

Health PLAN for Hawaii

To rationalize healthcare for all residents in Hawaii by statutorily creating the Hawaii Health Authority with a mandate to:

Consolidate all resources committed to health in Hawaii – private and public (Federal, State, and County)

Health Insurance Premiums

State Appropriations for Health (Including the DOH)

State Health Trust Fund

Federal Grant Funds for Health

Medicare Funds

Medicaid Funds

Individual Payments for Care

Coordinate all public and private programs and services in health to eliminate duplication, waste, and fragmented planning

DOH: WIC, Nutrition, Maternal and Child Health, Mental Health, Disabilities services, Residential care, Home Health, Nursing, Planning, Policy, Evaluation, Disease Prevention, Hospitals, Long Term Care, etc.

DCCA: Insurance Oversight/Rate Setting

DOL: Workers Comp Medical, TDI

DOE: School Health, Disabilities Programs (Mental, Physical, Learning)

Evaluate and approve all participants (who is eligible to receive care), all providers (determine the qualifications of all providers), all services (what care is eligible for payment). Measure outcomes of all modalities of care.

? How do we create a more coherent, more responsive, more inclusive, more cost effective, more efficient, and more humane health program for all

Example of the current incoherent irrational system:

An Immigrant(IHI-DOH) civil servant (State Health Trust Fund) with a mentally and physically disabled spouse (Medicare-SSI, DOH, Medicaid) has two children – one with a learning disability (DOE, DOH, DHS), whose family income makes the family eligible for medicaid, and is caring for a grandparent who is eligible for home health care (DOH, DHS, Medicare)

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For Americans, Getting Sick Has Its Price

Survey Says U.S. Patients Pay More, Get Less Than Those in Other Western Nations

By Rob Stein

Washington Post Staff Writer

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Americans pay more when they get sick than people in other Western nations and get more confused, error-prone treatment, according to the largest survey to compare U.S. health care with other nations.

The survey of nearly 7,000 sick adults in the United States, Australia, Canada, New Zealand, Britain and Germany found Americans were the most likely to pay at least \$1,000 in out-of-pocket expenses. More than half went without needed care because of cost and more than one-third endured mistakes and disorganized care when they did get treated.

Although patients in every nation sometimes run into obstacles to getting care and deficiencies when they do get treated, the United States stood out for having the highest error rates, most disorganized care and highest costs, the survey found.

"What's striking is that we are clearly a world leader in how much we spend on health care," said Cathy Schoen, senior vice president for the Commonwealth Fund, a private, nonpartisan, nonprofit foundation that commissioned the survey. "We should be expecting to be the best. Clearly, we should be doing better."

Experts agreed, saying the results offer the most recent evidence that the quality of care in the United States is seriously eroding even as health care costs skyrocket.

"This provides confirming evidence for what more and more health policy thinkers have been saying, which is, 'The American health care system is quietly imploding, and it's about time we did something about it,'" said Lucian L. Leape of the Harvard School of Public Health.

The new survey, the eighth in an annual series of cross-national surveys conducted by Harris Interactive for the fund, is the largest to examine health care quality across several nations during the same period. The survey was aimed at evaluating care across varying types of health care systems, including the market-driven U.S. system and those that have more government controls and subsidies.

The survey, published in the journal *Health Affairs*, questioned 6,957 adults who had recently been hospitalized, had surgery or reported health problems between March and June of this year.

"These patients are the canary in the coal mine of any health care system," Schoen said.

Nearly a third of U.S. patients reported spending more than \$1,000 in out-of-pocket expenses for their care, far outpacing all other nations. Canadians and Australians came next, with 14 percent of patients spending that much. The proportion reporting similarly high costs was far lower in the other countries.

Americans had the easiest access to specialists, but they experienced the most problems getting care after hours, and Americans and Canadians were the most likely to report problems seeing a doctor the same day they sought one.

Americans were also much more likely to report forgoing needed treatment because of cost, with about half saying they had decided not to fill a prescription, to see a doctor when they were sick or opted against getting recommended

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