

# Health Insights Today

A SERVICE OF CLEVELAND CHIROPRACTIC COLLEGE

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## Cleveland College Hosts Health Reform Meeting

By Daniel Redwood, DC

*Over 8500 community health care discussion meetings were held in the final two weeks of 2008, including one at Cleveland Chiropractic College – Kansas City.*

In response to the Obama-Biden Transition Health Policy Group's call for people across the nation to hold community meetings to discuss reform of the health care system, the Center for Health Promotion at Cleveland Chiropractic College – Kansas City hosted a health care town hall meeting on December 22, 2008. Announcements of this event were distributed to media outlets and community organizations (KCUR-FM, the Kansas City PBS affiliate, reported on the meeting). The group that attended (on a cold night during Christmas week) was approximately 30% from the chiropractic community and 70% from the community at large, including medical physicians, nurses, attorneys, students and other citizens concerned about health care. This group was diverse in age, race and gender.

In a spirited 90-minute discussion, consensus was reached on the following key goals, including the following (not necessarily in order of priority):

- All Americans need health care coverage
- There should be a cap (perhaps based on a percentage of family income) on the amount of out-of-pocket expense that a family should have to pay in a year. Health catastrophe should not mean bankruptcy.
- Individuals must take greater personal responsibility for making healthy choices in areas including diet and exercise.
- Prevention must be given much higher priority than is now the case. This should include not only early disease detection but greatly increased emphasis on primary prevention (stopping disease before it starts) through healthy lifestyle choices.
- Health professionals should be compensated for the time they devote to prevention in patient care.
- As part of the increased emphasis on evidence-based primary prevention, there should be a major new national initiative in prevention-oriented health education in every school in the nation. This should begin with students at the youngest possible age and continue throughout their educational experience.
- Health practitioners whose patients achieve successful health outcomes should be rewarded for this success.
- Mental health services should be covered at parity with physical health services.
- Long-term care for the elderly and disabled should be covered.
- Health insurance should be portable. Loss of a job should not mean loss of health coverage.
- Insurers should be prohibited from denying coverage for pre-existing conditions.
- The services of all licensed health care providers should be dealt with in a completely non-discriminatory manner regarding coverage and reimbursement.

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Page 2

- Patients should have a choice of practitioner and a choice among types of practitioners.
- Doctors facing decreased payments and increased expenses are being placed in an unsustainable situation. This must be considered in any national health reform proposal.

The group did not achieve consensus on whether or not to endorse a single payer national health plan. Strong opinions were expressed both pro and con. One argument expressed in favor of single payer was that without the ability to control costs that a single payer plan offers, costs will continue to skyrocket, resulting in a system-wide meltdown. One argument expressed in opposition to single payer was that while good policy decisions under single payer will bring nationwide, across-the-board positive results, the reverse is also true, whereas a more diverse mix of insurance offerings makes it more likely that ideas will be well-tested before being implemented across-the-board.

A written submission from a psychiatric nurse in Topeka, Kansas, noted the extreme difficulty in meeting dozens of different requirements by different insurers in order to have prescriptions approved. This takes many hours of provider time on the phone every week, time that could be far better spent on patient care. The nurse also noted that, “the Topeka community has lost over the past decade a psychiatric state hospital, The Menninger Clinic and several psychiatric hospital units. Though the services left the area, the patients have not ... There are many on a waiting list. One mental health private practice in Topeka has a 6-month waiting time to see new clients ... I probably work about 60 -70 hours a week seeing clients and doing paperwork that is never done. About 35 to 40 hours a week is actual time spent with the clients. It is no wonder that it is getting harder and harder for providers to want to continue practice, or start a practice.”

Several members of the group spoke positively (or submitted written suggestions) about chiropractic care, recommending that it be included as an essential part of any core benefit package.

Two individuals attending the meeting submitted a written suggestion that recommended health policy planners incorporate the plant-based diet recommended by the Physicians Committee for Responsible Medicine ([www.pcrm.org](http://www.pcrm.org)).

**Daniel Redwood, DC, is Editor-in-Chief of *Health Insights Today*.**