The AAHC and health care delivery
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AAHC AND HEALTH CARE DELIVERY

Delighted opportunity to meet and talk with you today. I am especially pleased to be joined by Dr. Burton Lee -- not a heartbeat, but a fibrillation away. Not long after arriving in the Executive Office, Dr. Lee noted that except for he and his staff, there is only one other M.D. in the White House -- later two, Jack Chow.

Our common concern soon identified, vitality of Academic Health Centers. Before expanding on why, I should clarify for you the position/OSTP -- What is it?/I did not know. Origin with Vannevar Bush and has waxed and waned since that time. Initially concerned with the A-bomb/H-bomb/Planck -- physicists and engineers

Prominent in the Kennedy era was Jerry Weisner --

Abolished by Nixon.

Revived by Congressional legislation in 1976;

Again assumed prominence under Carter was Frank Press;

Waned again during Reagan years;

Remarkable renaissance in the Bush administration.

Bromley - 1989 and the Assistant to the President --

Office from less than 15 to 40 plus; and now 4 Associate Directors,

Presidential Appointments, one of which is for Life Sciences.

Voice of science is heard and consulted -- perhaps more so then at any time in history[?]. Due credit for this is to Allan Bromley. In all -- White House Staff at 7:30 a.m.; OSTP at 8:15 a.m.; PCAST - meets with President monthly. Personal

experience: President and administration are deeply concerned/interested in science. Foundation in which future of America rests. Time of Executive - Congressional agreed budget restraint -- Roxy budget. NSF to double in 5 years; substantial [?] in NIH.

Underpricing the science - an education initiative focussing initially on kindergarten through twelfth grade.

Biomedical science - USA is preeminent

Compliments to NIH founders

Don't need to elaborate upon the new vistas provided to us by biotechnology

Foundation of this biomedical enterprise is the Academy Health Centers. Whatever else the AAHCs contribute -- and contributions are substantial.

concern re: Their health and well-being vis-a-vis biomedical research.

That well-being -- very much related to revenues derived from clinical practice.

Herein rests my concern --

No need to document for you the stresses in one system vis-a-vis clinical medicine.

1) Widespread dissatisfaction with the system by consumers;

2) Large proportion now uninsured or underinsured;

3) Concerns of industrial sector -- determined to reform;

4) Cooperative apathy by the medical profession.

Result: ? stress to system//apparent relief.

Analogy: tectonic plates ?Cataclysmic charge

Who can provide leadership? Who can set the agenda? Today everyone and no one.

What of future -- Where are answers: More money for health care -

DRG - ? expand

M.D. payment reform

Public - private sector insurance

Logical locus for:

Not the medical societies;

Not the health departments.

Industry/Congress -- strong players; but can they set the agenda.

Important to look both ahead and to other countries.

Non-fundamentally taking with system.

Ultimately control of medical expend by decision re: amount of money to a defined population.

e.g. everyone makes explicit the implicit

Government control