

ELECTION '08
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Global
Poll

IF THE WORLD COULD VOTE ...

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Reader's Digest

LARGE PRINT

A Better America

HEALTH CARE FOR ALL

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18 BIG IDEAS TO FIX HEALTH CARE **NOW**

(This Won't Hurt a Bit)

Everyone agrees that we need cheaper, better, easier care for everyone. You know it. The guy heading to the White House knows it. Congress knows it. But knowing and doing aren't necessarily neighbors in Washington, D.C. In any case, we don't have to wait for the wonks to fix health care. Our team interviewed dozens of experts from think tanks,

business, academia, nonprofits, government, hospitals, and private practice—some of the brightest minds dedicated to making America (and its health care system) healthier. They shared their best examples of what has worked and what *may* work to save some of the \$2 trillion we spend every year. Save big enough and we could cover the millions of people who go without coverage. Here's how to make it happen.

1 Fight the Big Five

Common chronic conditions (including coronary artery disease, diabetes, congestive heart failure, asthma, and depression) are responsible for 75 percent of our health care spending. George Halvorson, chairman and CEO of Kaiser Foundation Health Plan and author of *Health Care Reform Now! A Prescription for Change*, says we should fight these with all we've got, including early intervention and consistent follow-up care. **The payoff:** If just 1 percent of people with these conditions were successfully treated, we could shave at least \$77 billion off the health care tab. "Diabetes is the fastest-growing disease in America," he says, so focusing on that *alone* could save billions.

"Medicare can be saved if we could cut the number of people becoming diabetic in half."

The action plan: Type 2 diabetes, in particular, is a lifestyle disease. Just a simple 30-minute walk every day, says Halvorson, could help achieve his 50 percent goal. We can all take more responsibility for our own health. Start a walking club. If you have diabetes or heart disease, follow up with your doctor and commit to a treatment plan. Learn more at fightchronicdisease.org.

Need more motivation? Check out deathclock.com, suggests Rep. Jim Cooper (D-TN). It lets you see your statistical expiration date, given the risk factors of age, weight, and smoking.

2 Reduce Medical Errors by Thinking Like an Airline

Medical mistakes kill nearly 100,000 people every year, according to the Institute of Medicine.

“That is equivalent to a 747 crashing every other day,” says Denis Cortese, MD, president and CEO of the Mayo Clinic.

These errors, more than half of them preventable, cost the United States as much as \$29 billion each year.

Dr. Cortese thinks the health care system can learn from its mistakes the way the airline industry does. If a 747 crashed here, he says, the FAA would swoop in and analyze the accident, check airplanes nationwide, and do everything possible to prevent another accident.

“All employees of the airline industry are expected to report near misses and mistakes within 24 hours,” he says. “There is an investigation, people are thanked for making the report, and efforts are made to try to improve the services. In our health care system, when mistakes occur, we try to keep it as quiet as possible.”

Dr. Cortese suggests a federal health care safety reporting agency using a systems engineering approach so that medical errors can be logged, studied, and addressed—without fear of punishment.

The payoff: A program like this could save lives and at least \$17 billion a year.

The action plan: Find out more about the Mayo Clinic’s health care reform efforts at mayoclinic.org/healthpolicycenter. For other efforts, visit the nonprofit National Patient Safety Foundation at npsf.org.

3 Get It Right the First Time

What a waste: As much as \$312 billion is frittered away each year when patients are misdiagnosed or given the wrong treatment. Best Doctors, a health benefit offered through hundreds of insurers, health plans, and companies, is one way to help.

Founded by physicians affiliated with Harvard University



School of Medicine, the Boston-based company offers its members customized second opinions from its network of top specialists around the world. For example, scans of a 12-year-old girl in Maine showed tumors in her liver and one lung, an apparent relapse from the rare form of cancer she battled as a toddler, her doctors said. But when the biopsy came back negative for malignant cancer, no one knew what to do.

The girl's father decided to try Best Doctors, a benefit offered

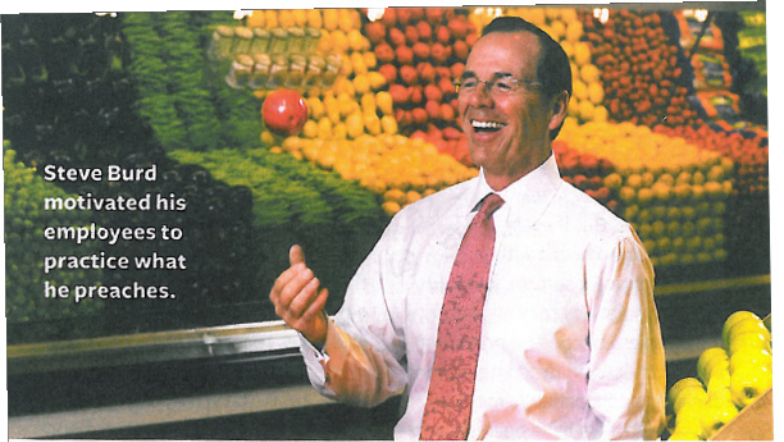
and paid for by his employer. After top experts reviewed the girl's scans and records, they concluded the masses in her liver were a side effect from a drug she had taken years ago, while a spot on the lung was damaged tissue from her previous surgeries. The treatment?

Leave the harmless masses alone. The review helped the girl avoid further biopsies and costly invasive surgeries.

The payoff: EMC Corporation, a large technology firm in Hopkinton, Massachusetts, consulted Best Doctors on 60 cases in its first year using the program. Diagnoses were changed in 15 percent of those and treatments were modified in 85 percent, resulting in \$500,000 in savings.

"If everyone got the right diagnosis and treatment the first time," says Evan Falchuk, president of Best Doctors, "we could save tens of billions of dollars and untold suffering."

The action plan: Visit bestdoctors.com or ask your employer about a second-opinion program.

A photograph of Steve Burd, Safeway CEO, smiling and gesturing with his right hand. He is wearing a white dress shirt and a red patterned tie. The background is a brightly lit produce aisle with various fruits like apples and oranges on display.

Steve Burd motivated his employees to practice what he preaches.

4 Pay Employees for Healthy Habits

When Safeway CEO Steve Burd discovered that 70 percent of health care costs are linked to unhealthy habits, he created incentives that sent his employees scrambling for the produce aisle. “No one quarrels with the fact that if you have three speeding tickets a year, you’re a higher risk and should pay more for auto insurance,” says the 58-year-old fitness buff. “Our new plan encourages employees to live healthier, and if they don’t, then they bear some of the costs.” Perks include lower premiums for those who lose weight or quit smoking, free or cheap gym memberships, and a \$1,000 health care reimbursement check to encourage cheaper choices like generics over name-brand drugs.

The payoff: The company’s new plan has saved 13 percent so far, and employees who’ve signed up have saved 20 to 30 percent on their premiums. If other companies followed Safeway’s lead, the country could save \$600 billion to \$800 billion.

The action plan: Watch a video of Steve Burd at safeway.com (click on About Us), and learn more about his reform plan at coalition4healthcare.org.

5 E-Prescribe

Paper prescriptions lead to 1.5 million injuries and 7,000 deaths each year from errors. But if every doctor got on board with an electronic Rx system, it would improve safety by making prescriptions easier to read and providing instant checks on drug interactions, dosages, and a patient's medication history. Doctors have been slow to make the expensive switchover, but now they can get free e-prescribing software through an initiative



(nationalerx.com) launched by software company Allscripts. Also, physicians can now securely trade patient health and medication history through SureScripts-RxHub, the first nationwide network for e-prescriptions. Congress is providing incentives to increase Medicare payments to doctors who e-prescribe. **The payoff:** This could cut drug-related injuries by a third and save \$4 billion annually. **The action plan:** Find out more at ehealthinitiative.org.

6 Use Retail Clinics for Routine Care

"Minute" clinics in major drugstore chains can help simplify health care, says Harvard business professor Clayton Christensen, by "offloading some of the work to nurse practitioners, physician assistants, and even patients." The AMA would prefer doctors to at least supervise these clinics. Still, they're safe for minor things like sore throats, pulled muscles, pinkeye, wart removal, and vaccines.

The payoff: They're faster and more convenient. Plus, if you're uninsured, you'll pay 30 to 80 percent less than what you'd shell out for a doctor (and much less than you'd pay by going to the ER). For those who do have coverage, major insurance is usually accepted.

The action plan: Find a clinic in your area at ccaclinics.org.

7 Share Information to Fight Cancer

Could it really be this simple? Get the FDA and the pharmaceutical industry to talk more openly so patients can get safer drugs more quickly and inexpensively. The nonprofit Critical Path Institute (C-Path) believes we can save money and lives by speeding up our nation's sluggish and costly drug-approval process.

For example, C-Path brought 18 competing drug, biotech, and diagnostic companies together to collaborate on a major lung cancer trial. The 18 companies are hoping to develop mutually agreed-upon tests that would allow the FDA to get results in as little as a week rather than years, says Raymond Woosley, MD, president of C-Path.

The payoff: Speeding up the trial process could reduce the number of costly failed drugs and lower the price of prescription drugs.

The action plan: Visit c-path.org for more information.

8 Measure Results and Make Them Public

When doctors and patients work together to meet tangible health goals that yield proven results, great things can happen. That's the idea behind nonprofit Minnesota Community Measurement. The group sets standards of care for 14 conditions, and the onus is on doctors to counsel, motivate, and even push their patients to

get with the program. The organization gathers outcome data and posts the percentage of patients at each clinic who meet their standards on mnhealthcare.org.

The payoff: Compliance in diabetes patients has risen from 4 percent in 2004 to 11 percent in 2007. Jim Chase, executive director, estimates that if these improvements were adopted nationally, we could save more than \$1.6 billion a year.

The action plan: If you have a chronic condition, work with your doctor to set goals—in writing.

9 Stop Unnecessary Treatments

We spend more than any other country on health care, but we're not healthier for it, partly because so much of the care delivered here is unnecessary, says Shannon Brownlee, author of *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*.

"The way to fight waste," she says, "is by reorganizing the way doctors and nurses and hospitals provide care. There are models out there of high-quality, low-cost care, such as the Mayo Clinic, Kaiser, and Intermountain Healthcare. These programs have a primary provider coordinate all the care. They understand that 21st-century medicine is a team sport. They also put a premium on analyzing the best available evidence and then ensuring that their doctors follow it."

The payoff: "Cutting out even half of the unnecessary health care in this country," Brownlee says, "would be enough to cover every citizen who is now uninsured."

The action plan: Go to overtreated.com for resources and links.



10 Reduce Infant Mortality

More than 2,000 infants die in the United States every month, many because they're premature. "The rate of premature births has been increasing steadily for decades," explains Joann Petrini, PhD, director of the perinatal data center for the March of Dimes. More smokers, more moms over 35, and more multiple births (due in part to more women having fertility treatments)

are just some of the reasons. "You could do everything right and still end up having a preterm baby," says Petrini. "We need more research into how and why it happens."

The payoff: Preterm births cost us more than \$26 billion a year, so preventing them would save billions of dollars and thousands of lives.

The action plan: Support the campaign at marchofdimes.com.

11 Make Schools Healthier

The nine million obese kids in this country are set to become the first generation with a shorter life expectancy than that of their parents. Schools can help by encouraging fun physical activity and rewarding healthy eating. One school's success story:

When Yvonne Sanders-Butler became principal of Browns Mill Elementary School in Lithonia, Georgia, a decade ago, 20 percent of her students were overweight, and just over half were passing state academic tests. She soon discovered that a typical breakfast for many students was a doughnut, candy, soda—or nothing at all. She also found 300 slips on file excusing students from gym. “These kids were couch potatoes,” says Sanders-Butler. She approached her PTA with a drastic plan: Ban candy, soda, and sugary snacks from brown bags and cafeteria lunches. Homeroom teachers now inspect all lunches and snacks and replace contraband treats with a banana or an apple. Kids and parents sign a wellness pledge, and students who stick to the program (called Healthy Kids, Smart Kids) win homework passes and other prizes. Now Sanders-Butler is working with the Robert Wood Johnson Foundation to help spread the word (healthykidshealthycommunities.org).

The payoff: Today you won't see a single obese child walking the halls, and 80 percent of students pass the state tests. As of September, 17 other schools had joined the program.

The action plan: Make the sugar-free case to the principal and PTA at your child's school. For more information, go to healthykidssmartkids.com.

Yvonne Sanders-Butler stamped out obesity in her school.



12 Don't Hire Smokers

Drop the smokes or don't bother applying: That's the ultimatum Jim Hagedorn, CEO of Scotts Miracle-Gro, gives his prospective employees.

It all started back in 2003, when Hagedorn learned that a quarter of his 6,000 employees were smokers and half were overweight. What's more, health care costs were up 42 percent in four years, jeopardizing the health of his company. Invoking some of the bravado of his years as an F-16 fighter pilot, Hagedorn implemented a sweeping wellness program to hold his employees accountable. Now those who don't get help to kick the habit or take a comprehensive health-risk assessment pay higher premiums.

A former chain-smoker, Hagedorn also developed a \$5 million Wellness Center, including a medical clinic that employees use free.

There are no co-pays for the doctors, nurses, dietitian, physical therapist, or pharmacy (where generic drugs are free). Hagedorn

predicts the facility will pay for its \$4 million operating costs

in the next few years. "Only a focus on wellness can change things for the better," he says. "If companies don't demand creative solutions, then we have no right to complain.

We will get what we deserve: increasingly less productive workers, higher costs, and reduced profitability."

The payoff: He has reduced the number of smokers from 25 percent to 8 percent and wants to get it even lower. About 90 percent of employees complete the assessment, and 82 percent use the medical center.

The action plan: Learn more at takecareemployer.com.



13 Electronic Medical Records

Experts agree that electronic medical records (EMRs) are a must, but fewer than 25 percent of hospitals and 15 percent of doctors have these systems, mainly because of cost, privacy issues, and the lack of one compatible, easy-to-use infrastructure. One model that works is the VistA system, which has been keeping electronic health records for seven million veterans since 1996. Everything is electronic, including images from CT and MRI scans. Congress is considering a bill that would invest at least \$300 million in setting up a health information infrastructure similar to VistA. But why not just use VistA nationwide?

The payoff: If 90 percent of hospitals and doctors' offices participated, we could save about \$80 billion a year, says public-policy researcher Richard Hillestad, PhD.

The action plan: Start by keeping your own EMRs with free, secure online services such as Google Health or Microsoft HealthVault. Ask your MD to make the switch too. Urge your representative on Capitol Hill to support bills that promote EMRs.

14 Save Primary Care

Soaring office costs, demanding insurance companies, low Medicare payments, staggering medical school debt (the average is \$140,000), and politicians who refuse to make hard choices are driving primary care physicians out of business. That, experts caution, will result in fragmented care and higher costs as Americans turn to

high-priced ERs and urgent care centers for even routine problems.

Already, 20 percent of internists have bailed since the early '90s, and a survey by the American College of Physicians (ACP) suggests that if Medicare rates aren't increased, another 62 percent will "retire" early. And they won't be replaced. The number of medical

CONTINUED ON NEXT PAGE

school students going into primary care is half what it was ten years ago. "It's an evolving crisis of unprecedented proportions," says ACP president-elect Joe Stubbs, MD, an Albany, Georgia, physician.

Three things will help: "forgiving" medical school loans, digitizing medical records to help deal with insurance company demands, and improving the way Congress dictates Medicare payments, which influences how much health insurance companies pay doctors.

The payoff: Keeping primary care physicians in towns all across

America, many studies show, would keep us in far better health than relying on hospital-based care. "If we were to increase the number of primary care physicians from 35 percent of doctors, as it now stands, to 40 percent, we could expect 800,000 fewer hospital admissions every year and 4.8 million fewer ER visits and save \$10 billion a year," says researcher Steven Kravet, MD, chief medical officer for quality and patient safety at Johns Hopkins Bayview Medical Center.

The action plan: Find out more: patientsactionnetwork.org.

15 Award Prizes for Affordable Drugs

Drug companies spend as much as \$800 million to develop a drug and get it approved. In return, they may get a patent and the exclusive rights to sell it for 20 years. Prices have risen 500 percent since 1990, and many patients can't afford their prescription meds.

Washington, D.C., economist James Love has a simple proposal: Scrap the "monopolies" and sponsor government-funded billion-dollar prizes for breakthrough medicines instead. After clinical trials, rights to make and sell the drug would extend to competing generic firms, which produce pills for up to 80 percent less.

The payoff: Abolishing drug monopolies could save billions and ultimately lower prices for consumers at the pharmacy.

The action plan: Learn more on Love's home page, keionline.org.

16 Visit a **Virtual Doc**

Doctors can often diagnose or prescribe without seeing the patient. Problem is, in most plans, doctors don't get paid for phone or e-mail time. That's starting to change. GroupHealth Cooperative in Seattle (ghc.org) has reduced costs and won high satisfaction scores by having patients and doctors discuss medication changes and test results through an online system.

Roy Schoenberg, MD, is taking the concept further with Online Healthcare Marketplace, an interactive service that lets you talk to a physician in real time 24/7. (It rolls out in January, starting in Hawaii, with thousands of doctors to choose from.) You log on, scroll through a list of available top

specialists, and connect immediately via phone or webcam.

The physician sends e-notes to keep your personal doctor up to speed. Anyone can use it for a small fee. If your insurance plan offers it, you pay a co-pay, the doctor gets paid, and everybody's happy.

The payoff: Dr. Schoenberg says this could save millions of dollars for even small health plans.

The action plan:

Get more information at americanwell.com.

Dr. Schoenberg's new technology will allow you to see a specialist anytime without leaving home.



17 Team Up in Hospitals

The Cleveland

Clinic is tearing down traditional silos for a more team-based approach designed to detect problems early, provide the best treatment, and save money and lives, says CEO Toby Cosgrove, MD.

The clinic's Neurological Institute was the first to reap the rewards. Patients who suffer from seizures, for example, are screened by a neurosurgeon, a psychiatrist, a neuropsychologist, and a neurologist to determine whether an attack was triggered by a neurological imbalance or a psychological problem.

The payoff: So far, hospital stays for epilepsy patients have



declined 10 to 20 percent.

The action plan: Read the 2007 American College of Healthcare Executives book of the year that inspired the plan: *Redefining Health Care: Creating Value-Based Competition on Results* by Michael E. Porter and Elizabeth Olmsted Teisberg.

Do More

Check out our online Get Healthy Guide. You'll find a complete list of action plan websites, 50+ healthy recipe ideas, 20 ways to lose weight, simple solutions for diabetes prevention, and more. It's all at readersdigest.com/healthcare.

18 Let Everyone Shop for the Best Plan

Members of Congress get to shop among 250 affordable health insurance plans to find the one that's best for them. Within each plan, premiums are the same for everyone regardless of age or other risk factors. They can even take it into retirement. What if we could all do that? The Federal Employees Health Benefits Program (FEHBP) has maintained stable prices for years, often rising less than private plans and Medicare. Part of the reason is that it doesn't pay providers a "fee for service" but rather negotiates one price to access a bundle of benefits, such as doctor's visits, inpatient care, surgery, and more.

The payoff: A bipartisan health care bill before Congress would offer similar benefits to all Americans with estimated savings of \$1.5 trillion over ten years.

The action plan: For more details on this plan, go to lewin.com and search for Healthy Americans Act.

Reported and written by: Tara Conry, Nancy Coveney, Cynthia Dermody, Sam Kean, Fran Lostys, Ellen Michaud, Bridget Nelson Monroe, Jenny Morgan, Neena Samuel, Kathryn M. Tyranski, and Amanda Woodruff

Health Care's Believe It or Not

Nearly **half** of personal bankruptcies are due to the fallout from illness and high medical bills.

Almost **70%** of uninsured people come from families with at least one full-time worker.

Everybody pays a "hidden tax" to insure the uninsured. The average family pays about **\$700** a year in taxes and premiums to cover the uninsured.

If we implemented ideas 2, 8, and 14 from this story, we'd save nearly **\$29 billion**—enough to provide coverage to all low-income uninsured children.

In the weeks before the election, Democrats used the phrase *health care* **34 times** per 25,000 words spoken. Republicans' tally: **15**.

(*New York Times*)

The average American eats about **42** servings of broccoli, **54** apples, and **96** cups of ice cream each year.