

News from Senator

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WALTER E. OLSON CENTER FOR SUPPORTIVE SERVICES - ILLINOIS MASONIC MEDICAL CENTER
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It is a real pleasure to be here with all of you this afternoon for the dedication of a new building in the hub of the Illinois Masonic Medical Center. Of course, the construction of the Walter E. Olson Center for Supportive Services, completed just this past summer, is only the most recent achievement of the Medical Center, whose steady expansion during its 74-year history is really quite remarkable.

The addition of the Walter E. Olson Center to the Illinois Masonic complex is representative of the growth in the volume of health care services offered here. With facilities such as the Warren N. Barr Pavilion for skilled nursing care for the elderly, the Ruth M. Seay (pronounced "see") Center for Women and Infants, the Lakeview Child Care Center, and the Developmental Disabilities Center, Illinois Masonic is clearly well-equipped to meet the diverse needs of all those living in this community. The Medical Center's commitment to such a comprehensive health care delivery complex is admirable.

The scope of services offered here at Illinois Masonic is vital in the sense that it represents a break from the health care system's traditional preoccupation with so-called sick care. In the interests of better personal health and lower health costs, I think we need to become oriented toward less intensive methods of health care that address the health care needs of people, and not simply their sick care needs. The various progressive facilities that comprise Illinois Masonic acknowledge a willingness to move in this direction. It is my hope that younger, less developed institutions will use the Medical Center as a role model in this sense.

The contribution made by the Medical Center over the years to the northern Chicago community through its growth and diversification is especially noteworthy. As a comprehensive health care facility, Illinois Masonic offers the kind of coordination of services that this country's health care system too often lacks. This dearth of coordination in health care delivery has its strongest and most detrimental impact on one party: the patient.

The patient is the one who must frequently undergo duplicative and unnecessary tests and who, in turn, must pay for those services. A patient's life can even be placed in jeopardy occasionally because medical records are not comprehensive, with one specialist unaware of conditions in the patient known to another specialist. Coordination of the various medical specialities serves to improve the quality of care patients receive. It is a goal toward which our health care system should actively strive, and a goal that is plainly espoused by Illinois Masonic.

This is not to understate the incredible waste of money and manpower when medical services are rendered in a fragmented and uncoordinated fashion. As you know, in my position as Chairman of the Senate Finance Committee, I deal very closely with health care financing issues. From the government's standpoint, there is a desire to ensure that the legal framework of our health care delivery system offers the right incentives for efficiency and economy on the part of providers and physicians. From the vantage point of the institutional provider, or hospital, there must be a desire to make certain that health care services are effectively delivered to patients in the most cost efficient way. Illinois Masonic has made this desire evident throughout its existence.

A Move Toward Cost Constraint

In reading a little bit about Illinois Masonic, I was very encouraged to learn that the Center shares my view that a strong health care system is one committed to delivering health care in the least expensive and most cost effective manner possible. Any hospital that wishes to survive during these times would be wise to adopt this same attitude.

Hospitals, of course, are bearing the largest burden of the medicare cuts made in the last two years. This should not be viewed as unusual given that over two-thirds of all medicare dollars are spent on hospital services (\$37 billion in 1983).

Medicare, as you know, is a program which has grown at an alarming rate since its creation 17 years ago. The original program cost estimates done in 1965 showed a projected cost in 1990 of \$8.8 billion. The current projected cost for 1990 is in excess of \$100 billion, more than 11 times the original estimate.

The medicare trust fund is rapidly approaching a period of time in which it will no longer have sufficient funds to finance program expenditures. In fact, the current assumption is that medicare may reach this point as early as 1987 or 1988.

Our very recent approval of a medicare hospital prospective payment proposal was the first step toward reform of the system. We still have a long way yet to go, and your assistance will be critical to us.

Medicare is a program that has done a great deal for a great many. We need to preserve it for the generations to come. But to do so we must be willing to make changes, to look beyond the present to the future.

There are those who would have us wait until we reach the crisis stage before proceeding with any changes. I want to avoid that situation.

Alternative Delivery Systems

Centers like Illinois Masonic are at the forefront of the health care field, willing to experiment with alternative delivery systems in an effort to give patients the most appropriate care in the most cost efficient setting. Health policy officials in the government look to institutions such as yours for better ways to provide care. You, and not the government, are in the best position to know what methods of treatment and what treatment settings are most appropriate. We need your expertise and guidance to devise a statutory framework that is responsive to improvements and innovations in health care delivery. I feel certain we can continue to count on Illinois Masonic to play a major role in this respect.

I was particularly pleased to see that the Medical Center has a hospice care program in conjunction with the Warren Barr Pavilion. Hospice, although a relatively new concept here in the United States, has the potential to offer tremendous savings to both hospitals and patients in caring for the terminally ill. In many parts of the country where hospice care is not yet available, dying patients are housed in high-cost, acute care hospitals when all they really need is palliative care in a safe, comfortable setting. I introduced legislation in late 1981, which resulted in a law enacted last summer, to boost the availability of hospice care by allowing medicare coverage for these services. I would hope that as a result of this new law, many more terminally ill persons in the Chicago area will be able to spend their last months under the care of the medical center's hospice program. Our society owes its dying no less than the comfort and flexibility that hospices can afford.

The Responsibilities of a Teaching Hospital

As a teaching institution, Illinois Masonic is devoted to educating its students in the technical and physical aspects of care. But I would hope the students who receive training here also learn the cognitive aspects of care, which are no less important. The health care field has reached a point in its historical development where vast amounts of sophisticated procedures are available to the medical and nursing professions. And yet we seem to have largely ignored the cognitive side of care. Maybe this is because simply talking to patients and consoling them is sometimes far more difficult than learning facts, figures, and formulas. Whatever the reason, providers can no longer afford to overlook this aspect of their professional responsibility. Both the medical and nursing professions must come to grips with the difficult decisions associated with providing patients care that cannot be learned in a textbook. These professionals can be prepared to look beyond the nuts and bolts to the human side of health care. A modern teaching institution is responsible for offering this kind of preparation to today's students. It would appear that Illinois Masonic is willing to meet this responsibility.

Health Benefits for the Unemployed

We, the country, need to call upon you to volunteer to help us solve a problem that has been with us for a long time, but has become much worse in recent months. That problem is the loss of health care coverage for those who become unemployed.

Here in Illinois, there are approximately 368,000 unemployed workers receiving unemployment compensation. Many of these individuals have lost their employer-related health care coverage, or will very soon.

As I noted, the loss of group health coverage for those who have lost their jobs is not a new problem, but the number of workers who have lost their jobs and the duration of such unemployment is unprecedented in modern times, and makes the matter of particular national concern.

Providing health benefits for the unemployed means replacing coverage workers lost due to their involuntary unemployment. At a time when they can least afford it, laid off workers must turn to nongroup coverage which is more expensive and often less comprehensive than that which was provided through their employment. The simple fact is that they cannot afford such coverage and they certainly can't afford the cost of care when it is needed--particularly when that care requires a hospital admission.

Clearly we must take a conservative approach to providing health benefits for unemployed workers. Our approach should target the greatest number of those workers who have lost coverage without creating a complicated outreach and delivery system. We need to achieve the greatest impact with limited funds.

On Thursday of this past week the Senate agreed overwhelmingly (90-9) to my amendment to include in the budget funds for such a program. In addition, we indicated at the same time a willingness to raise the revenues necessary to finance such a program.

The proposal I envision is a conservative one. I do not believe we can afford health benefits for everyone. Some money must come from the States, some coverage must and will be available under medicaid, some coverage will be provided by private insurance, and some care must and will continue to be provided free through public and private sources.

It is in this last area where you can continue to be of assistance to us. The willingness of institutions such as this one to reduce the cost of services for those who are unemployed, or to provide for a delayed payment schedule, can make a difference between someone receiving care early on in an illness or delaying until they are much sicker and often much more costly to care for. But perhaps the most unfortunate situation is the one when a pregnant woman is unable to obtain prenatal care, and as a result delivers a low birth weight baby, or a baby with other serious problems that could have been avoided or moderated.

Community service is at the heart of any hospital's responsibility. I know that Illinois Masonic will continue to do its part.

Voluntarism

Finally, I would like to take a moment to congratulate Illinois Masonic for its impressive campaign to raise money for the construction of the Walter E. Olson Center. Raising \$11 million in contributions over the short span of three years is quite an impressive record. I think the Center's ability to muster up such a sizeable amount of money in so short a time speaks to its support throughout the community. The spirit of voluntarism which the Center's successful fund-raising drive represents is very significant. Voluntary contributions are absolutely vital to the continued existence of large tertiary institutions like medical centers in an era of tight government budgets. We must rely on the private sector to help us support many institutions. In choosing which organizations to support, the private sector may prove to be a far better judge of the worth of an institution than the government ever has been. The private sector has made its judgment very clearly in support of Illinois Masonic. This is something for which I'm sure you are very proud.

Conclusion

As we are gathered here today to dedicate the Olson Center, we acknowledge and applaud Illinois Masonic's most recent step in its development as an innovative and forward-looking health care institution. I think we all look forward to similar steps by this institution and others in the future.