivity and individuality. To that end, we are committed to providing a full continuum of health care for the older adult which is positive and creative. The goal is to help participants achieve the fullest life compatible with their abilities and disabilities. Our philosophy welcomes and encourages family members to participate as an integral part of our care-giving team in terms of input and involvement.

Established in 1973, Chandler Hall has become a leading provider of quality health care to older adults, providing skilled nursing care, home health care, hospice care, adult day health care, medical care, counseling services, wellness programs, aquatic programs, support and education programs and primary medical care. All services and programs are based on the Quaker commitment to quality care and respect for the unique character of every person.

*Chandler Hall Health Services, a private, non-profit organization, provides a continuum of care. Operating under the direction of the Society of Friends (Quakers), Chandler Hall does not discriminate on the basis of race, color, age, sex, religion, creed, ancestry, national origin, handicap or stance on advance directives.*

**CHANDLER HALL**
*Health Services*
Buck Road & Barclay Street
Newtown, PA 18940
215.860.4000

**CHANDLER HALL**
*Health Services*

VOLUNTEERING AT CHANDLER HALL

# VOLUNTEERS-

WILL ENABLE YOU TO APPLY YOUR SPECIAL

# CREATE A

TALENTS IN A WAY THAT MATTERS

# VITAL FORCE

MOST . . . PROVIDING SERVICE TO OTHERS.

*"Volunteers are integral members of our team . . . and demonstrate the essence of the Chandler Hall spirit—utilizing our best talents and energy to help those we serve be the best they can."*

Jane Fox
Executive Director

# Volunteering at Chandler Hall

*The Reward is Not in Dollars...*
*But in a Richer, More Varied Life.*

*A volunteer position can provide a door to a different career, a chance to work with a team of people who care, and the opportunity to fulfill your commitment to help others. Our volunteers come from diverse backgrounds, display unique gifts and represent ages fifteen (15) to ninety-eight years old!*

*Please consider the growth opportunities available at Chandler Hall in the following volunteer positions:*

**TRIP ASSISTANT:**
Assist staff and residents on trips out of facility. Duties include: walking with clients, assisting on and off bus, socializing with small groups or individuals to enhance trip experience.

**PROGRAM ACTIVITY ASSISTANT:**
Assist program leader by helping with material preparation; work with individual clients; work with small groups on activity.

**HOSPICE VOLUNTEER:**
Establish an ongoing relationship with a matched hospice patient and family. Providing support and relief to caregivers during and after care. May provide transportation, conversation, as well as facilitate the expression of the person's concerns/needs/interests in order to promote his/her quality of life.

**MEALTIME ASSISTANT:**
Help those who are dependent at mealtimes, by reminding, feeding, or assisting as necessary. Make meal-time pleasant and home-like.

**EXERCISE/WALK LEADER:**
Assist by leading clients in walks throughout facility or in other physical exercise.

**REMINISCENCE PROGRAM LEADER:**
Using all kinds of sensory stimuli (taste, touch, smell, sight, sound) prepare, gather, and lead group in "remembering" activities. Training provided . . . share and learn.

**OFFICE ASSISTANT:**
Provide support in an office environment along with other volunteers by assisting with bulk mailings, photocopying, data entry, sorting, collating and/or filing.

**SHARE A TALENT:**
From musical performance to exotic vacation slides. Lead your group in song. An outlet for all talents.

**FRIENDLY VISITOR:**
Establish an ongoing relationship with a matched resident. Explore mutual interests or help elder continue a lifetime hobby.

**INTRA-FACILITY TRANSPORT:**
Assist walking or transporting clients through facility: to meals, activities, or therapy.

*Positions also available assisting with:*

- ☐ fundraising efforts
- ☐ public speaking
- ☐ child care activity

*We Can Match Your Special Talents to Our Varied Needs.*

CALL 215.860.4000
FOR FURTHER INFORMATION

**CHANDLER HALL**
*Health Services*

February 2, 1994

To: Todd Bernstein
Fr: Amanda Crumley
Office of Communications
Re: Hillary Clinton's visit to Philadelphia

---

You were listed as the contact for the Chandler Hall Adult Day Health Program visit on Friday. I need you to call me so I can get information for Mrs. Clinton's briefing book. I need the following:

1) Information on the patients and families that Mrs. Clinton will be seeing at Chandler Hall on Friday. (i.e. why they are there, what type of care they are receiving, for how long etc.)

2) Information on the Independent Living Program if Mrs. Clinton will be touring here.

3) Names and titles of the staff that will be showing Mrs. Clinton around.

4) Concerns that the staff or patients and families might have in regards to health care.

5) Any other information that you feel might be pertinent for the First Lady to know before she arrives there on Friday.

**Thank you very much. Please call as soon as you can, I understand that you are busy. My deadline is 1:00 on Thursday. My number is 202-456-7151, my fax is 202-456-6527.

memo to HRC

PA

The White House

Office of the Press Secretary

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For Immediate Release September 22, 1993

STATEMENT BY THE PRESIDENT

Ever since his remarkable 1991 campaign, Harris Wofford has been a catalyst for action and a leader in the fight for national health care reform. He issued a wake-up call for change based on the simple notion that if those accused of a crime have a right to a lawyer, every American should have the right to a doctor.

Once elected, Harris moved quickly from words to action. During my own campaign last year, he brought me to Pennsylvania Hospital's neonatal intensive care unit to show the extraordinary costs that a lack of universal preventive and prenatal care was imposing on our families and our economy. He worked with me in the crafting of my campaign plan for comprehensive health care reform. And he stood with me last September when I issued a proposal which, he supported, that brought together the best elements of local, market competition with a national standard of benefits and national budget to control costs.

This past February, the First Lady's very first public stop after I named her to chair our task force on health reform was to attend Harris's statewide conference. The event was so successful Hillary made it a model for public hearings around the country.

Since that time, Harris and his staff have been key players in the work of our task force, pressing for the principles he and I campaigned on; and for the approaches he and Senator Tom Daschle proposed in the American Health Security Plan which they introduced last year. He's worked especially hard to help us craft provisions expanding long term care, protecting retiree health benefits, ensuring consumers a choice of doctor option, and emphasizing the training of more primary care doctors.

Now, I'm looking to Harris to continue the unique role he's played as such a newcomer to the Senate: an outsider who's brought an impatience with gridlock and a sense of urgency to the job of finding common ground for bipartisan action. And in the months ahead, that's exactly what we're going to do in crafting a plan to bring security, savings, and simplcity to our nation's health care system.

To: Karen Finney
From: Don Harrison, Phila. Daily News

Those are the people from our staff who will be at the session with the First Lady on Friday afternoon, Feb. 4, from 2.45-3.05:

Zachary Stalberg, editor
Alice George, assistant managing editor
Richard Aregood, editorial page editor
Donald Harrison, deputy editorial page editor
Carol Towarnicky, chief editorial writer
Signe Wilkinson, editorial cartoonist
Linda Wright Moore, editorial writer/columnist
Susan Winters, photographer

One other member of the editorial board, columnist Elmer Smith, is out of town and probably won't be back in time, but if so, we'd like to add him.

Thanks...

Don Harrison
215-854-5916

The Philadelphia Inquirer

David R. Boldt
Editorial Page Editor
(215) 854-4530

400 North Broad Street
P.O. Box 8263
Philadelphia, PA 19101

Stacey Burling
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The Philadelphia Inquirer

Tuesday, February 1, 1994

60 cents outside the eight county Philad

# Regional health-care system changing, even before reform

A rapid shift is occurring. The planned Graduate-Independence Blue Cross merger is part of it.

By Gilbert M. Gaul
INQUIRER STAFF WRITER

The proposed merger of Independence Blue Cross and the Graduate Health System is yet another sign that market forces may overtake health reformers in the rush to overhaul America's beleaguered health-care system.

Even before President Clinton and Congress tackle the political complexities of health reform, hospitals, insurers and doctors are moving quickly to rewrite the old rules of health care.

In the last six months, the regional health-care system has seen:

- The University of Pennsylvania Medical Center, renowned for its high-tech medical excellence, begin purchasing large doctors' practices in the suburbs as part of an effort to build a comprehensive regional network and focus more on primary care.
- The Pittsburgh-based Allegheny Health, Education and Research Foundation, which already owned Medical College of Pennsylvania and four local hospitals, take over Hahnemann University, its medical school and hospital.
- Crozer-Keystone Health System shift the focus of two of its four hospitals from acute care to outpatient services, nursing and rehabilitation care and wellness programs.

Health analysts say these examples illustrate the rapid changes and fundamental shifts now occurring in the regional health-care market.

Analysts say the focus will be on keeping patients healthy and out of expensive hospitals. For insurers, this means having to do more than just pay the medical bills of subscribers.

They will have to take a more active role in the health of their members and more closely link up with doctors and hospitals to coordinate medical care and control costs.

The proposed Blue Cross-Graduate merger is a step in this direction, health-care executives say, but not the final step. Under terms of the proposal, which became public Sunday, Graduate Health System would merge with Independence Blue Cross in a two-step transaction.

In the first step, all of Graduate's for-profit subsidiaries, including its HMO, would be combined with Blue Cross' for-profit businesses. Then in the second stage, Graduate's seven nonprofit hospitals would become part of the insurer's network.

News of the merger sent shock waves through the regional health-care market yesterday as hospital executives and health analysts scrambled to understand its implications for the future. "It's one of the most astounding deals I have ever heard of," said Gerald Katz, a local health-care consultant. "For this marketplace, which has been pretty passive, this is a real blockbuster."

Blue Cross executives yesterday said the merger would better position the insurer to hold down hospital costs by, in essence, owning its own

See **MERGER** on C8

**MERGER** from C1

hospitals and being able to work system would work with local doctors — especially doctors who serve as the

hospitals and being able to work more closely with physicians and executives.

"It does give us an opportunity to get closer to the delivery of care as the owners of hospitals ... to work more closely with those hospitals," said Richard Gilfillan, medical director of Independence Blue Cross.

The Blue Cross officials emphasized that they were still working out many of the details of the proposed merger and did not have all of the answers for how the final system would look or operate.

A key question is how the new — especially doctors who serve as the staff of Graduate's seven hospitals. They could become part of the new Blue Cross-Graduate network, organize themselves as a large, separate group that contracts with Blue Cross, or continue to contract individually with the insurer as they do now.

"How we will link up with the doctors is really still undefined. We haven't gotten that far," said John Daddis, senior vice president for managed care at Blue Cross. "All I can tell you at this juncture is that we will continue to be flexible in our relationships."

Philadelphia Business Journal



September 3, 1993

SECTION: Vol 12; No 27; Sec 1; pg 1

LENGTH: 652 words

HEADLINE: Hospital sues HealthPass over payments

Note: This case is still pending.

BYLINE: John George

DATELINE: Philadelphia; PA; US

BODY: Children's Hospital of Philadelphia operators say they are owed more than $ 1.5 million for services provided to children of families on medical assistance. As a result, they have filed suit against the administrators of the city's HealthPass program.

The suit, filed last month in Common Pleas Court, alleges Healthcare Management Alternatives Inc.'s "actions respecting payments to Children's Hospital are arbitrary and unreasonable and appear to be designed to increase HMA's profits without regard to the well-being of the pediatric HealthPass enrollees."

Edmond Notebaert, president of CHOP, was unavailable to comment. A hospital spokeswoman said it will continue to provide inpatient services to HealthPass patients.

A.J. Henley, chief executive officer of HUA, called the suit "baseless and wholly without merit" in strongly worded comments.

"CHOP's lawsuit is an effort by the hospital to gain payment for services that were not medically necessary," he said. "These services include keeping patients in an expensive hospital setting for feeding only, not for medical care. The feeding is charged by CHOP at $ 1,385 per day."

Based in West Philadelphia, HMA has operated the HealthPass program since January 1989. About 80,000 residents in South and West Philadelphia are enrolled in the program, which provides managed-care style health coverage to families who would otherwise be covered by Medicaid.

The state Department of Public Welfare is trying to expand the program to include the rest of the city as well as Bucks, Chester, Delaware, Montgomery and Berks counties.

LOWER RATES

According to its suit, Children's Hospital entered into a contract with HMA under which the hospital agreed to per diem rates that are generally lower than its customary charges.

The hospital, however, claims HMA has disallowed some claims and in other instances has "applied utilization review process in a manner which grossly deviates from industry norms and practices." The suit notes the HMA's disallowance rate is more than 20 times higher the rate of disallowances from other insurers and third-party payers.

In addition, the hospital argues HMA denied claims, citing the services were not medically necessary, without discussing the ruling with the attending physician "contrary to the policy and practice of other (insurers)."

"HMA has engaged in a pattern of one-day and two-day disallowances designed to harass Children's Hospital and make it procedurally and economically impossible for Children's Hospital to argue the merits of more than a handful of individual denials."

Henley, however, described utilization review as "the heart of managed care" in that it is a process designed to control unnecessary costs, medical procedures and expenses. He said HMA's contract with the Welfare Department requires that utilization review be employed.

"Clearly by its position as announced in the lawsuit, CHOP desires to avoid all utilization review," Henley said. "CHOP has claimed only their doctors know what is best for their patients. In essence CHOP wants to have their bills paid automatically without any oversight and without any questioning the propriety of care given." The suit also notes that auditors from the U.S. Department of Health and Human Services "determined and criticized the fact that HMA's pretax earnings were $ 43 million for one 33-month period (the auditors reviewed) during which HMA administered the HealthPass program."

State Welfare Department officials, however, have repeatedly stated they are pleased with the job HMA is doing, noting the program has saved the state more than $ 60 million during the past four years.

Henley noted that for the fiscal year ending June 30, 1992, CHOP's revenues exceed expenses by $ 47 million.

HMA is owned by a partnership consisting of Atlantic Systems Inc. of Virginia and Walter P. Lomax, a Philadelphia physician.

PR Newswire

July 21, 1993, Wednesday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND MEDICAL/HEALTH EDITORS

LENGTH: 105 words

HEADLINE: JOHN PAUL CISNEROS SPENDS A COMFORTABLE FIRST NIGHT AFTER OPEN-HEART SURGERY AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA

DATELINE: PHILADELPHIA, July 21

BODY:

John Paul Cisneros, the 6-year-old son of Secretary of Housing and UrbanDevelopment Henry Cisneros, spent a comfortable first night after his open-heart surgery at The Children's Hospital of Philadelphia to correct his complex congenital heart defect.

According to physicians caring for the patient, "John Paul Cisneros is alert and progressing well."

On Tuesday morning, a 2-1/2-hour operation was performed at The Children's Hospital of Philadelphia to restructure the young boy's heart malformed by heterotaxy syndrome.

// CONTACT: Sarah Jarvis of The Children's Hospital of Philadelphia, 215-590-4100

LANGUAGE: ENGLISH

LOAD-DATE-MDC: July 22, 1993

DATELINE: Screening process saves money and wear and te1994

CLIENT:
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PR Newswire

November 10, 1993, Wednesday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND MEDICAL EDITORS

LENGTH: 873 words

HEADLINE: DOCTORS AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA DEVELOP NOVEL PROTOCOL FOR INFANTS WITH HIGH FEVERS, ELIMINATING THE NEED FOR HOSPITALIZATION AND UNNECESSARY USE OF ANTIBIOTICS

DATELINE: Screening process saves money and wear and tear on family

BODY:

PHILADELPHIA, Nov. 10 -- A high fever in an infant may be a sign of a serious infection and, for most academic centers, signals the need for a three-day admission with a course of intravenous antibiotics. According to a study published in the Nov. 11 issue of The New England Journal of Medicine, this standard of care is not only costly and disruptive to the family, it may not be medically necessary.

"Unless a baby is identified as being at risk for bacterial infection, it is not necessary to automatically hospitalize and empirically treat that child with a course of antibiotics," said M. Douglas Baker, M.D., associate director of emergency medicine at The Children's Hospital of Philadelphia, and lead author of the study. "The protocol we have established should help doctors identify babies who would do well at home without the use of any antibiotics."

The alternative management protocol was developed during a five-year study of nearly 750 babies, 2 months and younger,

brought to the Emergency Department of The Children's Hospital of Philadelphia with fevers of at least 100 degrees Fahrenheit. High temperatures in infants under 2 months could indicate a potentially life-threatening infection, including meningitis. The fever could also stem from a simple virus that will run its course naturally. It is this uncertainty of the fever's source that prompts many physicians to routina?dmit febrile infants and treat them with intravenous antibiotics until the cause for the fever is identified.

"Starting a baby on an early course of antibiotics can ultimately contribute to that child's resistance to common antibiotics later in life," said Baker. "Furthermore, having an infant as an inpatient for three days can wreak havoc on the baby's parents. Our findings should help spare the entire family and many infants from this unnecessary treatment and hardship." Overall, Baker's protocol accurately diagnosed those babies not at risk for bacterial infection in 99.7 percent of all cases. Only two children originally designated for home management were ultimately admitted to the hospital and that was due to requests made by the babies' primary care physicians.

All the babies enrolled in the Children's Hospital study received a thorough physical exam by an attending physician and had their medical history recorded. A stringent laboratory work-up was also performed, including blood and urine analyses, a chest X-ray and a spinal tap. This information provided the doctors with numerical levels of the amount of immature white blood cells in the babies' blood, urine and spinal fluid as well as the amount of fluid in the chest cavity. If these levels were elevated, Baker and his co-investigators determined the babies were at risk for a bacterial infection. Those with elevated white cell counts or fluid levels were immediately admitted to the hospital and started on a course of antibiotics. In all, 460 babies were treated as inpatients for suspected bacterial infection.

Using the same screening process, hospital physicians judged more than 280 babies who were not at risk for serious bacterial illness. Half of that "well" group was randomly assigned to a control group and admitted to the hospital for three days for observation only; no antibiotics were prescribed. Those not assigned to the control group were sent home, without antibiotics, but their parents were required to bring them back one and two days later for follow-up. "The main difference for those two groups had nothing to do with the health of the babies," said Baker. "It had everything to do with stress on the family whose infant is hospitalized and that stay's ensuing charges. This protocol should save families from those worries."

Although cost was not a factor in developing the protocol, substantial savings were realized as a result of the screening process. Overall, the outpatient management of a child with a fever resulted in a savings of approximately $3,100 in inpatient

PR Newswire

September 10, 1993, Friday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND MEDICAL EDITORS

LENGTH: 231 words

HEADLINE: SEPARATED TWIN ANGELA LAKEBERG UPGRADED TO SERIOUS CONDITION AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA

DATELINE: PHILADELPHIA, Sept. 10

BODY:

Almost three weeks after delicate surgery to separate Angela Lakeberg fromher conjoined twin sister, the baby girl continues to grow slightly stronger with each day, The Children's Hospital of Philadelphia announced today.

Given her steady progress and stable vital signs, Angela's doctors have upgraded her condition to serious from critical.

One of the surgeons caring for the Lakeberg twin said, "Although an upgrade in a patient's condition presents an optimistic picture, it is important to remember that this 10-week-old baby remains acutely ill and faces a long road to full recovery." The biggest step toward recovery is for Angela to be able to breathe on her own, the hospital said. Shortly after her birth June 29, Angela was placed on a ventilator and she still requires mechanical support to help deliver oxygen to her lungs.

The baby, with dark blonde hair and blue eyes, sleeps comfortably while covered by a soft blanket with pastel-colored bunnies on it. Her sutures from surgery are healing nicely and her feedings are now through a gastric tube. This narrow plastic tube passes down her esophagus and into her stomach and provides Angela with liquid nourishment. The gastric tube replaces Angela's intravenous feeding lines.

// CONTACT: Sarah Jarvis or Jackie Kozloski of The Children's Hospital of Philadelphia, 215-590-4100

LANGUAGE: ENGLISH

LOAD-DATE-MDC: September 11, 1993

PR Newswire

July 21, 1993, Wednesday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND MEDICAL/HEALTH EDITORS

LENGTH: 105 words

HEADLINE: JOHN PAUL CISNEROS SPENDS A COMFORTABLE FIRST NIGHT AFTER OPEN-HEART SURGERY AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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// CONTACT: Sarah Jarvis of The Children's Hospital of Philadelphia, 215-590-4100

LANGUAGE: ENGLISH

LOAD-DATE-MDC: July 22, 1993

PR Newswire

July 20, 1993, Tuesday

SECTION: Domestic News

DISTRIBUTION: TO NATIONAL AND MEDICAL/HEALTH EDITORS

LENGTH: 413 words

HEADLINE: OPEN-HEART SURGERY SUCCESSFULLY PERFORMED ON JOHN PAUL CISNEROS AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA

DATELINE: 2-1/2-Hour Surgery Corrects Complex Congenital Heart Malformation

BODY:

PHILADELPHIA, July 20 -- Today, The Children's Hospital of Philadelphia heart surgery team corrected the complex congenital heart defect of John Paul Cisneros, the 6-year-old son of Secretary of Housing and Urban Development Henry Cisneros.

"John Paul Cisneros' heart function and circulation are effective and stable," said Dr. William I. Norwood. "He is responding nicely to the surgery. Of course, none of us knows the future but this is a time of cautious optimism."

After the surgery, HUD Secretary Cisneros said, "This is like a new beginning, because the night John Paul was born, Mary Alice and I were told he could not live with this condition. We are grateful to the excellent team at The Children's Hospital of Philadelphia and to all of the doctors and nurses who have worked with John Paul over the past six years, which can only be characterized as ones of waiting and uncertainty about the future. We are appreciative of the team's skill and the technology that has made this possible and the thousands of people who have offered their hopes and prayers for John Paul."

During the 2-1/2-hour operation, the eight-member team of physicians and nurses restructured the young boy's heart malformed by heterotaxy syndrome.

Norwood described the normal heart as composed of four chambers: two chambers to receive blood from the body and pump it to the lungs, while the other two receive blood from the lungs and pump it to the body. The surgery today created a four-chambered heart that effectively performs the functions of a normal heart. This was accomplished by 1) completing partitioning of the two powerful pumping chambers; 2) creating an inlet valve for each pumping chamber out of John Paul's abnormal single inlet valve; 3) creating two receiving chambers out of the abnormal single receiving chamber such that the blood return from

the body is directed to the lung pumping chamber and the blood return from the lungs fills the body pumping chamber; and 4) building a channel from the new lung pumping chamber to replace the improperly connected lung artery.

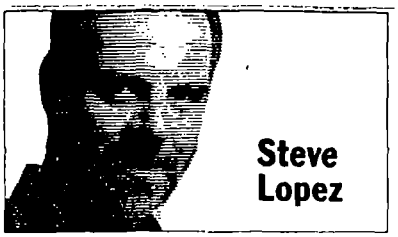
The Children's Hospital of Philadelphia was established in 1855 asthe first hospital in the nation dedicated exclusively to the treatment of sick children. Today, Children's Hospital is an international referral medical center.

//

CONTACT: Sarah Jarvis of The Children's Hospital ofPhiladelphia, 215-590-4100

LANGUAGE: ENGLISH

LOAD-DATE-MDC: July 21, 1993



Steve Lopez

# *Bloody fools on health care*

To be completely honest, I wasn't focused. Whenever Sen. Bob Dole appears on my TV screen, with his Chernobyl P.R. Man smile and all that eyebrow action, my first thought is, "Damn, this guy's scary."

Then, no matter what Dole is saying, my eyes begin to glaze over.

That's exactly where I was the night Dole gave the Republican response to President Clinton's State of the Union Address. Fading, glazed. And then, on the edge of sleep, I heard Dole say something about a chart drawn up by his colleague, Sen. Arlen Specter of Philadelphia.

The idea of Bob and Arlen putting their heads together, while frightening, was at least intriguing. So I sat up and tried to focus on the chart as Dole walked over to it.

All I could make out at first was a maze of lines and boxes, and I found myself wondering if Arlen had accidentally turned in a schematic diagram of the circuitry on his toaster.

But as I looked closer, and saw dozens of little boxes all connected to a bigger box, another thought occurred. Arlen was showing us how the various chapters of the National Rifle Association pour money into his political campaigns.

But why? It didn't make sense. And then I began to catch on.

Arlen had whipped up an Eagle Scout decoder chart, ostensibly to suggest that President Clinton's health-care plan is a big hairy mess, although I'm not sure how clean a plan for 250 million people can look.

## The GOP and little me

After droning on awhile, Dole suddenly bent at the waist — I thought he was falling asleep, too — and waved at the bottom rows of boxes.

"You and I are down here somewhere," he said.

It was like an episode of Mr. Rogers, boys and girls. But I looked real close, and sure enough, I saw myself in the second row from the bottom, buying a bottle of Pepto-Bismol at an AM-PM Minimart. Arlen Specter was a couple of boxes over, trying to sell an NRA membership to a gunman who was holding up a drugstore.

The more I thought about it, the more I realized how much brainpower went into the chart. And so, through the Freedom of Information Act, I got a transcript of the meeting that led to its development.

Dole: I've got it. We'll use a prop.

Jesse Helms: Let's draw up a chart, like that rabitty fellow, Ross Perot.

Orrin Hatch: It's uncomfortable for me to bring up, but I think we should draw a lot of breasts and penises.

Dole: I think Jesse's choking.

Alan Simpson: I know it's odd, but I feel an attraction to Anita Hill.

Strom Thurmond: My hair doesn't look like Orange Crush, does it?

Jesse Helms: As far as I'm concerned, there is no health-care crisis.

Orrin Hatch: Let's go with that.

Dole: Fine. Does anybody actually know anything about health care?

Arlen: I was just in the hospital.

Dole: Show of hands, boys? Good. It's unanimous.

A funny people, the Republicans.

Clinton's plan may need some work — and some trimming — but that's the point. It's a plan.

## A party without a care

The Republicans, 12 years in power, never saw the need for one. As a result, medical fees are astronomical, 30 million people have no health insurance, and millions more struggle to pay for policies that give them few choices and many risks.

But in their defense, there's a good reason Dole and Specter are completely out of touch. Thanks to your tax dollars, they have a health plan that's so good, it's hard to imagine there could be a health-care crisis.

When Specter was ill last year, and didn't agree with the medical diagnosis, he was able to virtually order up the costly diagnostic procedure that detected a brain tumor and may have saved his life.

And now, after a career in which he's been almost invisible on health care, one of Specter's aides draws up what could just as easily be the management flow chart at a Taco Bell, and Arlen's a national hero.

I called his office and was told that 10,000 people have requested copies of the chart. Laminated, it makes a nice placemat. Or maybe people plan to enlarge it and look for themselves in the bottom rows.

Specter's office was nice enough to fax me my own copy. I put a magnifying glass to it — all those lines emanating from a single location, all those sharp turns and angles — and that was when it hit me.

The motorcade. The crowd. Lee Harvey Oswald. JFK.

It's Arlen's magic bullet chart.

Liz –
Melanie asked that
these be included in
the handout for PA
Thanks
Lucia
P.S. Feel free to call

The Philadelphia Inquirer

Wednesday, February 2, 1994

50 cents outside the eight counties Philadelphia m



# No health-care crisis? Nonsense!

By **HARRIS WOFFORD**

Some "just-say-no" Republicans finally have found a novel idea to contribute to the nation's debate over health-care reform. Their comforting message to Americans is: "There is no health-care crisis, only a little health-care problem."

I suppose we should all feel better now.

No crisis? Americans already rendered their verdict on *whether* to reform our health-care system. Now that we've finally moved to the question of *how* to do it, the historic opponents of reform are trying to turn back the [illegible] Aided by millions of [illegible]s in deceptive advertis[illegible] from the Health Insurance Association of America and other like-minded groups, they are saying that since there's no real crisis, we need no solution.

Nonsense. No crisis when companies avoid hiring new workers on account of skyrocketing health-care costs? No crisis when some 40 million Americans already are uninsured; when two million more lose their coverage at some point each month; and 100,000 never regain it?

No crisis when 85 percent of the increase in federal entitlement costs is in Medicare and Medicaid?

No crisis when, as I saw during my four years as Pennsylvania's secretary of labor and industry, more and more labor disputes are caused not by the issue of wages, but by a decision over who would pay for health-care benefits? When talented workers stay in unrewarding jobs because a pre-existing condition will keep them from getting coverage if they make a move elsewhere?

No crisis when, as I heard at a hearing I conducted at Chester on Monday, single mothers on welfare say they are afraid to take job train[illegible] work opportunities because [illegible] their children could lose t[illegible]alth benefits Medicaid provides if they stay unemployed?

No crisis when a cancer patient told me she's worked all her adult life, but was without health insurance and didn't go for treatment because she couldn't afford it. Now she's afraid she'll have to quit her job and go on welfare to cover health costs.

For The Inquirer / JOHN OVERMYER

No crisis when some lose their health coverage by losing a job, while others lose their insurance *getting* a job, and many more lose their coverage by retiring from one. When millions of retirees — including many in Pennsylvania — are seeing their promised benefits become broken promises?

No crisis? Not according to the Pennsylvanians I've met during the past three years.

There *is* a crisis for the Philadelphia small businessman who began by providing health coverage for his employees, but after years of 25 percent premium increases and benefit cutbacks finally had to drop a health plan altogether in order to stay in business. "Our business is constantly hurt by the loss of quality employees," he told me. Many of them leave for lower-paying jobs or even go on welfare in order to qualify for Medicaid. "They are forced to secure health care even at the expense of giving up their dignity," he said.

There is a crisis for the West Chester mother of four whose husband's company had its insurance canceled because of skyrocketing costs. One child had grown up severely retarded and blind due to viral encephalitis. Another was diagnosed with a rare form of cancer at age three. No one would guarantee continued coverage of these pre-existing conditions. Her frantic search for coverage finally resulted in a bare-bones policy costing $6,000 per year plus high deductibles. "At times, it's all we can do to hold on financially," she told me.

There is a crisis for the older citizen in Ambler who worked almost 40 years for a major computer manufacturer and was enticed to take early retirement by the promise of low-cost medical benefits, only to see those benefits cut. A cancer survivor with diabetes and heart disease, he said that with these pre-existing conditions, "obtaining health insurance for myself and my wife would be cost-prohibitive, if not impossible altogether."

The late Sen. John Heinz knew there was a crisis. In 1990, he wrote, "America's health-delivery system is fundamentally flawed. It is absolutely perverse that, in a nation of such great affluence as ours, we operate under a system that is based on ability to pay rather than on medical need. . . . Access to adequate health care is every citizen's birthright."

His Republican colleagues who cannot now see that perversity or accept the idea that affordable health care ought to be a basic right of citizenship may believe that they are contributing an important view to a great national debate, a debate that was first joined in Pennsylvania during my 1991 campaign.

If recent history — and common sense are any guide — these politicians will instead find themselves on the sidelines. Elected officials who say the current health-care system is basically fine and needs only some slight tinkering should keep in mind what happened to Dick Thornburgh, my 1991 opponent, and George Bush.

For even if most Americans are rightly skeptical of the government's ability to solve every problem, they are even more cynical about politicians who just don't seem to live in the real world. (This was why my proposal — now achieved — to end free health care for members of Congress had such powerful symbolic appeal.)

Americans are equally frustrated with insurance companies whose bureaucracy and paperwork seem to exist primarily for the purpose of denying them coverage.

Those chanting the "no crisis" mantra don't seem to realize that health care is a defining issue of our time — and not because of an election or any politician's rhetoric. It's because of the everyday experience of millions of Americans who are seeing their premiums skyrocket and their benefits shrink.

Whipping up fears about any potential change is easy. But I don't believe that most Americans will buy the argument that the status quo isn't so bad after all and that do-nothing solutions are better than real action. Fifty years after Harry S. Truman first called for universal, *private* health insurance, we finally have a President and a Congress, Democrats and Republicans, ready to go forward. Now is no time to turn back.

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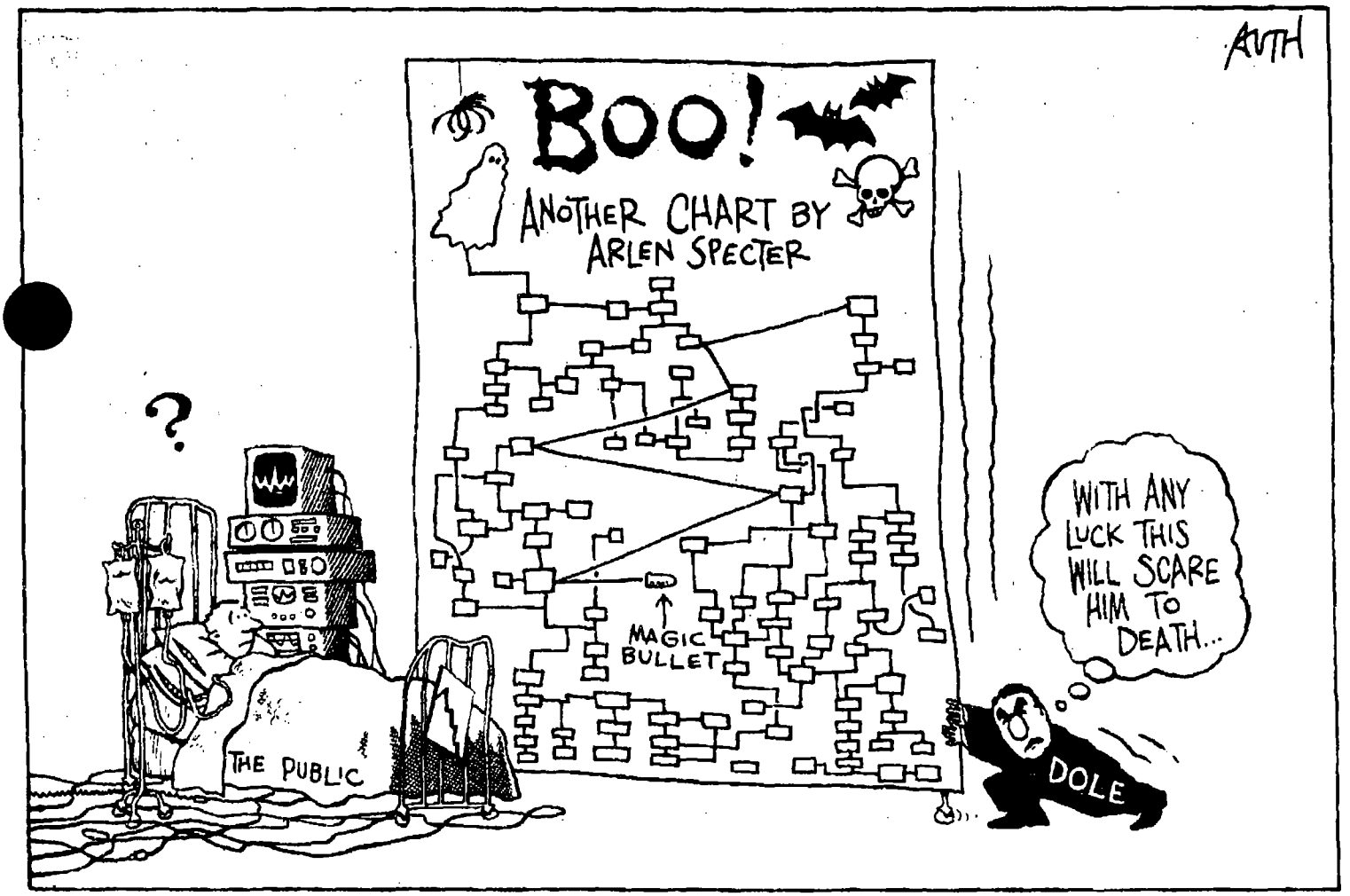
Harris Wofford is a Pennsylvania senator.

The Philadelphia Inquirer

Wednesday, February 2, 1994

50 cents outside the eight-county Philadelphi

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Hillary Clinton

# Hillary Clinton will visit Newtown Twp. on Friday

By Mary McInerney
Courier Times Staff Writer
BUCKS COUNTY

Hillary Rodham Clinton is scheduled to visit a Newtown Township day care program for the elderly on Friday as part of a swing through the area to pitch the administration's health care reform plan.

The first lady originally planned the visit Jan. 20, but it was canceled because Pennsylvania was under a disaster emergency that week due to energy shortages and bitter winter weather.

Mrs. Clinton will visit the adult day care program at Chandler Hall Health Services in the afternoon, after she attends a health care forum at the Philadelphia Civic Center in the morning and makes a visit to Children's Hospital.

Chandler Hall was picked for the first lady's visit because its program showcases adult day care and other services for families with relatives who are older or disabled, according to Peggy O'Neill, of the Area Agency on Aging.

Mrs. Clinton's been asked to meet with the families of the elderly and disabled clients who

Please see VISIT 4A

**Attention readers:**

■ What would you like to tell Hillary Clinton when she visits Bucks Friday? Call 832-2604 and leave your opinion or question.

# Mrs. Clinton to visit Bucks Friday

Visit from Page 1A

attend the program, said O'Neill.

"I want her to meet with the families, to understand the hu man value of having these pro grams available," O'Neill said yesterday.

Chandler Hall provides daily activities for the adults in the program, but they go home each night.

The day care program doesn't cost as much as a nursing home, O'Neill said, and it keeps the elderly and disabled in the community. "And that's where they want to be," she said.

There were 62 people in the Chandler Hall adult day care program in 1992. There are six other adult day care programs in the county, O'Neill said.

O'Neill recommended Ch dler Hall to U.S. Mrs. Wofford's staff [illegible] she was asked to find the best a place that provides long-term care for Mrs. Clinton's visit. Chandler Hall also has a hospice, a nursing home, a facility for independent living for seniors and swimming pool for physical therapy.

Information Bank Abstracts

PHILADELPHIA INQUIRER

March 5, 1993, Friday

SECTION: Section B; Page 1, Column 4

LENGTH: 43 words

HEADLINE: CITY SLOW IN TESTING, TREATMENT OF CHILDREN WITH LEAD POISONING

BYLINE: BY STACEY BURLING

JOURNAL-CODE: PHI

ABSTRACT:
Philadelphia has fallen seriously behind in its effort to test and treat children with lead poisoning, a condition that can permanently reduce intelligence; backlogs, prompted by stricter federal guidelines, have emerged (L)

GRAPHIC: Diagram

LANGUAGE: ENGLISH

Information Bank Abstracts

PHILADELPHIA INQUIRER

July 24, 1993, Saturday

SECTION: Section A; Page 1, Column 2

LENGTH: 45 words

HEADLINE: CITY LEAD-POISONING CASE SOARING

JOURNAL-CODE: PHI

ABSTRACT:
Number of children identified with lead poisoning in Philadelphia grew eightfold in 1992, to nearly 5,000 cases; city Health Department cites tougher medical standards and more aggressive screening for much of increase; photo (M)

GRAPHIC: Photograph

LANGUAGE: ENGLISH

American Journal of Diseases of Children

May, 1993

SECTION: Vol. 147 ; No. 5 ; Pg. 514; ISSN: 0002-922X

LENGTH: 1748 words

HEADLINE: Academic pediatrics and health of medically underserved children in America.

BYLINE: Johnston, Richard B., Jr.

BODY:

How is it that we have such great hospitals--and such poor public health,"the Philadelphia Inquirer (August 22, 1989:14-A) asked the academic medical community of Philadelphia. Instead of just 'cranking out specialists," the editorial said," academic medicine ought to be taking stock of its broader vision--preventing sickness, making care more easily available, and figuring ways to improve the state of public health.... On matters of public health, academic medicine has been embarrassingly slow to show leadership."

On the one hand, it is certainly not fair to blame the university medicalcenters for the fact that too many of this country's people do not receive basic medical care. In fact, these centers spend a great deal of time and expertise dealing with the consequences of this society's failures in public health.

On the other hand, who is better prepared to attack these problems than theacademic medical community? It seems hard to deny, at least, that we in academic pediatrics have a responsibility to address the desperate need of so many American children for better health care. Poor children have significantly higher rates of a variety of health-related problems, including infant mortality, traumatic death, prematurity (and consequently its related disabilities), failure to thrive, iron deficiency anemia, lead poisoning, and hearing loss. 1,2 The physical, intellectual, and emotional sequelae of these largely preventable conditions can only decrease the chances that these children will work their way out of poverty as adults.

If academic pediatrics has a responsibility to do something about the unmethealth needs of poor children, what can we do?

Some faculty will find it rewarding to staff clinics in underserved areas,and the children of these communities will benefit. These clinics usually cannot attack the fundamental

underlying problems, however, and they may not take advantage of the special experience and skills of the academicians.

Serving as teachers in the same clinics could have a much broader impact.This would allow the students and residents to move out of the medical school and hospital into the community where they can see firsthand the consequences of weak educational systems, insufficient job training, inadequate low-income housing, and the absence of medical insurance.

An example of such a program exists in Philadelphia, Pa, where pediatricresidents, medical students, and nursing students, with guidance from pediatric faculty, have taught health care in inner-city biology classes, conducted perinatal clinics in housing projects, made home visits to teen mothers, and organized pediatric care in shelters for homeless or battered women. 3 Residents and students in the program have reported that they have seen the devastating effects of poverty inflicted on real mothers and real children, and that they now recognize how severely the lack of insurance coverage can handicap basic pediatric care. This program, begun without extra funding, received financial backing from a foundation 2 years ago. Activities have expanded to include interactive participation by four of the city's five medical schools in a broad array of specific projects for students, with faculty and sometimes residents serving as preceptors and role models. Whatever it accomplishes in the community in the short term, this program is bound to create medical school graduates who wil be sensitive to the health needs of poor people, and more concerned and better prepared than their predecessors to participate in research, advocacy, or policy-making directed at correcting the problems.

Many residents in this program have also reported that they now realize thatdeploying more clinic physicians will not, in itself, make the problems go away, and they have been surprised at how little is known about fundamental causes and about what interventions really work. Basic biomedical research, much of it done in medical schools, has made tremendous contributions to public health and to reduced expenditures for the treatment of many diseases. 4 Departments of pediatrics need more basic researchers and more clinical scientists who can translate the basic cellular and molecular research into practical pediatrics. But pediatrics also desperately needs more good research into health promotion and disease prevention. What questions can be more substantial in pediatrics than how to reduce the rates of prematurity, adolescent pregnancy, and accidents?

A fundamental obstacle to obtaining answers to questions like these is thepuzzling lack of general support for preventive medicine in the United States. Common sense, a glance at hospital costs, experience with immunizations, and some other successes 5,6 suggest that illness and health care costs can be reduced by a preventive approach. However, there is widespread resistance to wholehearted endorsement of this perspective on the part of the

American public, legislative bodies, insurance companies, and even organized medicine. The content of medical school and postgraduate pediatric curricula reflect an overwhelming emphasis on the romance of the cure, whatever it costs. It is not that the cure is wrong, but that the emphasis is so one-sided. Part of the problem lies in the fact that too little scientifically based research has been done in this area to prove how broadly the principle of cost-effective prevention can be applied. In any event, the effectiveness of prevention needs to be proved, proved again, then doggedly argued until translated into policy.

One of the difficulties with proving the benefits of prevention is payingfor the research. Foundations have been supportive, but in the past too little public money has been available for this purpose, considering the potential of such research to reduce both suffering and health care costs, and in view of the critical importance of healthy children to the country's future.

Some improvement in this shamefully shortsighted perspective may be at hand.The US Public Health Service initiative Healthy People 2000, launched within the last 2 years, has begun to guide allocation of research support toward projects in health promotion and disease prevention. Specific areas of priority include maternal and infant health, immunizations and infectious diseases, and clinical preventive services. (A complete or a summary report can be obtained from Superintendent of Documents, Government Printing Office, Washington, DC 20402.) For example, funds under this initiative will be available from the Agency for Health Care Policy and Research for doctoral dissertation research examining the effectiveness of health care services, including those for rural and low-income populations. Support will also be available from the National Institute of Child Health and Human Development for investigation of the basic mechanisms by which disruptive maternal/family behavior affects child health, and for studying approaches to intervention. 7

Experimental evidence that specific interventions prevent disease or savemoney will not guarantee that they are implemented. There must be a translation into the language of public policy, and advocacy will be needed in many cases. Academic pediatricians are, of course, eminently qualified to testify on behalf of, write about, and lobby for legislation related to children's health. I am aware of individual academicians who have recently worked at local or national levels to improve the provision of medical care to underserved children through legislative action. The rest of us can obtain guidance about relevant legislative initiatives, including how to support them and where (state legislature or Congress), from the Department of Government Liaison of the American Academy of Pediatrics and the academic pediatric societies ( 800 336-5475), and from the Office of Governmental Affairs of the March of Dimes Birth Defects Foundation ( 202 659-1800).

There is a sense now in this country among those who care about childrenthat the public and the government recognize better the educational, social, and health needs of children, and that these needs will be more highly valued in the future. Some actual progress has been made, but there is little evidence yet to indicate that a fundamental change has occurred in societal values or, at least, in what our society is willing to pay for.

Pediatricians understand the needs of children better than any group, caredeeply for children, and carry wide respect. Although organized pediatrics appears to be more active now than 2 years ago in attacking the health problems of underserved children, the need remains enormous. Educating medical students and pediatric residents in the fundamental needs of all children, including the poor, will prepare us to continue the fight.

Research will show us what can be changed and what this change will gain forsociety. More effective participation in the legislative process will allow us to convert new knowledge into better public health practices. Academic pediatrics enjoys special opportunities to make a profound difference in the lives of children. These opportunities carry with them a responsibility to address the special health needs of children who are poor.

I thank Lucy W. Tuton, Phd, and Kay Johnson for information and guidance.

References

1. Wise PH, Meyers A. Poverty and child health. Pediatr Clin North Am.1988;35:1169-1186. 2. Five Million Children: A Statistical Profile of Our Poorest Young Citizens. New York, NY: National Center for Children in Poverty; 1990:1-96. 3. Johnston RB Jr. Poverty and the health of American children:

implications for academic pediatrics. AJDC 1991;145:507-509. 4. Schroeder SA, Jones JS, Showstack JA. Academic medicine as a public trust. JAMA. 1989;262:803-812. 5. Dutton DB. Social class, health, and illness. In: Aiken LH, Mechanic D, eds. Applications of Social Science to Clinical Medicine and Health Policy. New Brunswick, NJ: Rutgers University Press; 1986:31-62. 6. Committee to Study the Prevention of Low Birthweight, Division of Health Promotion and Disease Prevention, Institute of Medicine. Preventing Low Birthweight: Summary. Washington, DC: National Academy Press; 1985. 7. National Institutes of Health Guide for Grants and Contracts. Bethesda, Md: National Institutes of Health; October 2, 1992;21(35):4-6, 9-11.

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07309061
PUPILS TESTED FOR LEAD POISONING A PROGRAM WILL SCREEN ALL 535 OF THE COUNTY'S HEAD START STUDENTS. A PROFILE WILL BE DEVELOPED TO IDENTIFY CHILDREN AT RISK.
Philadelphia Inquirer (PI) - THURSDAY November 4, 1993
By: Kathleen Martin Beans, INQUIRER CORRESPONDENT
Ediion: PENNA Section: NEIGHBORS BUCKS Page: BC01
Word Count: 699

TEXT:
BENSALEM - Ryan Doneker, 4, of Croydon, climbed into the lap of a nurse to await a finger-stick blood test from health aide Carolyn Hersch.

"Do you know about lead?" Hersch asked him, part of her brief educational warmup before the finger prick.

"I go fishing with my dad and I use lead sinkers," said the somber-faced boy, who, a minute later, would be sniffling as he dabbed gauze on his wounded finger.

His serious demeanor rought chuckles to the health-care workers who were testing 150 preschoolers for lead poisoning at Cecelia Snyder Middle School last week. It is a program that will screen all 535 Head Start children in the county.

Lead fishing sinkers actually could cause poisoning for a less-serious child fisherman who still put things - including his hands - in his mouth. Soft metals are on the list of possible lead contaminants that Ryan's parents and the parents of all ead Start children receive as part of this program. The major source of lead poisoning in children is lead paint found in homes built before 1955.

The program, which began in late September and will continue until the end of November, is being jointly sponsored by the Bucks County Head Start Program, Centennial Comprehensive Health Care Center (CCHCC) in Warminster and Wheelabrator Falls Inc., which is building a municipal incinerator in Falls Township. Wheelabrator contributed $5,000 to finance the testing.

CCHCC executive director Judy Davidson said that when the testing was finished, her organization would study the results and develop a profile of a child most at risk of lead poisoning.

CCHCC is a private, nonprofit primary health-care center for people who might not otherwise be able to afford a doctor's visit. The center charges fees on a sliding-scale basis and is financed through third-party insurance and donations.

"Lead has kind of gotten away from us," said Nancy Hunziker, executive dirctor of Bucks County Head Start. "As houses became more modern, we moved away from testing."

Kathleen Olson, health coordinator of Head Start and the nurse who held young Ryan on her lap, said that many times children with lead poisoning were misdiagnosed with attention deficit disorder or behavioral problems.

Lead poisoning causes children to become lethargic, lowers their IQs and can result in retardation or death if not detected.

"If caught by the age of 5, there is a certain regimen that can be done to correct it or prevent further damage," Olson said.

Some of the effects of lead poisoning cannot be cured, she said. But part of correcting the problem is identifying the source of lead. Most often it comes from eating lead paint chips or inhaling paint dust particles. Older homes also may have lead pipes, which poison drinking water.

Children who play in dirt then put their hands in their mouths can sometimes ingest lead particles from the soil. Contaminated soil is frequently found around older homes and near roadways where it was exposed to leaded-gasoline exhaust.

Damage can be done before symptoms even occur, said Olson, and early symptoms often aren't recognized. Stomachaches, fatigue and a lack of appetite, all symptoms of lead poisoning, are common childhood complaints that may not raise suspicions among parents or doctors.

Lewis Polk, medical director of the county Health Department, said there were only 11 cases of lead poisoning reported in Bucks County last year. "We really don't know, but that seems awfully low for a county with over a half-million people in it," he said.

Polk said the county was negotiating with the state to do its own door-to-door screening next year for lead poisoning in infants and preschool children. Older communities, especially Bristol Township and Bristol Borough, will be targeted.

CAPTION:
PHOTO
PHOTO (2)

1. Head Start youngsters (from left) Raquel Sacerdote, Megan Kretenko and Taiwan Jones, all 4, arrive for their lead-poisoning screening at Snyder Middle School in Bensalem. (For The Inquirer / HINDA SCHUMAN)

2. Hassan Law, 4, watches as blood is drawn from his finger by Kathleen Olson, a health coordinator. Head Start, Centennial Comprehensive Health Care Center and Wheelabrator Falls Inc. sponsored the testing. (For The Inquirer / HINDA SCHUMAN)

07030036
CITY JUDGES PLAN TO USE INMATES TO CLEAR LEAD FROM HOMES THE PROGRAM SHOULD HELP TO EASE PRISON CROWDING. IT WILL GIVE PROBATIONERS JOB SKILLS IN LEAD ABATEMENT.
Philadelphia Inquirer (PI) - SATURDAY January 30, 1993
By: Linda Loyd, INQUIRER STAFF WRITER
Edition: FINAL Section: LOCAL Page: B01
Word Count: 695

TEXT: Philadelphia judges plan to put a small number of nonviolent drug offenders
to work cleaning up lead paint in homes where 5,000 children have been been discovered with high levels of lead in their blood.

City, state and court officials yesterday announced a $110,000 pilot project that will allow Philadelphia judges to sentence up to 100 first-time offenders to work on crews cleaning up the lead paint as an alternative to jail or regular probation.

Th project will be financed from fines imposed by a federal judge on the city for failing to reduce prison crowding.

If the program is successful, the state will provide matching funds to continue the project, State Sen. Vincent J. Fumo (D., Phila.), chairman of the Senate Appropriations Committee, said at a news conference.

Fumo - joined by a group that included District Attorney Lynne M. Abraham and Philadelphia Health Commissioner Robert K. Ross - said a similar state-funded plan launched three years ago has put 173 drug offenders in Philadelphia to work picking up litter on state roadways.

"That program helped reduce prison overcrowding," said Fumo, "and perhaps best of all, worked to rehabilitate drug-dependent offenders into productive citizens."

Offenders in the lead-cleanup program "may have some type of drug problem, but they are not violent offenders," said Common Pleas Court Judge Anne E. Lazarus, who will oversee judges in the project.

Defendants in the pretrial diversion program will, after pleading guilty, be sentenced to probation with the cleanup job as a part of it. They will work weekdays on lead-paint cleanup. Initially there will be two crews, each with one supervisor and four probationers. "They'll know if they mess up in this program, they're going to state prison," Lazarus said.

The District Attorney's Office endorsed the alternative sentencing for candidates "who are very, very carefully screened, do not have a history of violence, and are carefully supervised to perform community service," said Abraham.

"I think alternative sentencing is the way to go for the future - for a certain class of offender."

Participants will be required to stay clear of drugs and will be randomly tested. They also will take part in intensive education and job training. Once they complete their sentence f public service, the skills

they will have learned may enable them to find jobs or establish their own lead-abatement businesses, officials said.

Judge William J. Manfredi, a member of the Philadelphia court panel that authorized the allocation of $110,000 to start the project, said, "We think it's very valuable that it's going to reduce prison crowding, and help correct the health hazards. But the reason we are supplying the money is because it benefits the individual offenders by giving them occupational training."

Ross, the health commissioner, welcomed the program as "a creative way of abating more homes, and treating more children" without additional cost to the city. "We abate about 350 homes per year. We think we can abate an additional 70 homes per year with this program," he said. "We're not replacing current city workers. We're making more abatement teams available."

"As many as one in two children in cities, including Philadelphia, have some degree of lead poisoning," Ross said, noting that the number more than doubled after the federal Centers for Disease Control changed the definition of lead poisoning in October 1991.

Richard Tobin, head of the city's childhood lead-prevention program, said that 1,200 homes have been inspected and are awaiting lead cleanups. Roughly 2,000 more homes have been reported with elevated lead levels, but the city has not yet been able to inspect them, Tobin said.

Lawyer Jerome Balter of the Public Interest Law Center of Philadelphia came up with the idea of putting drug offenders to work cleaning up lead paint. "I started to look around for a means of getting hazardous lead paint abated, without the expenditure of public monies, and this came out of it," Balter said at the news conference.

The project will be run by the Pennsylvania Board of Probation and Parole. Yesterday, Philadelphia district director Harold Shallon said he had probationers "ready to work. Crews will be out in a couple weeks."

07065102
CITY SLOW IN TESTING, TREATMENT OF CHILDREN WITH LEAD POISONING ''CAN YOU LET KIDS GET DUMBER EVERY DAY?'' AN ADVOCATE FOR YOUTH ASKED.
Philadelphia Inquirer (PI) - FRIDAY March 5, 1993
By: Stacey Burling, INQUIRER STAFF WRITER
Edition: FINAL Section: LOCAL Page: B01
Word Count: 1,163

TEXT:
Philadelphia has fallen seriously behind in its effort to test and treat children with lead poisoning, a condition that can permanently reduce intelligence.

Backlogs, prompted by stricter federal guidelines, have emerged at every turn.

* Lead test results that once were available in about a week now take at least three weeks.

* About 2,000 homes where poisoned children live are on a waiting list for inspections to pinpoint the source of the lead.
* And, about 1,200 lead-filled homes - twice the number a year ago - are awaiting repairs from city cleanup teams.

Delays may exacerbate the damage lead can do to young victims.

"If you have a child with a toxic level, that child is walking around with that level for an additional four weeks," said Dr. Robert K. Ross, the city's health commissioner, of the backlog in testing.

Even at low levels, lead is believed to affect intelligence.

"Can you et kids get dumber every day?" asked Shelly Yanoff, executive director of Philadelphia Citizens for Children and Youth.

The backlogs, which developed over the last year, stem from regulations issued in October 1991 by the U.S. Centers for Disease Control and Prevention (CDC) after it concluded that low levels of lead are more dangerous than previously thought.

The CDC recommended that health officials begin helping children at lead exposure levels once considered perfectly safe. It advised doctors to egin screening virtually all children for lead poisoning - not just poor kids who live in old houses with chipping paint.

And, it said doctors should switch to a more accurate blood test, which takes a technician a lot more time to do than the old one.

"Philadelphia has been hit very, very hard by the changes," said Helen Shuman, director of the state's childhood lea poisoning prevention program.

Last year, doctors in Philadelphia sent 49,000 blood samples to the city lab for lead testing. Health officials expect the number to swell to 83,000

samples this year.

The combination of more testing and the new standards caused the number of Philadelphia children considered poisoned to balloon from 604 in 1991 to 4,061 last year.

The new CDC guidelines have also affected the Pennsylvania suburbs, with Chester City's long-standing lead program being innundated. Elsewhere, Chester County's health department last year identified 104 children with elevated lead levels, compared with 11 in all of 1991, and Montgomery County's aggressive new lead program found 40 cases in its first year. New Jersey only began complying with the new standards in January.

The growing numbers of Philadelphia cases has overloaded the city's syste for finding out how children were exposed to lead and doing something about it.

Before last year, a city worker would make sure the homes of poisoned children were inspected, with or without the parents' cooperation. Now, parents receive a notice that their children have elevated lead levels along with information about how to reduce the lead hazard in their home.

It's up to them to to schedule a home inspection.

The lead program staff no longer has the time to hound parents, said Dick Tobin, the city's program director for lead poisoning. Those who don't call - and that's 87 percent of them, Tobin said - don't hear from the city again.

On the other hand, many of the children caught in the city's backlogs might not have been identified at all before the CDC changed the rules.

And, "in spite of the backlogs we've got, we've still got the ability to get information out to the family," Tobin said.

Sometimes simple steps like improving nutrition and frequent washing of hands, toys and floors can make a big difference, he said.

Officials said the problems boil down to money. Tobin's budget is $2.3 million a year; he says he could use another $6 million.

"This program is totally inadequately funded and, because of that, there's inappropriate delays," said Peggy Stemmler, a consultant to the city's Office of Maternal and Child Health and a doctor at Children's Hospital's lead clinic.

The federalgovernment "changed the recommendations but they didn't come up with the amount of resources necessary to implement the recommendations," Ross said. The same thing happened when the CDC changed the definition of AIDS and recommended that all babies get hepatitis B vaccines.

"It's every public health officer's sort of recurring nightmare."

The city and state are trying to get more federal money for Philadelphia. (Since last year, the federal contribution to the city's lead pogram rose by just 19 percent; the city kicked in another 3 percent.) The state also is arranging for some of the city's lead tests to be completed at its other lab in Lionville, Chester County.

Ross said he hopes to expand a new program that uses nonviolent offenders to clean up houses. He also is asking area health insurance programs for financial help. The lab, which is funded by government, does not charge patients for lead testing.

"In te next six to 12 months," he said, "you'll see some pretty innovative and exciting things to cut down on this delay."

*

Over the last 30 years, scientists have greatly changed their thinking about lead. In the 1960s, a child was considered to have lead poisoning with at least 60 micrograms of lead per deciliter of blood. The level dropped to 30 micrograms in 1978 and to 25 in 1985.

Now, chronic blood lead levels as low as 10 are considered harmful, although most health departments don't start seious intervention, such as a home inspection, until the level hits 20.

Philadelphia put the new CDC guidelines into effect on Feb. 10, 1992.

"That's the date that I have branded into my eyelids," Tobin joked.

It switched to the more accurate test and began following up on kids at the 20 microgram level instead of 25. Doctors and clinics began testing a lot more children.

At one point last fall, the wait for test results was five weeks. The lab had to freeze blood samples so they wouldn't spoil, sad the laboratory's director, Ramesh Churi.

Two weeks ago, with the help of two new machines and worker overtime, the wait was down to three weeks, Churi said.

Dr. Steven Selbst, director of the lead poisoning clinic at Children's Hospital, said that last fall the wait for results was "totally intolerable. . . . Getting them in three weeks is clearly better . . . It's at least becoming manageable."

Still, the hospital learned last week that one of its young patients had a lead level over 100. That, according to the CDC, should be considered a "medical emergency." The boy had been tested nearly three weeks earlier.

What if, during the wait, he had been exposed to more lead, Selbst said. "His level could have been 120," he said. "Then he could have had seizures or death."

CAPTION:
CHART

CHART (2)

1-2. Lead Poisoning in Philadelphia: Blood samples sent to city lab for testing; Number of children considered lead-poisoned (SOURC: Philadelphia Health Department)

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## FACSIMILE TRANSMISSION COVER SHEET

**FAX TO:** Amanda Crumley
Communications Research Analyst
White House

**FAX FROM:** Shirley Bonnem, Vice President

**DATE:** 2-1-94

NUMBER OF SHEETS: (including this one) 3

**Comments:**

Possible interest for Mrs. Clinton's briefing book--
This new development was announced in the
Philadelphia Inquirer, Sunday, January 30.



If you have any problems with the transmission of this fax, please call Dorothy Barnes, 590-1098. Thank you.

# Insurer, hospital network to merge

## Independence Blue Cross and Graduate Health System will become Newco Inc. The huge new system would mirror Clinton's proposals.

By Gilbert M. Gaul
INQUIRER STAFF WRITER

The region's largest health insurer and its largest hospital network have agreed to merge in an unprecedented union that signals some of the powerful forces now transforming health care.

The surprise deal by Independence Blue Cross and Graduate Health System would create one of the region's largest private companies, with combined revenues of $2.5 billion and 7,350 employees in two states.

More important, it would give rise to a huge new health system that closely mirrors many of the reforms envisioned by the Clinton health plan. It would position the new company to market lower-cost health plans to employers worried about spiraling medical expenses.

"Aside from whatever may happen in Washington or Harrisburg, health-care reform in the private market is happening now," Blue Cross president G. Fred DiBona Jr. said in an interview Friday.

"Our strong belief in the future is that without controlling all of the pieces of the pie . . . you won't be able to compete effectively," he said.

Graduate chairman Harold Cramer said the proposed merger was a logical next step for the rapidly expanding Graduate Health System, which already includes seven hospitals, a health maintenance organization, and a variety of other nonprofit and for-profit health businesses.

Patients using the Graduate system now can use a wide range of medical care without having to leave the system, Cramer said. Merging with Blue Cross will allow Graduate to expand that network and better coordinate services. It also gives Graduate access to a much-wider base of patients at a time when hospital admissions nationwide are declining.

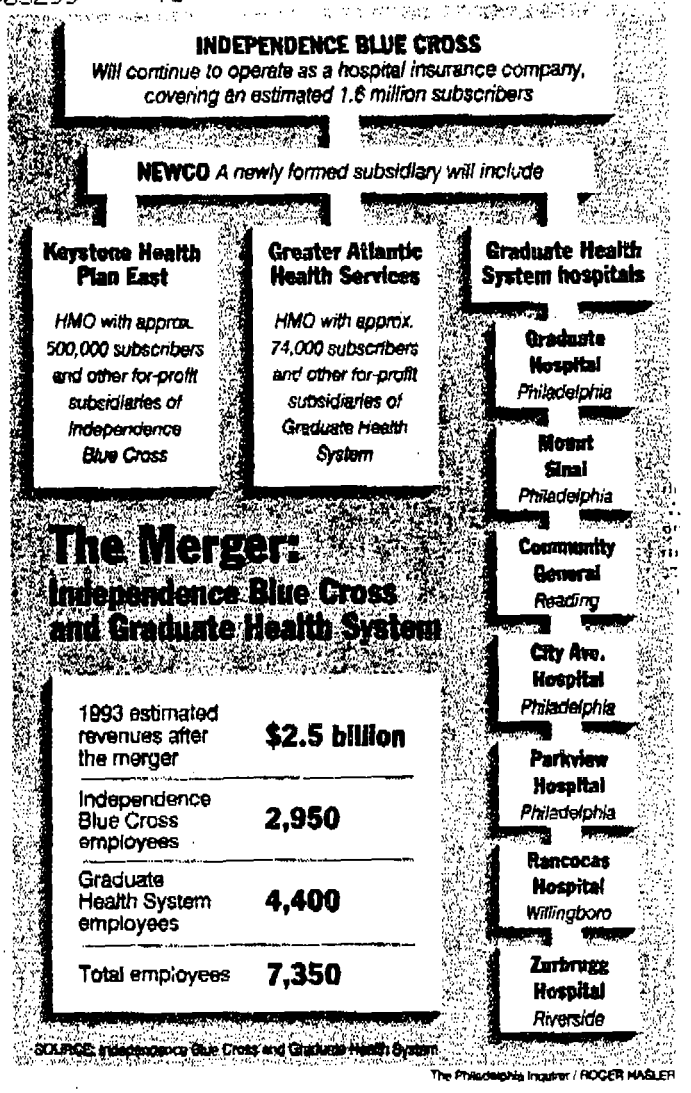
"Marrying this system to Independence Blue Cross represents a dramatic and fundamental change in the health-care reform environment," Cramer said.

The merger is the latest in a wave

See MERGER on A10

**Chairman Harold Cramer** said the merger was a logical next step for the rapidly expanding Graduate Health System.

**"Health-care reform** in the private market is happening now," says Blue Cross president G. Fred DiBona Jr.




# Hospital network, insurer to merge

**MERGER** from A1

of recent hospital consolidations. But it is the first involving a hospital network and an insurer in this area.

DiBona said the insurer would look at teaming up with other hospitals. "We fully expect to continue our discussions with other strategic partners to form relationships which, we believe, will serve the best interests of those institutions and our customers," he said.

The merger with Graduate is not without risks. For one, it could strain existing relationships between Blue Cross and other hospitals.

Blue Cross is the region's largest traditional indemnity insurer, contracting with more than 50 local hospitals to pay for medical care on a fee-for-service basis.

Health analysts said some of those hospitals might now question why they should do business with an insurer who is about to become a competitor.

DiBona said he did not expect the agreement to affect Independence's relationships with other hospitals. Nor should it change the way most of Independence's nearly 2 million current subscribers choose hospitals and doctors. "Our current business will go on as usual," he said.

Officials from Blue Cross and Graduate Health System are expected to announce the merger on Tuesday. Their negotiations have been closely guarded. DiBona and Cramer agreed to discuss the deal only after The Inquirer learned some of the details.

Under their agreement, the merger is expected to take place in two steps. The first calls for Independence Blue Cross and Graduate Health System to merge their for-profit businesses into a newly created subsidiary known as Newco Inc. Organizationally, Newco will be under Independence Blue Cross.

DiBona is expected to serve as chairman and chief executive of Newco. Cramer is expected to serve as president.

Blue Cross and Graduate both operate a variety of for-profit companies. But in each case the largest ventures are health maintenance organizations.

Graduate operates Greater Atlantic Health Services, which has about 74,000 subscribers. Independence operates Keystone Health Plan East in a joint venture with Pennsylvania Blue Shield. It has about 350,000 commercial subscribers and about 150,000 Medicaid subscribers.

Officials have not decided whether to combine the two HMOs into a single, larger health plan or to continue operating them separately.

Under the second step of the merger, the seven nonprofit hospitals now run by Graduate Health System would either become a separate operating division of Newco or a division of Independence Blue Cross. Details are still being discussed, DiBona said.

It also has not been determined whether the hospitals would continued to be operated as tax-exempt nonprofit facilities or would be converted to for-profit status. Cramer is expected to oversee the operations of the hospitals.

DiBona and Cramer said their respective boards only recently authorized them to pursue a merger. Graduate's board approved the discussions Jan. 21. The board of Blue Cross authorized the negotiations Wednesday.

The merger is subject to further review by both boards. A final agreement is expected by the end of March. A deal of this size also would be subject to review by state and federal regulators.

DiBona said no cash would be exchanged as part of the transaction.

Insurers and hospitals face unprecedented pressures to control medical costs. One way to do that, health analysts say, is to create a single, seamless network in which subscribers and patients enjoy the equivalent of one-stop shopping for medical services.

A variety of hospital networks, HMOs, physician groups and health insurers already are moving to create such integrated health delivery systems. Activity is especially heavy in California and a number of other western states. Blue Cross insurers in Minnesota, Nebraska, Iowa, Oregon, Ohio and Georgia also are moving to form alliances with hospitals.

The goal, analysts say, is to give insurers more control over how medical care is delivered by hospitals, physicians and other health-care providers — and thus better control over costs. Owning your own hospitals, or merging with a hospital system, allows an insurer tighter oversight than just contracting with independent hospitals as happens under indemnity arrangements, analysts say.

"Insurers want to be providers and providers want to be insurers," said Alan M. Zuckerman, executive vice president of Chi Systems Inc., a national health-care consulting firm with offices in Center City.

"Under the emerging health-care system, insurers and providers are going to need to be fully integrated to contract with big employers or groups or purchasing cooperatives. Rather than subcontracting with other medical providers, you want to have more control."

These lower-cost networks can then offer steeper discounts to employers and gain a larger share of the market. "The wave of the future for people in the health-care industry is to provide a product that can be priced as best as it can be and offer the best health care it can," DiBona said. "We think this is the best model to do that."

Philadelphia Business Journal



July 26, 1993

SECTION: Vol 12; No 21; Sec 1; pg 1

LENGTH: 1553 words

HEADLINE: Clinton health delay hurting us, medical device suppliers say

BYLINE: John George

DATELINE: Philadelphia; PA; US

BODY: Laparoscopes aren't selling like they did a few years ago.

Neither are ultrasound systems, surgical laser products or many of the other medical devices manufactured and/or supplied by Delaware Valley companies.

The reason?

The suppliers say health-care providers nationwide are skittish about making major purchases until after they get a better idea of what President Clinton has in mind for reforming the country's health-care system, and whether providers can expect any government reimbursement help on major capital expenditures.

The unveiling of Clinton's plan has been pushed back from its initial target of May 1 three times and is now not expected until sometime in September.

"Hospitals and doctors all seem to be hunkering down and not buying," said Warren Wood, chairman of Cabot Medical Corp. The Langhorne company makes laparoscopes and other surgical devices used for minimally invasive surgery.

"People are really gun-shy and are staying on the sidelines waiting to see what is going to happen," said Michael Wassil, chief financial officer for Interspec Inc., an Ambler company that makes ultrasound systems and accessories for hospitals and doctors' offices. "Doctors don't know if they are going to be forced to join an HMO in six months. They don't want to risk investing in new equipment. The administration's inability to put

forward a plan has really thrown a monkey wrench into our business. ... We hear it all the time. People say they love our equipment, but they are afraid what's going to happen with Hillary and her husband."

Hospital executives, however, say sales are slow because providers are already reacting to demands for cost containment.

"To say hospitals and doctors aren't doing anything because they don't know what will happen is a simplistic answer," said Edmond F. Notebaert, president of Children's Hospital of Philadelphia. "The more sophisticated answer is although hospitals don't know the details, we know the theme will be (lowering. service costs), so we're making more prudent purchasing judgments." LACKLUSTER SALES

But nobody disputes the medical device industry is experiencing declining sales and a sluggish stock performance, the same maladies afflicting pharmaceutical companies.

The half-dozen publicly traded companies in the Delaware Valley that manufacture and/or distribute advanced medical devices are all trading well below their 1992 high stock price.

Michael Howe, an analyst who follows medical device companies for Foley Mufson Howe & Co. in Philadelphia, doesn't see the picture brightening for suppliers until after a plan is finally introduced "and the ground rules are known."

"The delays have created a psychological overhang of uncertainty (for investors) and the market abhors uncertainty," Howe said.

Companies here are using different strategies to stimulate revenue growth. Some are using new financing arrangements, while others are expanding their product lines or trying to increase foreign sales. This is one company taking the creative financing route. Wood said a new option Cabot is making available to customers is a "cost per procedure" plan that lets the hospitals pay for a device over time based on when the instrument is used in surgery.

"We only began offering that a short time ago, so it's a little too early to tell what the impact has been," Wood said.

Cabot's sales figures are up over last year, but only because the company grew by acquiring a Wisconsin company that make urological medical devices.

"We're not running up to the plan we had in mind," Wood said, declining to disclose the company's projected sales figures. "We're going to have to adjust our sights. But that's our job. Our job is to manage the company all the time, not just when times are good."

James R. Appleby Jr., president and chief executive officer of Surgical Laser Technologies in Oaks, said his company has resorted to more rental and leasing arrangements to compensate for slow sales.

He said the uncertainty about Clinton's health-care reform proposal combined with the country's sluggish economy has made closing a deal much more complicated.

"In the past we'd have to go before (a hospital's) laser committee and if we got the committee's approval we could feel pretty sure the sale was going to go through," Appleby said. "Now the laser committee will likely have to go before a capital assessment committee, where it may come down to whether the hospital wants to get a new MRI or a new laser. What you have is much greater competition between medical equipment companies for smaller dollar amounts of capital spending."

Surgical Laser has spent the past few years trying to figure out how to position itself for whatever changes health-care reform produces.

Last year, the company introduced 10 new fiber-optic delivery systems for use in laser surgery. Three of the new products are geared for urologists as part of the company's plan to expand into the urology market. Starting in January, Surgical Laser began manufacturing all of its products in-house to hold down production costs.

A different strategy is being used by Interspec, which has lost several millions of dollars in sales this year because of the uncertainty over the reform plan, according to Wassil.

To compensate for the drop in domestic sales, Interspec is actively pushing its foreign operations. Within the past year, Interspec set up a Far Eastern operations headquarters in Singapore. Earlier this year, the company opened a wholly owned subsidiary in Germany to strengthen its position in the European market.

Bernie Korman, President and chief executive officer of Mediq, believes hospitals and doctors are already reacting to the pressures to contain costs in advance of any changes that would be put forward in a reform plan.

"A lot of people take the easy hook and blame the Hillary factor (for low sales)," Korman said. "But hospital admissions are down and lengths of stay have decreased, and hospitals are taking a hard look at overutilization."

Korman says Mediq is well-positioned to thrive in such an environment since its two main businesses, Mediq/PRN Life Support Services and the Diagnostic Imaging Services Group, are involved in renting critical-care equipment and providing portable X-ray and EKG services to providers, respectively. Both supply machines and services on an as-needed basis.

But Korman conceded the rental business has been "soft" this year, so the company has just entered into a preliminary agreement with another firm so Mediq can expand its rental equipment to include laser products.

John C. McMeekin, president and chief executive officer of Crozer-Keystone Health System, agreed with Korman's assessment of hospital purchasing. He said the Delaware County hospital group is looking at ways to reduce medical equipment spending, but not because of the Clinton's lag in introduce a reform proposal.

MORE PRUDENT DECISIONS

"The need for health-care reform did not start with the Clinton administration," he said. "The industry itself has recognized the need to restructure. We are being more prudent in terms of capital expenditures and looking at ways of sharing technology. We have four hospitals and we're looking at if we need four of something or whether we can get by with one."

Smaller niche medical devices companies are equally concerned.

Sales at Valley Forge Scientific Corp., a Montgomery County-based manufacturer of bipolar electrosurgical products, have not yet suffered because of the reform plan delay, according to Chairman and President Jerry L. Malis.

"I know that a great number of doctors and hospitals don't want to have any extra inventory on hand," he said, "but that really doesn't affect us because the type of equipment we make is used in certain surgical procedures. It's not like they aren't doing surgery."

Malis, however, blamed the innuendo and lack of knowledge about the reform efforts as causing harm to all medical equipment companies' stock performance, including his.

"The problem is nobody knows what solution (the Clinton administration) is going to suggest," he said.

WORKING WITH NASA

George Stasen, executive vice president of Supra Medical, echoed that opinion. Based in adds Ford, Supra Medical is in the business of developing and marketing medical devices used to diagnose, monitor, and treat skin disorders.

"We are still an emerging products company, so although I know the market is slow, I can't prove it," Stasen said. "Where it has hurt us is on Wall Street. Wall Street is doing what it always does. It's saying, 'I don't know and when I don't know I'm not going to do anything.'

"It's been really difficult for us to raise capital. When the giants like the Eli Lillys and the Mercks under pressure, you can be damn sure small emerging companies like ours are going to feel it, too."

Hoping to stimulate interest in the company, Supra Medical earlier this month announced a partnership with the National Aeronautics and Space Administration to jointly develop advanced ultrasound instrumentation under the NASA/Industry Fellowship program. Supra plans to use the technology as part of its development of breast imaging technology, while NASA intends to use it to evaluate a new class of woven composite materials.

GRAPHIC: Photo; Chart

SUBJECT: Instrumentation industry; Medical equipment; Health care industry; Sales; Reforms; Industrywide conditions; Stock prices; Middle Atlantic

GEOGRAPHIC: Middle Atlantic Region; Philadelphia; PA; US

COMPANY: Interspec Inc; DUNS: 03-285-9605; SIC: 3841 Cabot Medical Corp; DUNS: 10-141-9067; SIC: 3841; TICKER: CBOT Surgical Laser Technologies Inc-Malvern PA; SIC: 3841;3832; TICKER: SLTI Mediq Inc; DUNS: 01-379-1306; SIC: 5086;7392;8911; TICKER: MED Crozer-Keystone Health System; SIC: 8062

CO: INTERSPEC INC; MEDIQ INC; SURGICAL LASER TECHNOLOGIES INC;

TS: ISPC (NASDAQ); MED (AMEX); SLTI (NASDAQ);

IND: 231 MEDICAL INSTRUMENTS;

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