



Healthcare Reform: It's Our Debate, Too

Zane Safrit and the Triiibes Community



We need our help.

Together we can create a healthcare system that could in all honesty earn the title “Best healthcare in the world.”

But right now, our current healthcare system is on life-support. We pay to sustain its life-support, in big ways and in small, with expensive health insurance premiums or expensive emergency room visits, with expensive prescriptions with jack-in-the-box side-effects, with a growing percent of our GDP, with a growing number of personal bankruptcies that result from high costs of catastrophic healthcare, with jobs lost as small business can't afford the health insurance needed to attract the talent to grow and create jobs ... and it's getting worse.

According to [the blog](#) of the Director of White House Health Reform at the White House website, President Obama's recent Healthcare Summit incorporated five breakout sessions that included Republicans and Democrats, insurance executives and labor leaders, clinicians, trade association leaders, and policy advisors.

Did you get an invitation?

Yeah... neither did I. Neither did anyone else who makes this system viable with our cash: monthly premiums, co-pays, prescription costs, hospital stays, and more.

The ones left out of this conversation are us, the system's consumers, the payees, the ones whose health needs it is intended to serve. WE are left out of the conversation to repair OUR healthcare

system, the one that we pay for; our payments that afford the salaries of Republicans and Democrats, insurance executives and labor leaders, clinicians, trade association leaders, and policy experts.

When was the last time you crashed a party? Do you want to be involved in creating our own conversation, our own solutions, for our own healthcare system? Do you want to crash that party—the one we’re not invited to, the one that should be about us and our needs?

If you do, then come on. Now is the time to reclaim this conversation. And if you don’t, that’s ok. You may change your mind. You’re always welcome at a later date. We’ll need you, too.

I first shared this idea on Seth Godin’s [Triibe](#) site. I shared my initial list of ideas I’d compiled over the last three years from blogging each Monday about healthcare.

I invited comments and feedback from the members, and they generously shared their own ideas, resources and feedback.

Some ideas overlap in more than one category. Some ideas may be in the unspoken category of “that will never happen.” That’s the point of ideas: to push our thinking to the point of ideas that will never happen. If you shoot for the moon and miss, you might hit a star. If we shoot for the goal of a healthy healthcare system, we might miss and create a healthy health insurance system, or healthy healthcare providers, or a healthy workforce. Following are the ideas gathered to date and organized into categories.

The categories are:

- Personal Responsibility
- Health Insurance
- Big Pharma and the FDA
- Healthcare Providers
- Accounting, Taxes and Healthcare

Personal Responsibility

Waive mandatory malpractice liability insurance

Instead:

- a. Hospitals and doctors can opt out of malpractice liability with their participation in a public, open, forum detailing their malpractice actions and their results.
- b. Patients of these doctors will sign a waiver and in return receive 15% lower prices.

Mandatory gym classes from kindergarten through college.

These gym classes would include a range of physical activity suited for the abilities and desire of the students. But a minimum threshold of 3 times per week, brisk walking or its equivalent, would be required.

Charge people directly for unhealthy lifestyle choices.

It is your body; do what you want with it; just do not depend on everyone else to pay for your choices.

- a. Taxes may be the solution.
- b. Caveat: This runs the risk of creating social engineering programs.

Charge people lower health insurance premiums, co-pays, etc, that do take responsibility for their health.

- a. Rebates or tax credits for sport, health food, etc.
- b. Tax refunds for healthy behavior?

Ban parking lots within 100 yards of an office building or mall.

This is an unpleasant, state-mandated, change in behavior. Who wants that? That forces people to walk. We're talking about an extra 20 minutes a day, tops. Shoppers have to decide if shopping is worth the walk. The space instead could be used for green spaces, trees, parks, walking paths, wind/solar generators, etc.

No soda machines for public-school students.

No soda machines for high-school students? No soda machines for their teachers, either.

If we're banning soda machines in schools, shouldn't we ban them at work?

Park farther away from your building doors or the entrance to your shopping mall.

Ride your bike to work.

Walk to work.

If we can create a system to track our movements on the web, can't we create a system to reward those who exercise on their way to work and keep healthcare costs lower for themselves/family/business, lower greenhouse gases, lower our dependence on foreign oil?

Take the stairs, not the elevator/escalator.

Give an award for each employee that walks the stairs. Of course, this is crazy. But sane solutions aren't working. And again, if we can effectively track our movements on the Internet in order to sell us more, then can't we track our movements in a building in order to make us healthier?



Take shorts, gym shoes and a t-shirt on your next business or personal trip.

Then visit the hotel's exercise room for 20 minutes.

Drink more water, less soda.

Crowdsource our ideas, tips and resources with a public wiki.

- a. Offer rewards for the best ideas to create, improve and sustain a healthy lifestyle.
- b. No stealth-members from Big Pharma, food processors, vitamin-makers, etc.
- c. Create and publish one for each health insurance company.

Insist on reform. Lobby your representatives. Speak up. Be Heard.

What else?

The more ideas we begin to share here and other places, the more we help ourselves, our families, our businesses, our communities.

Eat a piece of fruit each day this week.

See if it becomes a habit. (It will...over time. Now, I much prefer fruit for sweets than store bought treats. Well, except for the regular piece of chocolate cake.)



Health Insurance

Mandatory personal health insurance.

Works just like mandatory car and home owner's insurance. And just as well.

This can be delivered through individual, group, Medicaid, schip or its equivalent, or with programs like those offered by [Qliance](#).

Being Americans we all fidget when we hear mandatory. However, healthcare costs are always paid. They're either openly stated as part of the contract between the customer and the provider or, left unpaid, the costs are then passed on to those who are able to pay in the form of higher premiums and higher costs for all.

Eliminate health insurance.

Period. Allow free-markets to create affordable alternatives. That would lower the overall costs for this healthcare system by 30-50%.

Discounts on insurance premiums for members who exercise.

Offer discounts on health insurance premiums for members who exercise regularly. Regularly means a minimum of 3 times a week for 40 minutes.

Yes, there would be costs to create the systems to track, report and adjust billing. These costs and their systems can only be less and more than our current system of healthcare payments through the insurance companies. Less expensive to build, maintain and operate...for everyone. And more effective in creating the desired results: lower costs and better health.

Mandate insurance companies use *The Ultimate Question Survey/Net Promoter Scores.*

- a. Publish the results and their improvement publicly, nationally.
- b. Allow us, the consumer, to answer this 3-question survey at anytime.
- c. This provides immediate, transparent and open, feedback for all involved in their healthcare.
- d. This standardizes the ratings. That makes them more useful in patient and doctor decision-making.

Implement a single-payer healthcare system.

Create group plans for un-insured children based on their elementary school.

Instead of creating an expensive group plan for a small business, create an affordable plan starting with the children's schools. The children's school, K-12, replaces the parent's business as the source of group members. The missing ingredient for affordable health insurance plans as an employee benefit with small business has always been the low numbers of potential members, premium revenue sources.

Include their parents.

Include their teachers.

That incentivizes the primary care-givers, role models and educators, in creating a sustainable healthcare system from the ground up. That's the children's early years, up through their future. It's an integrated web of decision-makers that insure healthy lifestyles are started early, healthy expectations are instilled and a positive feedback loop is created with children, teachers, parents, schools and their homes, our homes.

We all share the costs and benefits of our health and healthcare. Maximize the strongest connections with work, family, teachers, children and schools.

Pool small businesses and their employees into statewide, supergroup, plans.

The [National Federation of Independent Business](#) (NFIB) and similar groups should be able to offer group plans. [SCORE](#), Counselors to America's Business and other professional groups like Accountants, etc, could also.

One would think it possible to administer these programs on a state-by-state basis.

Contests for health insurance companies to lower their premiums.

Create a meaningful award for health insurance companies who are able to lower their premiums without sacrificing performance. Use our responses to the Ultimate Question Survey to drive their innovations and keep them open, honest and transparent. Then it is a celebration for the winner and their customers and motivation for the other companies.

Publish price lists for insurance companies.

Mandate public premium cost lists for health insurance companies. Sure, the exceptions and existing conditions are complicated. But, they have those price lists now. But they are for their internal use only. Odd. We are charged based on these lists, but we cannot see them.

Share them publicly. What kind of free-market principles allow an industry to not share their price lists publicly? How do you foster open competition without the market having made available the products and their prices being offered?

Being Americans we get fidgety when we hear the word “mandatory.”

100% personal tax deduction.

100% for health insurance and health care expenses which we incur as individuals. (HSAs, premiums, co-pays, full-pays, gyms, vitamins, physical therapy, everything).

100% business tax deduction.

Fair is fair: 100% for health insurance and health care expenses which businesses incur for their employees. (HSA contributions, premiums, co-pays, full-pays, gyms, vitamins, physical therapy, everything.)

We all share the costs and benefits
of our health and healthcare.

Big Pharma and the FDA

Prohibit Big Pharma ads.

Help drug manufacturer's save money. There is too much evidence that, at best, these ads only increase the price of these products. A report published in [Science Daily](#) in January 2008 showed Big Pharma spends as much as 24.4% of total revenues on advertising in 2004. That's nearly twice the amount, 13.4% they spent on R&D during the same time period. With total domestic sales of \$235 billion in 2004, they spent over \$57 billion in advertising.

However, the advertising is [productive](#):

*In 2006, Americans bought 42% of the world's prescribed medicines.
We have 5% of the world's population.*

Besides, the side-effect warnings last longer than the ads themselves. And you can't hear them as they're spoken so quickly. Maybe, that's the point.

Prohibit payments from Big Pharma to doctors for prescribing their drugs.

We shouldn't even need to list this. This includes the NIH which handles \$24 billion in federal grants. Sen. Chuck Grassley, R-IA, has worked diligently to expose these links. The Federal Physician Sunshine Act is a step in the right direction. However, it only serves to manage the problem of the relationship between Big Pharma and Doctors.

Here are perspectives on the Federal Physician Sunshine Act from those with vested interests in the relationship between Big Pharma and Doctor's Prescription:

- [American Association of Family Practitioners](#)
- [American Medical Association](#)
- [Promotional Products Association](#)

No more fast-tracking FDA approvals where Big Pharma pays for quick approval.

Replace Big Pharma's dollars with independently-derived, data-based, scientific criteria that is shared publicly and the public prioritizes any drug's approval.

This criterion is published publicly.

This process of choosing is published publicly. That means all the potential drugs submitted for FDA approval and being chosen for fast-track approval are displayed publicly.

The approval process, the tests, the procedures, the results are available to the public.

Double the number of FDA inspectors.

Create a public wiki for all FDA drug trials.

Let all the participants share their experiences as well as their results. We want to know their experience, not a compiled, condensed, edited version of results spun for maximum marketing impact.

Overhaul the drug research methods.

Funding, research and more is rife with bribes, fraud and much more focused on making money as opposed to (sometimes directly opposed to) healthcare. **Transparency, openness and participation are key.**



Publicize all drug trials.

Make them a matter of public record like marriage licenses and property purchases, arrests and magistrate court rulings. Here in my small town those are all public records published regularly in the local paper. For many, it is the sole reason they subscribe to the paper.

But, these aren't near as important to the long-term health of a community as are the results of drug trials.

Overhaul the system for prescribing medicines.

Kickbacks to doctors from drug companies to prescribe "off label" (prescribing drugs for things other than their accepted use) is just plain bad. Kickbacks in general are still questionable.

If we can't stop Big Pharma's gratuities to the doctors, let's be adamant that they be made public. They are making money on our health. We should know.



Require doctors to publish their prescriptions.

Note: not the patients name.

Prescriptions and their handling is a great example where a lot could change if public data would be available. Doctors that consistently subscribe expensive drugs when generics are available should be flagged to the public.

Make professional education for doctors not just a junket for the drug companies.

Public disclosure of all lobbying efforts.

Share the details, publicly, for lobbying efforts made on behalf of groups who profit from our healthcare such as health insurance companies, hospitals, Big Pharma, doctors, their PR and ad agencies.

Let all the participants share their experiences as well as their results. We want to know their experience, not a compiled, condensed, edited version of results spun for maximum marketing impact.

Healthcare Providers *(Hospitals, Clinics, Doctors and Nurses)*

Matching funds with doctors/nurses who donate time to clinics.

Programs, government or private or a hybrid of the two, that offered “matching funds” to physicians, nurses and volunteers helping at volunteer clinics. Maybe even offer extra tax incentives for individuals who donate money/time to these volunteer clinics?

Require hospitals to publicly publish their list of procedures performed, costs incurred and their results.

This would help patients and their doctors make an informed decision for which hospital's services they would use for their most important purchase.

Make hospitals the coordinator for patient post acute care.

Hospitals would be at financial risk for re-admissions occurring within 30 days of discharge.

[Kissito Post Acute Collaborative Solutions](#)

The speed of medical advances means that newly graduated doctors are already 1 to 2 years behind (at least).

**Find and study the hospitals that work.
Find out what they do and share that knowledge.**

This is strength's movement applied where it's most important, healthcare.

<http://www.squidoo.com/marcus-buckingham-strengths-movement>

Phase out, and then eliminate dinosaur hospital models.

Instead, open small niche clinics for specific ailments.

Innovate the Hospital of the Future.

Work with BIF, [Business Innovation Factory](#), as it has to build the [Nursing Home of the Future](#).

Use the same model and build the Hospital of the Future. Work with BIDMC (Beth-Israel Deaconess) Hospital in Boston. Their CEO, Paul Levy, is a role model for open, inclusive, engaged leadership. And he blogs regularly at [Running a Hospital](#).

Are there other innovation firms who can innovate a new business model for and with hospitals, doctors, health insurance companies?

Accurate, clear, standardized, hospital invoices.

The cell phone companies eventually delivered something like that. As much as 50% of our healthcare costs arise from expensive administrative procedures.

**Find and study the good (read “best”) doctors in their fields.
Find out what makes them that good.
Share (read “train”) that knowledge.**

This is the strength's movement implemented where it's needed most: healthcare.

Measure the important things from doctors, hospitals etc.

Important is not empty beds, waiting times, patient-turn arounds. Important is:

- How many patients do not return within 30 days after their hospital release or doctor visit?
- How many surgeries or procedures completed without error?
- The reduction in the numbers of staph infections among patients?
- What meds are prescribed and how often to a doctor's patients?
- How much time with a doctor is a patient allowed?

These are important things to measure.

What measures are important for your hospital or doctor to measure and share in order to boost your confidence at their abilities?

As much as 50% of healthcare costs now arise from paperwork needs of health insurance.

Retrain the educators.

The speed of medical advances means that newly graduated doctors are already 1 to 2 years behind (at least).

- a. Practice what you preach with regular rotations out of academia.
- b. Insist trainers regularly enter the field to experience their training in use with patients.

Teach the doctors how to communicate better.

Teach listening skills as much as you teach technology.



Set public goals for cost reduction.

As much as 50% of healthcare costs now arise from paperwork needs of health insurance. Charge the industry, the nation with reducing that percent. Offer a public contest, with awards/rewards for first company whose success can be duplicated.

Those funds could be better used in other parts of our economy and household budgets: energy, food, education, investment.

Double the funding for government-funded healthcare clinics.

Industry sponsored social media site where members/customers can share experiences, tips, tools, resources, doctor recs and links to hospital ratings, etc.

Mandatory doctor ratings, shared publicly and transparently.

Mandatory checklists with hospital surgery procedures.

The use of [mandatory checklists](#) has been shown to deliver dramatic reductions in mistakes during surgery room procedures with the resulting drop in costs and rise in quality of care.

Share hospital statistics publicly.

These would include:

- | | | |
|---------------------------|---------------------|-------------------|
| a. financial results | d. liability issues | h. mistakes |
| b. performance statistics | e. staph infections | i. length of stay |
| c. charges | f. injuries | j. what else? |
| | g. deaths | |

Return doctors to being doctors and not bill collectors.

Here's a description of [how doctors get paid](#) from the blog ideal medical practices. Streamlining payment procedures for patients to their doctors will allow them to concentrate on their strengths: providing healthcare.

They will deliver better care. And that will mean fewer bills to collect...for somebody.

That means better health for all of us.

That means a stronger economy for all of us.

Mandate hospitals, for-profit or not, use *The Ultimate Question Survey/Net Promoter Scores*.

- a. Publish the results and their improvement publicly, nationally.
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As much as 50% of healthcare costs now arise from paperwork needs of health insurance.

Accounting and Healthcare

They are all intertwined, interconnected. It's about the money. Our money. And how much of it must be spent now and in the future for our healthcare. We could have called this household budgets and healthcare. But that would exclude business and in particular small business, who face the largest challenge as they consider health insurance as a sponsored benefit for their employees.

This is about changing our priorities as a nation, our habits as individuals, in ways that are both meaningful and effective: hitting our bank accounts.

Taxes, increase them where you can dis-incentivize unhealthy choices; choices where the true costs that result from these decisions are passed on to the family, their business, their community.

Deductions, increase them where you can do the opposite: incentivize healthy choices; choices where true savings from these decisions are passed on to the family, their business, their community.

With freedom comes responsibility.

The freedom to choose unhealthy habits such as smoking, unhealthy diets, lack of exercise, excessive alcohol consumption, is balanced with the responsibility to shoulder the true and complete costs to the person, as well as their families, businesses and community. We're Americans. Money talks where personal responsibility, obvious insights and direct experience can fail to be heard.

So, yes, taxes. Yes, they can be effective tools to encourage behavior changes.

Look at the effect of the increase in [federal taxes on smoking](#).

Likewise, healthy habits should be rewarded. Well, the intelligence to choose healthy habits such as regular exercise, preventative healthcare, routine checkups, healthy diets, etc; should be rewarded for the savings it creates for the person, as well as their families, businesses and community.



We're Americans. Money talks here, too. But the other things like, personal responsibility, obvious insights and direct experience speak louder.

Personal bankruptcy. [Half of personal bankruptcy filings](#) in the US are triggered from the costs of catastrophic healthcare costs.

One big driver for this statistic is the trend of hospitals to charge uninsured patients higher rates than they charge insured patients for the same procedures. Despite these higher prices for the uninsured, the only impact is on the patient, who faces a higher likelihood of personal bankruptcy from the artificially inflated costs.

However, the hospital is no more likely to receive payment than if they had charged the same rate as for the insured patient.

Here's a list of taxes and deductions to accomplish those goals:

Tax the crap out of cigarettes.

Or, tax the nicotine out of them. Smoker quit lines were inundated when the federal taxes were increased. Raise the taxes higher; we'll see more people calling to quit. And this generates greater savings in healthcare costs for the former smoker, their family, their businesses and our community.

Tobacco settlement funds for smoking prevention...ONLY.

Some, if not all, states use them to balance their budgets. The result is under-age smoking rates increase. Mandate that funds from the tobacco settlement be used only for the purpose of reducing the use of cigarettes, primarily by those under-age.



Tax the liquor out of liquor.

Again, a tax increase doesn't force moral or lifestyle decisions. It forces healthcare decisions and properly assigns responsibility. You want to drink excessively? How much do you want to drink excessively?

100% tax deduction for personal healthcare expenses.

All healthcare expenses (gyms, vitamins, physical therapy, everything) are 100% deductible. We are the most important assets for our economy. And we are a nation of free agents. Businesses write-off expenses for the upkeep of their assets. And as a free agent nation, we all are businesses of one. We should have the same tax deduction for the costs to maintain our health, our value.

If our healthcare system fails to deliver affordable healthcare solutions, and those added costs are put on the individual's shoulders, fine. But we should be compensated for those added costs of remaining healthy, productive assets, contributing to the strength of our families, businesses, communities and nation.

100% tax deduction for businesses and their employee healthcare expense.

Fair's fair: 100% for health insurance and health care expenses which businesses incur for their employees (gym memberships, vitamins, physical therapy, morning exercise hour (it works for Japan)).

Businesses are offered tax deductions for investing in the company assets of equipment and buildings. None of those are as important as the asset that organizes, streamlines and innovates their use into value-added products and services. That asset is the employee. Investing in our health is the same as investing in an upgrade to a software program or refurbishing existing equipment or buying replacement parts.

Change personal bankruptcy laws to reflect impact of healthcare costs.

Create a separate classification for bankruptcy filings that deal only with healthcare costs. Chapter 9, maybe. Make healthcare costs an exception, not a reason. Allow the consumer to approach the courts for help, protection from creditors when the consumer experiences catastrophic out-of-pocket healthcare costs, regardless of their insured status.

Hospitals often charge uninsured patients rates that equal 3 times their rates for the insured. Why? Is the care three times better? And what impact does it have for the hospitals other than driving one more patient into personal bankruptcy further adding stress to their weakened health.

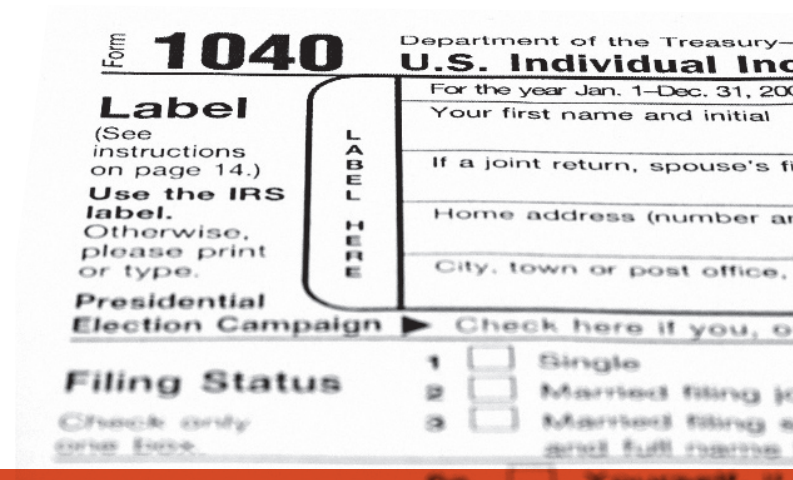
Illinois is one of the first states to mandate that hospitals charge consistent rates regardless of a patient's health insurance.

Tax breaks for innovation/invention.

Tax breaks for those who invent/manufacture, portable medical equipment that can go from one home to another—rather than anchored at a hospital.


Tax people directly who don't take responsibility for their own health.

Tax deductions for people that take responsibility for their health.



Form **1040** Department of the Treasury
U.S. Individual Income Tax Return
For the year Jan. 1–Dec. 31, 200

Label
(See instructions on page 14.)
Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign  Check here if you, or your spouse, are eligible to contribute to a presidential campaign.

Filing Status
Check only one box.

1	<input type="checkbox"/>	Single
2	<input type="checkbox"/>	Married filing jointly
3	<input type="checkbox"/>	Married filing separately

and full name of spouse.

LABEL HERE

Your first name and initial _____
If a joint return, spouse's first name and initial _____
Home address (number and street name) _____
City, town or post office, state and ZIP code _____

Why me?

Why me and why this mission?

Why not?

I blog every Monday about our healthcare system. I've done this since....2006-ish. I started this meme when I was CEO of a small company. I had the silly notion to offer health insurance for our employees. 12 months and 10 or more insurance agents and meetings and proposals later one agent finally explained the rules of group plans and what it meant to our company: With a company of less than 10 people, we wouldn't find an affordable group plan. Each group plan is structured as its own profit-center and we didn't have enough members to make enough money for the health insurance company.

I started looking each week for solutions to blog about. I found an insufficient supply. I blamed the system. But, I realized my passive participation was seen as explicit permission by those who benefited most from the changes. My premium payments said I bought what they had to sell.

So, I crafted my own solutions. I shared others. Then, Ed Welch who blogs at Tribe Building told me about his experience turning to the members of the Triiibes community. This is a community founded by Seth Godin. Ed turned to the members of this community for help in authoring his fantastic ebook: *101 Ways to Destroy Your Tribe*. They responded enthusiastically.

And I thought....what if I turned to this same Tribe. With a bit of trepidation, I did.

The Triibe responded with enthusiasm and passion and ideas.

And resources, tips, tools and offers of assistance. Contributors are listed on the next page. Thanks so much.

Why not you?

If not you, then who? Everyone else, those who make money from our healthcare, has failed.

If not now, then when? How much longer can we wait? How much more can it fail?

If not here, then...where? We're not invited to sit at the adult table, the table where all those who have created this system and made a lot of money in doing so, now congregate to fix the system they created and benefited from in doing so.

What have you got to lose? What have we got to lose? Our healthcare system is failing as we fail to participate in its reform. Maybe if we reversed our role, participated in the discussion, we could reverse this trend.

Thanks

A great big thank you to the following for sharing your ideas and feedback on the TTriibes website.

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