

Mon, Feb 24

Park Hyatt

btw. 9:00 - 4:30
anytime on Mon.

~~OR~~
revised time
\$2,000

Pew Health Professions Commission

DUKE UNIVERSITY MEDICAL CENTER

January 29, 1992

The Honorable Bob Dole
United States Senate
SH-141 Hart Senate Office Building
Washington, D.C. 20510-1601

Dear Senator Dole:

Because of your commitment to health care reform and because I believe we share a similar context for this reform, I would like to invite you to address members of the Pew Health Professions Commission at our next meeting on Monday and Tuesday, February 24 and 25 at the Park Hyatt in Washington, D.C. Your thoughts on change in health care would add perspective and urgency to the Commission's deliberations. A good portion of the two days will be spent discussing the Commission's federal legislative agenda and where we might make the most impact on effecting change in health professional education. Our schedule is flexible, although Monday, February 24 would be a better day. We begin at 9:00 a.m. and will adjourn after dinner that evening.

The Pew Commission has documented a large and growing gap between what America needs in health care and what health professionals are educated and trained to provide. Clearly, broader health care reform cannot ignore the health professionals and health workers who are now nine percent of the country's work force. In its first report, *Healthy America: Practitioners for 2005*, the Commission has outlined its view of what the future will demand of health professionals and what the educational system should do to respond to this challenge. I have briefed Vicki Stack on Commission activities and goals.

The federal government can encourage change in health professional education through federal policies governing health care education and training such as concerns over the mix of specialties and geographic distribution of physicians and shortages of other health care professionals in rural areas. The federal government also has enormous impact on medical education priorities through Title VII of the Public Health Service Act and Medicare graduate medical education (GME) funding.

Thank you for considering our request. If you have any questions, please call me. I will plan to call Yvonne Hopkins in a week to assess your availability on February 24.

Sincerely,

Edward H. O'Neil, Ph.D.
Executive Director

Liz Rose
919/490-6695

- c: David R. Clare, Co-Chairman
- William C. Richardson, Ph.D., Co-Chairman
- Vicki Stack, R.N., M.P.H.

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February 21, 1992

TO: SENATOR DOLE
FROM: SHEILA BURKE
SUBJECT: REMARKS TO PEW COMMISSION

You are scheduled to speak to the group Monday morning. There will be approximately 48 people in the audience. The group is made up of Deans of Medical, Dental and Nursing Schools as well as others interested in health care issues. A list of the Commission Members is attached.

The Commission, which is funded by the Pew Foundation, was created two years ago. As their Fact Sheet (attached) explains, they are working to develop recommendations that schools of health manpower can use to design their curriculum so it is more responsive to societies needs.

They would like you to give them an idea of the current debate in Congress and what to expect.

They seem to be a responsible group who recognize that more money is not the answer to our problems. They are also aware of the fact that providers are as much a part of the problem as they are the solution.



Pew Health Professions Commission

DUKE UNIVERSITY MEDICAL CENTER

PEW HEALTH PROFESSIONS COMMISSION FACT SHEET

MISSION The purpose of the Pew Health Professions Commission is to assist the nation's health professional schools develop missions and programs which are more responsive to the changing health care needs of the nation.

OBJECTIVES Over the course of three years, the Commission will serve as a catalyst for change by

- Establishing and endorsing a national agenda for action for all health professional schools and colleges.
- Developing appropriate policy recommendations for federal, state, professional and institutional agencies which will support the enactment of the agenda for action.
- Communicating the agenda for action, the policy recommendations and the need for change to targeted audiences in education, the professions, government, business and the public at large.
- Creating an ongoing forum for discussion of issues, clearinghouse for information and center for advocacy for change within the health professional schools.
- Investing in targeted demonstration projects which reflect the national agenda at the health professional school and college level.

The Commission's work is based upon recognition that all the health professions are confronted with common challenges and yet there is little communication across professional lines; the way health professionals are educated has a profound influence on the way they ultimately practice; reforming health professional education is vital to the broader challenge of reforming the health care delivery and finance system; and that it is time to move beyond just "studying" problems to taking direct action towards possible solutions.

RESULTS The Commission is supported by a \$2.9 million PCT grant to Duke University Medical Center. The Commission will set an action agenda for all health professional schools, develop appropriate policy recommendations, sponsor demonstration projects, promote dialogue and change issues across professional boundaries and communicate the need for reform in the schools. The Commission's first meeting was June 27, 1990, its work will continue through 1992.

**FOR MORE
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Revised 1/92

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* RECEIVE STOPPED *

**SENATOR BOB DOLE
PEW HEALTH PROFESSIONS
COMMISSION
FEBRUARY 19, 1992**

**WASHINGTON IS A CITY
FULL OF AGENDAS. BUT IF ONE
DOMINATES THE LIST, IT IS
HEALTH CARE REFORM. AFTER
COUNTLESS YEARS OF
NEGLECT, ITS TIME HAS COME.**

**THE U. S. HEALTH CARE
SYSTEM IS ADMIRERD
THROUGHOUT THE WORLD FOR
ITS OUTSTANDING QUALITY. WE
DON'T HAVE LONG WAITING
LISTS. WE DON'T RATION CARE.
WE HAVE THE BEST TRAINED
HEALTH CARE PROVIDERS IN
THE WORLD. BUT, POLL AFTER
POLL TELLS US THAT THE**

**AMERICAN PEOPLE ARE
CONCERNED, PARTICULARLY
ABOUT COSTS, AND WANT US TO
DO SOMETHING. IN FACT, I
HEARD IT AT NEARLY EVERY
TOWN MEETING I ATTENDED IN
KANSAS OVER THE PAST
MONTHS.**

**IT'S ALWAYS BEEN A
PRIORITY ISSUE WITH THOSE OF**

**US FROM RURAL STATES. YOU,
AS HEALTH PROFESSIONALS,
KNOW JUST AS WELL AS I, THAT
GAINING ACCESS TO QUALITY
CARE IS BECOMING MORE AND
MORE CHALLENGING IN RURAL
COMMUNITIES, AND IN SOME
PLACES, ALMOST IMPOSSIBLE.
WE NEED REFORM THAT BUILDS
ON OUR CURRENT STRENGTHS.**

**WE NEED REFORM THAT BRINGS
HEALTH PROVIDERS AND THEIR
PATIENTS CLOSER TOGETHER.**

**AND WE NEED REFORM THAT
RESTORES THE SENSE OF
FAMILY AND COMMUNITY THAT
SEEMS TO BE SLIPPING AWAY IN
SOME CASES.**

**WITH AN ELECTION YEAR
ALREADY WELL UNDER WAY,**

**CANDIDATES AT EVERY LEVEL
ARE RUNNING ALL OVER THE
PLACE MAKING SPEECHES
ABOUT HEALTH CARE,
SCRAMBLING LIKE THEY JUST
DISCOVERED THE ISSUE -- AND
MOST OF THEM HAVE. BUT,
BETTER LATE THAN NEVER.**

**I JUST COMPLETED A YEAR-
LONG TOUR OF ALL 105**

**COUNTIES IN KANSAS. AFTER
HUNDREDS OF TOWN MEETINGS
AND VISITS WITH KANSAS
OFFICIALS, I CAN TELL YOU
TODAY, THAT ACCESS TO
AFFORDABLE HEALTH CARE IS
ONE OF THE TOP PRIORITIES IN
MY HOME STATE.**

**NO DOUBT ABOUT IT,
HEALTH CARE IS NEAR THE TOP**

**OF THE LIST WHEN IT COMES TO
NATIONAL PRIORITIES.**

**EVERY AMERICAN KNOWS
FIRSTHAND THAT HEALTH CARE
COSTS HAVE RUN AMOK. THIS
YEAR, WE'LL SPEND OVER \$800
BILLION ON HEALTH CARE -- A
FIGURE WELL ABOVE ANY
ECONOMY IN THE WORLD AND,
IN FACT, MORE THAN THE TOTAL**

**GNP OF SOME COUNTRIES. YET
THE NUMBER OF UNINSURED
AND UNDERINSURED HAS
GROWN. AND THE MIDDLE
CLASS ARE GETTING MORE AND
MORE CONCERNED ABOUT THE
AFFORDABILITY OF HEALTH
CARE. THAT'S WHY WHEN I
READ POLLS INDICATING THAT
90% OF THE AMERICAN PEOPLE**

**FEEL OUR HEALTH CARE
SYSTEM NEEDS FUNDAMENTAL
CHANGE, I BELIEVE IT.**

**THAT MESSAGE DOESN'T
COME AS ANY SURPRISE, BUT IT
DOES UNDERSCORE THE FACT
THAT DESPITE THE BEST
EFFORTS OF REPUBLICANS AND
DEMOCRATS DURING THE PAST
DECADES, THE PROBLEM**

**REMAINS. THE RESULT: AN
OVERHAUL OF THE HEALTH
CARE SYSTEM LOOMS AS A
MAJOR -- MAYBE THE MAJOR --
DOMESTIC ISSUE IN THE
COMING YEARS.**

**REFORM PROPOSALS TO
REVAMP THE CURRENT SYSTEM
ARE IN NO SHORT SUPPLY ON
CAPITOL HILL. MY LATEST**

**COUNT IS 24. THERE'S ALSO
BEEN A FLOOD OF REFORM
PROPOSALS THAT HAVE
POURED OUT OF BUSINESS,
LABOR, MEDICAL, INSURANCE,
AND GRASSROOTS
ORGANIZATIONS.**

**WHAT'S BLOCKING ACTION?
THERE'S A LOT OF FINGER-
POINTING GOING ON DURING**

**THIS CAMPAIGN YEAR.
DEMOCRATS POINT TO THE
WHITE HOUSE. OTHERS POINT
TO A DEMOCRAT-CONTROLLED
CONGRESS. DOCTORS POINT
TO THE LAWYERS. INSURANCE
COMPANIES POINT TO
WASTEFUL HOSPITALS AND
DOCTORS WHO CHARGE TOO
MUCH. SMALL BUSINESS**

**POINTS TO THE INSURANCE
COMPANIES. INTEREST GROUPS
POINT TO A LACK OF
CONSENSUS. EVERYONE TALKS
ABOUT HOW COMPLEX THE
ISSUE IS. AND MEANWHILE, THE
AMERICAN PEOPLE WATCH IN
FRUSTRATION AS THEIR
COVERAGE DWINDLES, OR EVEN
DISAPPEARS IN SOME CASES,**

**AND COSTS GO HIGHER AND
HIGHER.**

**IT'S TIME TO STOP
POINTING FINGERS -- THERE'S
PLENTY OF BLAME TO GO
AROUND -- AND IT'S TIME TO
REALLY DO SOMETHING. I
DON'T MEAN IT'S TIME TO JUST
TALK ABOUT DOING
SOMETHING, I MEAN, IT'S TIME**

**TO INTRODUCE A BILL THAT
WILL ACTUALLY PASS -- THAT
WILL HAVE BIPARTISAN
SUPPORT, THE SUPPORT OF THE
PRESIDENT, AND WILL BECOME
LAW.**

**THE PRESIDENT'S HEALTH
CARE PROPOSAL -- AS WELL AS
A SENATE REPUBLICAN PLAN I
HAVE COSPONSORED ALONG**

**WITH 23 OF MY COLLEAGUES --
DEMONSTRATE THAT WE CAN
ADDRESS THE ACCESS AND
COST CONCERNS OF ALL
AMERICANS WITHOUT
CRIPPLING OUR ECONOMY, AND
WITHOUT PUTTING OUR
EMPLOYERS ON THE CRITICAL
LIST WITH MANDATES AND NEW**

**TAXES, AS THE "PLAY OR PAY"
CROWD WOULD HAVE IT.**

**WHAT THE "PLAY OR PAY"
PROPONENTS DON'T SEEM TO
UNDERSTAND IS THAT SMALL
BUSINESSES DO WANT TO
PROVIDE HEALTH INSURANCE
TO THEIR EMPLOYEES. THEY
JUST NEED A LITTLE HELP
DOING IT. WE CAN EITHER HELP**

**LOW- AND MIDDLE-INCOME
AMERICANS BUY INSURANCE ON
THE FREE MARKET, OR WE CAN
BURY OUR BUSINESSES UNDER
A MOUNTAIN OF NEW
MANDATES. YES, AMERICANS
WANT AFFORDABLE HEALTH
CARE, BUT THEY SHOULDN'T
HAVE TO PAY FOR IT WITH THEIR
JOBS.**

**THE MOST CRITICAL
ELEMENT OF THE SENATE
REPUBLICAN BILL AND THE
PRESIDENT'S PROPOSAL IS THE
USE OF INCENTIVES VERSUS
MANDATES. REPUBLICANS
CONTINUE TO BELIEVE THAT,
GIVEN THE CHANCE, SMALL
BUSINESS, THE SELF-EMPLOYED,
AND MANY INDIVIDUALS WILL**

**SEEK TO PROTECT THEMSELVES
AND THEIR EMPLOYEES.**

**SOME PEOPLE WILL BE
HELPED THROUGH THE USE OF
TAX CREDITS. OTHERS WILL
BENEFIT THROUGH THE
EXPANSION OF THE COMMUNITY
HEALTH CLINIC PROGRAM,
WHILE STILL OTHERS WILL AVAIL
THEMSELVES OF COVERAGE**

**UNDER THE STATE PUBLICLY
FINANCED PROGRAM.**

**I BELIEVE ANY PROPOSAL
MUST NOT ONLY ADDRESS
MANY OF THE DEFICIENCIES OF
OUR DELIVERY SYSTEM, BUT
ALSO PRESERVE THE MANY
STRENGTHS OUR CURRENT
HEALTH CARE SYSTEM OFFERS.
OURS DOES THAT.**

**OUR HEALTH
PROFESSIONALS CERTAINLY
DESERVE A GREAT DEAL OF
PRAISE. THANKS TO THEM,
AMERICA IS THE MEDICAL
MIRACLE WORKER. WE ARE
LIVING LONGER THAN EVER
BEFORE. WE'VE DEFEATED
PLAGUES; WE HAVE MADE
MEDICAL ADVANCES THAT CAN**

**SAVE THE LIFE OF EVEN THE
SMALLEST, FRAILEST NEWBORN;
AND WE HAVE LEARNED HOW TO
MAKE SPARE PARTS FOR
NEARLY EVERY BODY ORGAN.
THE QUALITY OF HEALTH CARE
THAT AMERICA'S
PROFESSIONALS DELIVER IS
ENVIED AND ADMIRERD WORLD
WIDE, AND IS SECOND TO NONE.**

**BUT UNFORTUNATELY, THIS
IS NOT ENOUGH. YES, OUR
HEALTH CARE IS SUPERIOR TO
THAT OF ANY OTHER NATION.
BUT, THE CHALLENGE NOW IS
TO MAKE THIS CARE AVAILABLE
TO ALL AMERICANS -- AND TO
LEAVE NO ONE OUT OF THE
SYSTEM.**

**IN REAL LIFE WE HAVE
FISCAL CONSTRAINTS, DEFICITS,
AND CRIME AND DRUG
PROBLEMS THAT ARE ALSO
STRAINING OUR THINNING
BUDGET. LIKE I SAID EARLIER,
WASHINGTON HAS MANY
AGENDAS. THERE IS NO SINGLE
MAGICAL SOLUTION THAT WILL**

**ALWAYS RESULT IN A HAPPY
ENDING.**

**BUT WHILE THERE IS
OBVIOUSLY MAJOR
DISAGREEMENT OVER THE BIG
REFORM PROPOSALS, I THINK
WE CAN MAKE SOME IMMEDIATE
PROGRESS IN OTHER AREAS
THAT WILL RESULT IN MAKING
INSURANCE MORE AFFORDABLE**

**AND AVAILABLE FOR THOSE
WORKING FOR SMALL
BUSINESSES.**

**THE ADMINISTRATION, 24
REPUBLICAN SENATORS AND
SENATOR BENTSEN HAVE ALL
PROPOSED LEGISLATION THAT
PROVIDE FOR REFORM OF
SMALL GROUP MARKET
INSURANCE. WE ELIMINATE**

**MEDICAL UNDERWRITING, LIMIT
PRE-EXISTING CONDITIONS, PUT
LIMITS ON PREMIUMS, AND
PROVIDE FOR OTHER CHANGES
AIMED AT MAKING INSURANCE
MORE AFFORDABLE. SENATOR
BENTSEN HAS PROPOSED
INCLUDING SOME VERSION OF
THESE PROPOSALS IN THE TAX
BILL WE'LL BE CONSIDERING**

**THIS WEEK. I THINK WE WILL
LIKELY REACH AGREEMENT ON
THIS SMALL PACKAGE.**

**BUT EVEN IF WE CAN
REACH AGREEMENT ON THE
SMALL REFORM PACKAGE OR
THE BIG ONE, UNLESS WE CAN
ALSO MAKE PROGRESS IN
CHANGING THE FUNDAMENTAL
BEHAVIOR OF PATIENTS AND**

**PROVIDERS OF HEALTH CARE --
WE WILL REALLY HAVE DONE
ONLY HALF OF THE JOB.**

**PATIENTS HAVE TO START
TAKING MORE RESPONSIBILITY
FOR THEMSELVES, AND
PROVIDERS HAVE TO HELP
THEM LEARN TO USE THE
SYSTEM MORE APPROPRIATELY.
PROVIDERS THEMSELVES NEED**

**TO LEARN HOW TO ORGANIZE
CARE IN A WAY THAT PROVIDES
QUALITY WITH LESS QUANTITY
AND FRANKLY HELP US SPEND
OUR RESOURCES IN SMARTER
WAYS. ITS NOT THAT WE'RE
NOT SPENDING ENOUGH -- ITS
THAT WE'RE NOT SPENDING IT
IN THE RIGHT WAYS.**

**WE ARE FINALLY SEEING A
NEEDED EMPHASIS ON
PREVENTION, ON HEALTHY
LIFESTYLES, ON PRIMARY CARE.
I AM HOPEFUL THAT OUR
FINANCING AND HEALTH
MANPOWER TRAINING
PROGRAMS WILL BUILD ON
THESE EFFORTS.**

**THE POLITICAL CLIMATE IS
RIPE FOR ACTION BECAUSE
REFORM HAS BECOME JUST AS
CRUCIAL TO THE MIDDLE CLASS
AS THE POOR. CONTRARY TO
POPULAR BELIEF, THE
UNINSURED ARE NOT
DOMINATED BY WELFARE
RECIPIENTS OR DEADBEATS;
MORE THAN 85% OF THE THIRTY-**

**SOME MILLION UNINSURED
AMERICANS ARE WORKERS AND
THEIR DEPENDENTS. UNLESS
CONGRESS TAKES SOME
ACTION, COSTS IN THE MEDICAL
MARKETPLACE WILL CONTINUE
TO SPEED OUT OF CONTROL,
WHILE COVERAGE CONTINUES
TO CREEP TO A HALT.**

**I THINK THAT'S A BITTER
PILL NO AMERICAN SHOULD
HAVE TO SWALLOW.**