

Healthlink On Air

10/18/09

[ Music ]

>> Trisha Torrey: We'll, listeners, I'd like to introduce to you Sally Terek, who is the OASIS outreach and active generations coordinator, and has such an enthusiastic voice and such a great program to tell us about it. Good morning, Sally.

>> Sally Terek: Good morning.

>> Trisha Torrey: And welcome. We're so glad to have you here. You are, this is a new position for you. OASIS outreach and Active Generations coordinator. Now, many people will recognize OASIS, but let's remind them what that is.

>> Sally Terek: Well, OASIS is a national program that offers programs and services to mature adults 50 plus to continue their learning and leading in our community.

>> Trisha Torrey: It does -

>> Sally Terek: (inaudible) learning.

>> Trisha Torrey: Now, it's a membership organization, right?

>> Sally Terek: Yes, it is.

>> Trisha Torrey: And people who are 50 and older, and I think where most people will recognize it is that they are housed along with the HealthLink Program and Shopping Town.

>> Sally Terek: Yes, they are. Yup.

>> Trisha Torrey: But, but they are not just health related, am I right?

>> Sally Terek: No, they are not. They offer all sorts of classes and informational services to the community.

>> Trisha Torrey: And, you know, we've talked about OASIS before, and it really is a fabulous program, and if you're 50 and older and can take advantage of it, you jump right in and want to. Alright, but then what's Active Generations? That's kind of new.

>> Sally Terek: OK. Active Generations just started here in New York State. It's been nationwide for the past year, and it is a program that enlists older adults to help fight against childhood obesity.

>> Trisha Torrey: Ah ha.

>> Sally Terek: And it addresses those issues in a healthy way and an activity way.

>> Trisha Torrey: My gosh. So that's kind of taking all of these wonderful people who want to volunteer and -

>> Sally Terek: Correct.

>> Trisha Torrey: Work with children -

>> Sally Terek: Yes.

>> Trisha Torrey: And letting them have a positive effect on the health habits of those children.

>> Sally Terek: Yes, they do.

>> Trisha Torrey: Ah. This is terrific. Alright, but you're implementing this now here -

>> Sally Terek: Yes.

>> Trisha Torrey: In Syracuse.

>> Sally Terek: Yes.

>> Trisha Torrey: Tell us how that's happening.

>> Sally Terek: We're going to implement this program. It starts October 21st at Meachem School, Elementary School, and -

>> Trisha Torrey: Down in the valley.

>> Sally Terek: Down in the valley. And then it's Thursday, it's the Vandine Elementary School it kicks off, and also Ed Roberts. And they're all in the valley, and it's their after-school program, and what we are going to be doing, during the month of August, I trained our volunteers. We had an informational meeting. They came in, and they were very interested and went through training to be able to implement this program, and they are going to be getting out there and, and giving their lessons. They're going to be giving healthy snacks. They're going to be together with the kids and make healthy snacks, and then they're going to get down to some vigorous exercise.

>> Trisha Torrey: Oh, my gosh.

>> Sally Terek: In their after-school programs.

>> Trisha Torrey: Ah. So we're not going to just sit around and talk to these kids?

>> Sally Terek: Oh, no. There's no sitting around.

>> Trisha Torrey: We're going to lead by example.

>> Sally Terek: Examples.

>> Trisha Torrey: So let's, let's talk about how this happens. It's an after-school program you said.

>> Sally Terek: It's an after-school, originally, it started out in the St. Louis area, and we were selected, again, as I said, one of the, the only cities in New York State to bring this program to the schools, and what we've been doing, we're in partnership with a Catch curriculum, and that's a coordinated approach to child health, and that curriculum is a national curriculum and done in many YMCA programs and other programs. And OASIS looked at this program and thought that it would be a wonderful one to intergenerational, bring all of the generations together.

>> Trisha Torrey: Which is fabulous. I have to guess that a lot of your volunteers from the OASIS program, they're probably grandparents themselves, aren't they?

>> Sally Terek: Grandparents. Doctors. We have a couple of doctors. We also have former teachers. The majority of my 12 team are interested in children and giving back to the community but also being active again themselves.

>> Trisha Torrey: You know, and, and that's a great approach because then you're doing it along with them. Alright. So, so these volunteers are going to the after-school programs.

>> Sally Terek: Correct.

>> Trisha Torrey: And what, they're assigned to a group of children?

>> Sally Terek: Yes. Every program will have four, there's four to a team. There'll be the three teams. We're estimating right now that each, each lesson or each day will have at least 15 children, and we'll rotate through the eight lessons that this program offers, and then we'll switch out. Another 15 will come in, and these children will go into another health-issue program within the after-school program.

>> Trisha Torrey: So that's four adults to 15 kids?

>> Sally Terek: Four adults to 15 kids.

>> Trisha Torrey: Boy. That's a great ratio. Alright. So, so they to go work with these kids, and you said first, they're going to talk about healthy eating.

>> Sally Terek: Right. They'll have like an interactive lesson. They'll be actually doing some activities, brief activities, talking about what it's doing to the body and the heart, how it's moving your bones when you're stretching and getting ready, and then they will come together as a group, and that's why there's four. Everybody will have their own self-directed part of the lessons that they're comfortable with because -

>> Trisha Torrey: OK.

>> Sally Terek: Some of our adults may not be able to get out there and jump rope and do the activities, but they are great at shopping and bringing together menus and recipes and, and helping the kids with healthy eating.

>> Trisha Torrey: Now, it's interesting that you say jump rope.

>> Sally Terek: Yes.

>> Trisha Torrey: It seems very strange that you would have to teach kids how to jump rope.

>> Sally Terek: Definitely.

>> Trisha Torrey: But talk to me about what that's all about.

>> Sally Terek: Part of the program was bringing back some activities that we just used to take for granted. Jump roping. Bean, bean bag races and running around, kickball. Hula hoops. There's hula hoops, and the program offers all of these different activities to get kids up and moving. There is no time that we're just sitting around giving instructions. There's some language that we use. It's hit the tracks. Start to mingle. Mingle while they're listening to directions. And they're continually moving, and then they get into their exercise, which could be, it's non-competitive. That's what I would like to stress. There's non-competitive because you're never out. So your hula hoop falls to the ground, you might have to step out and just step back in by doing a jumping jack or by naming five fruits or five vegetables, all health related, and no one is out. You just keep coming back in until the exercise is over.

>> Trisha Torrey: But, I, I want to go back to this because it seems so strange that we would have to teach kids how to -

>> Sally Terek: Yeah.

>> Trisha Torrey: Jump rope or hula hoop or hopscotch is another one I think about. Why is it we're having to teach them how to do these things?

>> Sally Terek: Well, they're very good at their video games, and they're very good at watching TV a lot for many reasons. A lot of kids are not outside playing, and they do not have a jump rope. They do not have a hula hoop or haven't even used them. We found that in some of the training that we did out in St. Louis that you bring some of these, I guess, equipment out and have them play with it, they don't know what to do with it.

>> Trisha Torrey: They don't know what to do with it.

>> Sally Terek: A hula hoop, pretty much the people knew to, you know, they've seen it on television, but to jump rope and to actually physically know what bones and what you're doing and muscles and how your heart rate's getting faster and all of these things we work right with them -

>> Trisha Torrey: And, and how that's all good for you.

>> Sally Terek: All good for you.

>> Trisha Torrey: Yeah. You know, when we were kids, we didn't have to think about whether play was good for us -

>> Sally Terek: Good for us.

>> Trisha Torrey: You know, mostly, our moms sent us out the door -

>> Sally Terek: Right.

>> Trisha Torrey: [crosstalk] And said don't come back until dinner. [laughter] Or when the street lights come on, right.

>> Sally Terek: Right, right. And even riding bikes and things, but -

>> Trisha Torrey: Right, but the world really has changed -

>> Sally Terek: Changed.

>> Trisha Torrey: And, and number one, we keep more vigilance on our kids because we're fearful of -

>> Sally Terek: Right.

>> Trisha Torrey: Strange people on the streets, but number two, it's because they do have video games and TV and things that we just didn't spend that kind of time with. I think this is fabulous that you've got volunteers who are doing this now through the OASIS -

>> Sally Terek: They're very excited. They can't wait to -

>> Trisha Torrey: [crosstalk] I'm sure. I'm sure that's. Alright. So you, you did this training in August, and now they're going to be doing this program, but are going to be training more people?

>> Sally Terek: Yes. We will come around and at OASIS, I did the training. It's like a regular class. They came in for their training. We will be doing another training in January to get ready for the -

>> Trisha Torrey: Great.

>> Sally Terek: Spring, and for the I call it winter-spring session, and we're coming around, and this is going to continue into next year, and we're always looking for volunteers or people that just want to get active and work with kids.

>> Trisha Torrey: Fabulous. So those people who are already members of OASIS can get information through OASIS.

>> Sally Terek: Definitely.

>> Trisha Torrey: And people who would want to get involved and who are qualified to join OASIS, just meaning they need to be 50 years old.

>> Sally Terek: Fifty plus. That's, yeah.

>> Trisha Torrey: Then they can get in touch, and we will make sure we put links from our -

>> Sally Terek: Oh, wonderful.

>> Trish Torrey: "HealthLink On Air" website to make sure that they can do that.

>> Sally Terek: Thank you.

>> Trisha Torrey: Well, Sally Terek, thanks so much for coming by this morning.

>> Sally Terek: Thank you for having me.

>> Trisha Torrey: It sounds like a marvelous program. We'll ask you to come back in a little while, and tell us about some of your success stories.

>> Sally Terek: Thank you. I'd love to do that.

[ Music ]

>> Dr. Rich O'Neill: Hi. I'm psychologist Dr. Rich O'Neill with this week's "Check-Up From The Neck-Up". The perfect blameless apology. Well, folks. This past weekend, I pulled one of my all-time bonehead moves with my wifey-poo, Pammy. In fact, Pammy told me last weekend that a few miles from the

Cooperstown Baseball Hall of Fame in the little-known town of Blooperstown, New York is the Bonehead Hall of Fame, and that I was a unanimous choice for this year's [laughs] class of inductees. I countered with Pammy telling Pammy that like President Obama said after winning the Nobel Peace Prize, I'm humbled and don't feel quite like I belong in the distinguished company of those who've gone before me. However, I do hear it is a call to action and will do live, [laughs] do my best to live up to the honor. But enough about me. Let's talk for awhile about all you boneheads out there in radio and YouTube multimedia land. What can you learn from my spectacular exemplary example? Well, if you are at all like me this past weekend, you might occasionally find it hard to apologize no matter how boneheaded your partner perceives the boo-boo to be. Because your boneheaded being believes apologizes involve losing face, eating crow, and rubbing one's own nose in the misplaced malodorous mistake all at once. And this is particularly hard because again, if you're like me, you actually believe your own point of view is valid, and of course, it is. From your own point of view. The big problem arises because if there were two points of view, are either or at risk the tiline [phonetic] brain solve the problem by declaring one point of view right and the other wrong, and then apologizing feels like a personal defeat in a life-or-death power struggle, and who wants to die. But in a flash, this past weekend, I understood that when I was thinking me or Pammy, I, in fact, we were going nowhere and giving up right wrong freed me to see that in that boneheaded self-focus moment, I'd indeed to fail to consider Pammy's point of view. And then I sincerely told her I had indeed been thoughtless and inconsiderate, and I was sorry. So once again, Pammy, I want you to know I realize you were thoughtless and inconsiderate, and I'm sorry.

>> Steve: Uh, Rich. This is Steve, the recording engineer.

>> Dr. Rich O'Neill: Yeah.

>> Steve: Do you realize you just said Pammy, you were thoughtless and inconsiderate?

>> Dr. Rich O'Neill: No, Steve. Say, say it isn't so. [Laughs]

>> Steve: Well, it is.

>> Dr. Rich O'Neill: Oh, oh. Pammy. I want you to know that I realize I was thoughtless and inconsiderate [laughs], and I'm sorry. Oh, oh. I'm Dr. Rich O'Neill. Thanks for tuning in.

[ Music ]

>> Trisha Torrey: Well, welcome back to "HealthLink On Air" produced each week by Upstate, and this is your host, Trisha Torrey, every patient's advocate, along with my co-host for our monthly ethics sessions. Difficult decisions in health care, Dr. Gregory Eastwood from Upstate's Center for Bioethics and Humanities. Welcome back, Dr. Eastwood.

>> Dr. Gregory Eastwood: Nice to be back, Trisha.

>> Trisha Torrey: And we have a distinguished guest with us this morning. I'm hoping you'll introduce him to our listeners.

>> Dr. Gregory Eastwood: Yeah. He's a friend and colleague of mine of many years. Professor Thomas Dennison from the Maxwell School at Syracuse University. Among his several titles, he is the Director of the Program in Health Services Management and the policy there, and he's going to be very useful this morning when we talk about the health care reform issues.

>> Trisha Torrey: I think so. Good morning and welcome, Dr. Dennison.

>> Dr. Thomas Dennison: Good morning.

>> Trisha Torrey: And I love that health policy because we're going to get into a discussion of where policy meets ethics. We're going to start, Dr. Eastwood if you will, remind us. Last time, we talked about, I believe, four principles of ethics that really apply to this health care reform conversation.

>> Dr. Gregory Eastwood: Yes. The big four as we call them in bioethics. One is benevolence. That's an old term dating back to the Hippocratic Era. Two thousand five hundred years ago. Just meaning, means doing good, trying to do good for the patient and for our society in this case. Non-benevolence, the second, is avoiding harm, and you can see how benevolence and non-benevolence are two sides of the same issue many times. Autonomy, something we value highly in, in our society. That means being able to make decisions yourself after we've had the right information, and sometimes our own autonomy comes in conflict with the autonomy of someone else. We can think of this sometimes also in terms of freedoms. And then the last one is justice, and that means fairness or justice in the convention sense. And justice as it applies to an individual and also justice as it applies to society. What's the, what's the reasonable fair distribution of resources, for example. That would be justice. So Professor Dennison, you are obviously very well known and adept in your [clear throat], in your abilities as someone who knows health care policy and someone, the question I have for you to begin is how do these principles of ethics or concepts of ethics relate to policy, and do policymakers, as far as you know, pay attention to ethical principles?

>> Trisha Torrey: Whoa. That's a loaded question. [laughter]

>> Dr. Gregory Eastwood: We can spend a long time on that one.

>> Trisha Torrey: Yes we could. Yes we could.

>> Dr. Thomas Dennison: Well, I'm, I'm not sure that the policymakers, the politicians, and the bureaucrats necessarily use the four words of, of ethics or

even perhaps are familiar with the four words of ethics, but though the principles embodied in those words are kind of cooked into the policies expressed through legislation, generally with regulation, that they propose. The legislation is grounded in values and beliefs, and those values and beliefs are informed by the four ethical principles, and I think you can, you can look at the content of regulation or legislation and find where those principles actually apply.

>> Trisha Torrey: Whether or not you agree with them because sometimes they're other people's principles or values, aren't they?

>> Dr. Thomas Dennison: Well, the, it's very clear that we have a, a partisan approach to health care reform -

>> Trisha Torrey: Yes, we do.

>> Dr. Thomas Dennison: In Washington, and that's largely grounded in philosophy around the economic engine and whether we should have free, a, a market-based economy or whether we should have more programs and, and policies that deal with the social orientation rather than an economical orientation.

>> Trisha Torrey: And that really is the big question, and I believe I mentioned last month, one of the things that I've written about is that they're only really two ways of looking at health care reform, and one is where you, you value lives, and you look at lives, and life is your number one, and the other is you look at money questions, and it's a capitalistic society. We need to make sure that for the good of the group, we look at money questions, and in policy, how do you look at those things?

>> Dr. Thomas Dennison: Well, I think that this boils down to economic policy and is asking the question of whether the health care, whether health care in our country is a social right. Is a, is a, a good that should be made available to everybody regardless of income, regardless of, of, of means or whether it is a, a commodity that is sold on the private market. That if you can afford it, you can buy it. And we have tended, the way our health care system has evolved over the past 200 years has evolved in such a way that if you can afford it, we have excellent health care, and you can buy whatever you wish to buy. If you can't afford it, we don't let you publicly die. You can access health care services at an extremity through the emergency room. The ambulance will come whether you have money or not, and we kind of, the people who believe in the pure market system kind of cover their consciences with well, you know, there, there are safety-net things out there. That, that we have emergency rooms.

>> Trisha Torrey: Yeah, everybody does have access -

>> Dr. Thomas Dennison: Yeah.

>> Trisha Torrey: In one way.

>> Dr. Gregory Eastwood: And the law does require hospitals and emergency facilities in this country to take care of emergency situations. So we actually find ourself in somewhat contradictory situations sometimes. We are obligated, and indeed, we want to take care of acute illness, emergency illness, but then when people don't have the means to pay for more chronic care and more ongoing care, we can't really provide it.

>> Trisha Torrey: And, and isn't that something that happens is that somebody who does not have the means can get very sick, can go to the emergency room. That emergency will taken care of, but perhaps if they had care all along, they wouldn't have gotten so sick that they needed to be in the emergency room. How does, how does the ethics and the policy tie together, Dr. Eastwood?

>> Dr. Gregory Eastwood: Well, I can tell you that there are, I think, reliable studies to show that people who don't have health insurance are sicker. At least they delay treatment. They don't get the preventive care that even vaccinations, things like that. And they delay treatment. Then they come to a facility where the, the, it's very expensive, and actually morbidity, that means the bad consequences of illness, and mortality are higher in people who don't have insurance. I'd like to just sort of reprise or go back to something that Tom said earlier about health care, is, is it a public good or not, and just remind us all that we have a number of things we hardly even think about as public goods in this country. Education is one of them.

>> Trisha Torrey: Yes.

>> Dr. Gregory Eastwood: Now, of course, we can send our children to private school if we have the means, but education is provided for everybody.

>> Trisha Torrey: And there's a reason for that. We look at it as good for all of society -

>> Dr. Gregory Eastwood: That's right.

>> Trisha Torrey: For most of society to be well-educated.

>> Dr. Gregory Eastwood: No one thinks about the public good of providing police or fire protection. In the early history of our country, I understand that fire protection sometimes was not a public good. If you didn't pay your fire insurance, the fire men and women maybe [laughs] at that time would not put out the fire in your house.

>> Trisha Torrey: Sure. And maybe you had insurance, but your next-door neighbor didn't. What if your next-door neighbor's house caught fire?

>> Dr. Gregory Eastwood: That's right. And postal service is another one and so on. So we do have a number of public goods so we, that we really accept and a number of European countries, other countries of similar socio-economic status as the United States put health care in that same category.

>> Trisha Torrey: Yes, they do. Dr. Dennison, talk to us about you being a policy studier. There are other countries that seem to have good systems, and they, maybe even our public and private systems. Do you work at all on those, or pull out the best or the worst of those kinds of, of programs?

>> Dr. Thomas Dennison: Well, we have a very good health, we have a very good medical care system, not a health care system.

>> Trisha Torrey: Ah, there's a distinction.

>> Dr. Thomas Dennison: Our medical care system is oriented to cure. It's oriented to treatment. It's not oriented to prevention. It's oriented to what gets paid for. Many of the, many other countries, European countries, and I think we can best, best compare ourselves to the OACD, the, the European countries and look at their medical care and health care systems. They started with a much more social orientation. They started a social insurance programs. Germany had the first social insurance program under Bismarck in the 1880's, and if you look at

the evolution of those systems in Europe, they were designed to cover first the working people, people who were in high-risk occupations, and it extended to the rest of, of the community. The government always had a much stronger role to play in those systems and the development of those systems than in the United States. When we were at the same point in time, we had a very weak federal government. States' rights really prevailed. At the turn of the century, physicians got control of the system, but from about 1910 and beyond, and it's not the government that drove the, the development of the health care system as much as the physicians and the sovereignty of the physician model that drove the economics.

>> Trisha Torrey: You know, you raised that word "social", and I'm going to jump right on that because one of the fears on the part of many people, and then one, some of the interests on the part of others is that term socialized medicine. Are we moving into a system as if that's a really horrible, horrible thing? And Dr. Eastwood, I know you've got some opinions about that.

>> Dr. Gregory Eastwood: Yeah. Well, socialized medicine means many things to many people, but I think a strict definition of socialized medicine would be a health system or medical system that is owned and operated and run, financed, everything by the government.

>> Trisha Torrey: And we, we know that they have that in Great Britain, for instance.

>> Dr. Gregory Eastwood: Well, we have that in this country, and it's called military medicine.

>> Trisha Torrey: Ah. Speak to us more about that.

>> Dr. Gregory Eastwood: And to a large extent, the veterans' administration. That's a, that's administration is 160, 70 hospitals of very, actually a good system because it has up-to-date information technology and so on, and it partners with U.S. medical schools for almost sixty years now. It has done that to the benefit of, of the veterans.

>> Trisha Torrey: You know, I want to talk about that some more. We need to take a quick break. It's time to go to the news, but let's pick up where we're leaving off right here. Let's pick up with the VA system and talking about how socialized medicine really has a very strong foothold right here in the United States already. And both you gentlemen, hang in there with me through the news.

>> Dr. Gregory Eastwood: OK.

>> Trisha Torrey: And listeners, we do need to take a quick break. We'll be back in just a few moments. We'll pick up talking about socialized medicine and health care reform. This is SUNY Upstate Medical University's "HealthLink On Air" on 570 WYSR.

[ Pause ]

>> Trisha Torrey: Well, welcome back to "HealthLink On Air" brought to you each week by Upstate, and this is Trisha Torrey, every patient's advocate, here with Dr. Gregory Eastwood from Upstate Center for Bioethics and Humanities and Dr. Thomas Dennison from Syracuse University's Maxwell School of Public Policy, discussing the ethics of health care reform, and Dr. Dennison, during the break, you clarified something for me that I had not understood about the system in Great Britain. Will you explain to our listeners what we were talking about?

>> Dr. Thomas Dennison: Well, there are very few examples across, around the world of systems of care that are entirely socialized in the sense that they are both financed and provided by the government. There are mixed models. We find a large number of systems that are financed by the government, but the delivery of care is often a mix of private and public. In Great Britain, the hospital system by and large is owned by the government. There are private hospitals in Great Britain as well.

>> Trisha Torrey: And of course, they're the payer.

>> Dr. Thomas Dennison: [crosstalk] They are complete. The government is the payer for those things that are covered by the National Health Service. For those

things that are not covered by the National Health Service, you can purchase privately from the, the private sector, private hospitals. There are, there are private hospitals that do plastic surgery and elective procedures that may not be covered under the National Health Plan. Physicians by and large are in private practice. They contract with the government for a percentage of their time up to a hundred percent of their time and provide services covered under the National Health Plan if, but if they contract for 80 percent, they can see private patients who can see those physicians and get and earn money on the private side.

>> Trisha Torrey: You know, what is so fascinating to me is that I hear Americans, and I hear from them. I get e-mail from them, and people who comment on my blog all up in arms. We do not want a socialist system. We do not want they want, and, and have, we do not want what they have in Great Britain or in Canada, and yet every time you describe it, it sounds to me exactly like the kinds of things people are asking for. And Dr. Eastwood, that was your point, wasn't it?

>> Dr. Gregory Eastwood: Yes. Well, and in this country as we said last segment that military medicine, a huge system. By the way, it's military medicine that many people in Congress and the President of the United States use. They go to Bethesda Naval Hospital or, you know, other hospitals like that.

>> Trisha Torrey: And you know, that's something else. People say, boy, all I want is the system that they've got that the senators have and the congressmen have. That's the system I want, and the system they want is exactly what we're talking about, which is in effect socialized medicine.

>> Dr. Gregory Eastwood: It certainly is socialized medicine, and it's good medical care, and the real issue is do we want that applied throughout the whole country. That's the real issue.

>> Trisha Torrey: That really is the issue. Alright. Let's talk about some current events for a moment. This, we, as of this week, we now have five plans that have been proposed. Three that have been proposed by the Senate; two that have been proposed by the House of Representatives, and now it's going to be up to different groups to take those plans and try to move something forward. Dr. Dennison, what can you tell us about those plans? There are some tenets in there that people say they're for, but may really be against and not understand it. What are some of the things we need to know about these plans?

>> Dr. Thomas Dennison: Well, what is clear when you look at the plans individually and, and then as a collective pile, it's evident that we are reluctant to change the status quo in the context of the delivery of health care.

>> Trisha Torrey: And when you say we, and I'm sorry to be picky about this, but we isn't necessarily we the American people in my point of view.

>> Dr. Thomas Dennison: The Congress.

>> Trisha Torrey: The Congress, and the Congress doesn't necessarily always re, represent even though they're supposed to.

>> Dr. Thomas Dennison: Well, that's the theory of our government.

>> Trisha Torrey: It is.

>> Dr. Thomas Dennison: That they are elected by the people, and they represent the people. Now, their views are heavily influenced by the special interests groups.

>> Trisha Torrey: Yes.

>> Dr. Thomas Dennison: And it's clear that the special interests groups are very much alive and well and trying to shape the way this policy is developed.

>> Trisha Torrey: Yes. And, and according to, it was either "Forbes" or "BusinessWeek", 1.4 million dollars per day is being spent by the insurance lobby to influence what's going on in Congress.

>> Dr. Thomas Dennison: Well, the insurance lobby has the most to lose.

>> Trisha Torrey: Follow the money.

>> Dr. Thomas Dennison: In the context of changing the way they do business in, in their life. So they are actively trying to, to squelch anything and using scare tactics and using this information -

>> Trisha Torrey: They are.

>> Dr. Thomas Dennison: Yeah.

>> Trisha Torrey: One of the reports that came out this week was the insurance, I think it's AHIP's program that came out with a report from PricewaterhouseCoopers with all the number crunching, and what a horror it was going to be if, in fact, health reform passes. Can you tell us a little bit about that?

>> Dr. Thomas Dennison: Well, as a former director in, in PricewaterhouseCoopers health care practice, I'm embarrassed that PWC would narrow this scope of an analysis to such an extent that the findings can be used in a misleading way. PricewaterhouseCoopers only analyzed certain segments of the legislation knowing that the client, the insurance industry, would use this in lobbying. They came out right after the insurance industry used it in lobbying and said, "Wait a minute. We only analyzed a portion of the bill so you can't necessarily use these conclusions in a sweeping fashion."

>> Trisha Torrey: Ah. So were they backpedaling in effect?

>> Dr. Thomas Dennison: They're very good at qualifying things.

>> Trisha Torrey: Oh. OK. Alright. So these are the numbers, but these numbers were -

>> Dr. Thomas Dennison: We were only asked to analyze -

>> Trisha Torrey: OK.

>> Dr. Thomas Dennison: These elements. We did. This is what the findings are.

>> Trisha Torrey: So you're suggesting we should take that with a grain of salt?

>> Dr. Thomas Dennison: Well, Johnathan Gruber, who is very well known and was actually here in Syracuse giving a talk at, at the Maxwell School a week or so ago, did an analysis that basically said that not only did they not, did PWC not look at all the elements, they didn't interpret the data correctly.

>> Trisha Torrey: Ah. There you go. Now, but there's some big picture things in these, these five bills. Let's talk about things like pre-existing conditions and public options and health in, insurance exchanges. Any, all, some included in these five options?

>> Dr. Thomas Dennison: Changes in underwriting rules. Pre-existing conditions, guaranteed issue. Those are pretty much across the board in, in the bills, and those are very good things. If we get nothing other than some of those insurance changes, we'll, we will have made progress.

>> Trisha Torrey: But they'll cost us a fortune.

>> Dr. Thomas Dennison: They will cost money, unless we have a corresponding set of activities that will bring costs down, and that's where we're quite lacking. We, we don't seem to see anything that will change the fundamental fee for service, sovereignty of the physician model of care. We don't see enough discussion about the reality that we are overcompensating specialists and undercompensating primary care physicians and others who don't do procedures. If we don't move away from fee for service and procedure-based reimbursement and payment, we won't bring costs down. We can't afford to increase coverage without the corresponding cost reductions.

>> Trisha Torrey: My grandfather used to say, "If you always do what you've always done, you'll always get what you've always got." And it strikes me that a lot of what we're hearing about health care reform is really just that.

>> Dr. Thomas Dennison: Well, if we don't address our continued embrace of new technology in an unfettered way, if we don't deal with the incentives inherent fee for service medicine that the more I do, the more money I get, and that runs through physician care and hospital care, then we will not slow down the, the cost of health care.

>> Trisha Torrey: Dr. Eastwood, how does all this tie into ethics?

>> Dr. Gregory Eastwood: Well, let me just comment on this. You know, I think sometimes people who advocate great change for something, anything, in this case health care, are disappointed when they don't get the whole, whole enchilada. [laughter] But you know, in our political system, it's very unusual to [inaudible] to make great change. I can think of one great change, and it occurred in 1965, and that was Medicare after a lot of, of, of battles and resistance and so on.

>> Trisha Torrey: And Medicare was supposed to be the death of the economy, wasn't it?

>> Dr. Gregory Eastwood: That's right, and it was a boon -

>> Trisha Torrey: And it was.

>> Dr. Gregory Eastwood: To the economy and to the practice of medicine and health care. So I think at the time you said something very important a few minutes ago that if, if we do get something passed, it's likely to contain some very good things in it. And we should be grateful for that, and then if we feel that more needs to be done, our political system allows that. You know, we've got the whole future in front of us.

>> Trisha Torrey: It doesn't have to be all or nothing, does it?

>> Dr. Gregory Eastwood: That's right.

>> Trisha Torrey: And, and maybe gradual changes. I heard Senator Olympia Snow talking this morning on the news before we got together, and, and she was saying that for some of these things, it's just a place to get started. That we can adjust over time, and she doesn't understand why people are trying to make wholesale changes all at once. Even then, if whatever changes we make now, I believe it's 2013 before they're supposed to be implemented. Is that true, Dr. Dennison?

>> Dr. Thomas Dennison: Yes, it is.

>> Trisha Torrey: It is. Alright. Let's, let's talk a little bit more about the ethics, and, and some of the things that you see that are good in what's being proposed. What do you see that is good beyond money questions for patients? Either one of you.

>> Dr. Gregory Eastwood: Well, I think there will be expanded coverage. I mean, that, that is as benevolent as you can get. [laughter]

>> Trisha Torrey: Yes.

>> Dr. Gregory Eastwood: And that will help people. That will, we, we hope, reduce morbidity and mortality of disease, make it easier for people to seek medical care. And there's another thing, not just easier but many people who don't have health insurance feel reluctant to access the medical care system.

>> Trisha Torrey: Yes, they do. Yes, they do.

>> Dr. Gregory Eastwood: And if they do, if you're covered, then they'll be less reluctant.

>> Trisha Torrey: And they're fearful of what it's going to cost. The reluctance, I think, comes from, I can't afford it. And so in some ways, this will help all of that. What are some of the issues that we aren't hearing much about, or that are being kind of swept under the rug?

>> Dr. Gregory Eastwood: Well, one of them is illegal immigrants or illegal aliens.

>> Trisha Torrey: Oh, everybody gets up in arms.

>> Dr. Gregory Eastwood: [crosstalk] And [inaudible] people get very concerned.

>> Trisha Torrey: [crosstalk] They don't want illegal, yes, that's right.

>> Dr. Gregory Eastwood: Here in Syracuse, that was an issue in the newspaper for a, a month or two ago, and it's a very complex issue. On one hand, the so-called illegal immigrants do come to this country, and most of them work. Not all of them, but many of them do, and they contribute to the economy. It's interesting that one source I consulted a few weeks ago indicated that 38 percent, 38 percent of the illegal immigrants actually are covered -

>> Trisha Torrey: Oh, really?

>> Dr. Gregory Eastwood: By health insurance. Yeah. Of course, 62 percent are not.

>> Trisha Torrey: Yeah.

>> Dr. Gregory Eastwood: And so there's, there's that part of it, they contribute. On the, and also, illegal immigrants as a group tend to be younger, and therefore, healthier and, therefore, seek less medical care. On the other hand, they are, would be an economic burden. Some estimates that I have read indicate that this would add, already we estimate spending about four to five billion dollars on, and this might add another 20 to 30 billion dollars.

>> Trisha Torrey: Wow. You know what? That's a huge topic all by itself. We have run out of time, but Dr. Dennison, I thank you so much for coming by this morning, and Dr. Eastwood, we're going to pick up. We're not sure whether we'll do this in November or December and January, but there's so much more to health care reform, and we've got so many more topics to cover. Maybe both of you gentlemen could join us again.

>> Dr. Gregory Eastwood: Look forward to it.

>> Trisha Torrey: Thank you so much, and this is Upstate Medical University's "HealthLink On Air". We'll be back after a break.

[ Music ]

==== Transcribed by Automatic Sync Technologies ====