

**Let me begin by describing the medical school**

I have been Dean of Warren Alpert Medical School of Brown University for 1 year

- a. School consists of Program in Public Health which has been growing rapidly, a Program in Biology with 6 Biology Departments with outstanding departments such as Neurosciences, and 14 clinical Departments such as Psychiatry, Medicine and Surgery with 570 faculty in 7 affiliated hospitals.
  - b. 35 years old – before the school, health care in RI was basically second rate with feeding to Boston; quality of care is excellent so that now there is there is a total influx; this has occurred because the school attracted educated and trained outstanding physicians; it produces the doctors of RI
  - c. Research has reached greater than \$170 million and we rank in top ¼ - want to be one of the best – by faculty and programs
  - d. One of the strengths of Brown, the city and the state
  - e. Took a huge step forward with 222 Richmond (Slides); Brown off hill, center of education and research
  - f. Pittsburgh with health care, education, and research is the driver of the economy
2. Problems with Health Care
- a. I will speak from my own experience – practiced primary care for 2 years early in my career; taught and practiced both internal medicine and infectious diseases for more than 30 years
  - b. For past 20 years have cared for HIV infected patients both in patient and outpatient; I have practiced in both the RIH and TMH and still see patients on Thursday afternoons at TMH; now is primary care – hypertension, obesity, diabetes, behavioral problems, and general internal medicine
  - c. Also practiced in the RI Free Clinic and saw the uninsured, often immigrants who worked
  - d. I also was chair of medicine and supported both specialty and primary care in Rhode Island. I know what it takes to set up a primary care practice, what the finances are, and what IT innovation costs in RI. With Drs. Tom Bledsoe and Frank Basile I set up the first Medical Home in RI on Governor St.
3. I therefore have a local view of medicine. I would like to address some of the problems that I see for medicine both locally and nationally, and be a bit provocative.
4. Some things we do very well: a) Our medical education system is the envy of the world b) Our acute care, trauma care, cardiac care is the best in the world c) Our drug discovery and pharmaceutical industry is some of the most creative and productive.
5. However, the system is broken. We spend twice what other developed countries do on health care. We do not have quality measures that we should, have 50 million uninsured, and have a failing primary care system
6. **3 problems: Access, Cost, Quality**

**7. Access**

- a. There aren't enough primary care doctors, that is IM, Family Med, Peds in RI because reimbursement is too low. Not rocket science. RI – 5%; national average 7%; Optimal at least 12%
- b. I can't get people a doctor; reimbursement in RI is some of the lowest in the country – it is 15% higher in CN and MA and our graduates go there; Starting salaries when I came were \$90 thousand, and they are still \$90 thousand; with 150-200 in debt, people can't stay.
- c. We train and graduate approximately 80 primary care doctors each year. We lose almost all of our IM graduates; Middle age doctors are retiring or going in to other fields
- d. Doesn't matter what universal coverage scheme is put into place today, it won't work because of the lack of doctors
- e. This is a national problem as shown by MA; there simply aren't enough primary doctors; can't wave a wand

**8. Primary Care is the best care**

- a. The best is focused on primary care, end of life care, chronic disease management, behavioral problems, mental health problems, public health
- b. Primary care doctors don't over test, handle most problems, are efficient and know the patients; do a better job with less resources than specialists
- c. Not every shoulder pain needs an MRI
- d. Minister of Health from Spain – ½ cost with much better quality; everyone should have a primary care physician within 15 minutes

**9. Solutions:** a) Pay primary care doctors more b) Train physicians in primary care, public health, chronic disease management, health maintenance, mental health problems, end of life care c) Organize primary care d) I would argue that the question isn't universal coverage (people get care in ERs) but organizing care

**10. Cost**

- a. In 2007 the US spend 16.2% of GDP on health care or \$7500/ citizen
- b. This is twice what many other countries cost and quality is not good
- c. Costs of health care have made us less competitive in the world economy—witnesses GM. Costs threaten to overwhelm the federal budget. Waste is rampant.
- d. Incentives are misaligned – doctors are paid to do more and hospitals are paid to admit more patients
- e. We spend health care dollars where we shouldn't, namely hospitalized care, specialized care, end of life hospitalization, unnecessary medications, administrative costs, particularly insurance, and hospitals. Areas of opportunity are 1) Best practices, e.g. surgery on knee replacement 2) Limiting high end care – we can't afford to supply the most intensive care for all citizens under all

circumstances 3) Best practices – standardize care - we don't do what we know works 4) Primary Care and bundled pricing 5) huge amounts of waste

**11. Quality**

- a. Quality of care needs to be improved by better education—emphasis on primary care, chronic disease management, behavioral medicine, better mental health care, more appropriate end of life care, and public health.
- b. We need to have IT, and by that I mean better records, reminders for physician, i.e. immunization, drug interactions, best practices.
- c. Best Practices
- d. Discrepancies in surgery