

Health Care Reform Survey Methodology

Chandler Chicco Companies' research division, Determinus, partnered with Advanstar Communications, Inc. to administer an online health care reform survey to physicians, nurses, and hospital administrators. Survey invitations were sent to subscribers to the following three Advanstar trade journals: *Medical Economics* (physicians), *RN* (nurses), and *Managed Healthcare Executive* (hospital administrators). The *Medical Economics* subscription database is an AMA/AOA-qualified list maintained by Direct Medical Data; *RN*'s list is ABC-audited to include only nurses; and *Managed Healthcare Executive* uses a self-report, qualified list maintained internally by Advanstar. Only respondents who had previously agreed to receive survey invitations from Advanstar were sent a survey request. All respondents were entered into a drawing to win a 32GB iPod Touch. Potential bias may result from the voluntary nature of the survey, whose results include data from only respondents who agreed to participate.

The survey was successfully blasted to 21,197 e-mails, including 9,585 for *Medical Economics*, 9,567 for *RN*, and 2,045 for *Managed Healthcare Executive*, and remained open from September 17 to October 1, 2009. A total of 906 responses were received, including 385 physicians, 444 nurses, 30 hospital CEOs/CFOs, and 47 other respondents (e.g., office managers, general administrators, pharmacists, medical librarians). Broken down by journal, the counts are 399 responses from *Medical Economics*, 446 from *RN*, and 61 from *Managed Healthcare Executive*. The overall response rate was 4.3%; response rate by journal was 4.2% for *Medical Economics*, 4.7% for *RN*, and 3.0% for *Managed Healthcare Executive*. For physicians, self-reported specialties included Family Practice (33%), Internal Medicine or General Practice (25%), Pediatrics (16%), OBGYN (6%), Cardiology (3%), Gastroenterology (2%), and other specialties (15%).

CCC Health Care Reform Survey Results

Table 1.	Please indicate the extent to which physicians, nurses, and health care administrators' expertise has been considered in health care reform:		
	A great deal/a good deal	Some	Not much/little or none
Physician	9.2%	24.9%	65.9%
Nurse	12.5%	34.7%	52.8%

Table 2.	Please indicate the extent to which you have received enough information to understand the policy changes being proposed as part of health care reform:		
	Definitely enough or enough	Barely enough	Not enough or not nearly enough
Physician	35.5%	21.6%	42.9%
Nurse	33.1%	21.7%	45.2%

Table 3.	News coverage on health care reform often focuses on two areas: (1) health care reform policy and (2) the politics associated with health care reform. Please rate the balance between policy and politics in news coverage:		
	Too much or way too much policy	The right balance	Too much or way too much politics
Physician	6.7%	5.9%	87.5%
Nurse	4.1%	6.5%	89.5%

Table 4.	Please indicate the extent to which you understand the policy changes being proposed as part of health care reform:		
	Extremely or very well	Well	Not or not at all well
Physician	25.8%	31.5%	42.7%
Nurse	21.3%	25.2%	53.5%

Table 5.			
Please indicate the likelihood that tort reform will lead to the following:			
Physicians	Extremely or very likely	Likely	Not or not at all likely
Fewer unnecessary tests	62.9%	22.7%	14.4%
Lower insurance costs	58.8%	26.3%	14.9%
More time for patients	30.6%	26.2%	43.2%
Greater patient satisfaction	26.8%	33.6%	39.5%
Less recourse for patients	12.9%	17.6%	69.5%

Note: Sample includes 385 physicians and 444 nurses. Survey was conducted online among opt-in subscribers of the following trade journals: *Medical Economics* AMA/AOA-qualified database of physician subscribers maintained by Direct Medical Data; and *RN ABC*-audited subscriber database of nurses.

Summary of Open-ended Responses for Health Care Reform Survey (10/5/09)

Most Prominent Themes for Q10: "Please indicate your top priorities or suggestions for health care reform:"		
Priority/Suggestion	%	Representative Quote
Covering the uninsured	20%	"Some basic coverage for everyone. Hospitals can't continue to eat the cost of non-paying patients."
Insurance reform	20%	"Let insurance companies compete on an interstate basis. Stop banning preexisting conditions."
Preventing chronic illness	5%	"Encourage and educate people regarding health promotion and prevention."
Treatment adherence	5%	"People should be held to some accountability for their health and health care spending."
Tort reform	5%	"Tackle tort reform to reduce defensive medicine; this will help reduce overall costs."
Mandating affordability	5%	"Every citizen should pay according to what he can afford, and there may be a wide range of fees here."
Public option	< 5%	"I believe in the public option, because insurance companies need competition."
Single-payer system	< 5%	"Single national payer. No health insurance companies. Everyone covered from cradle to grave."
More efficient care	< 5%	"True quality: more well-designed care, not just more testing and procedures."
Getting government out of health care	< 5%	"Do not have the government control health care. People need to take responsibility for their needs!"
Reducing obesity	< 5%	"Encourage and reward personal responsibility for good health choices, e.g., good weight."

Note: Sample includes 385 physicians; 444 nurses; and 30 hospital administrators, including CEOs and CFOs.

Summary of Open-ended Responses for Health Care Reform Survey (10/5/09)

Most Prominent Themes for Q13: "How should medication adherence be addressed as part of health care reform?"		
Suggestion	%	Representative Quote
Make drugs more affordable	10%	"If patients could afford the cost of their medicines, adherence might not be an issue."
Penalize noncompliance	5%	"Medication noncompliance should result in higher premiums for the noncompliant patient."
Have pharmacists assist with compliance	< 5%	"Pharmacists should be compensated for time spent consulting patients to increase compliance."

Note: Sample includes 385 physicians; 444 nurses; and 30 hospital administrators, including CEOs and CFOs.

Open-ended Responses Sorted by Profession for Q10: "Please indicate your top priorities or suggestions for health care reform:"

Response	Profession
1) all insurers to either non-profit status or change to Community Rating rather than Experience Rating and/or 2)"rebate" for patient/subscriber meeting certain lifestyle/care metrics (nonsmoking, fitness if not BMI, Cholesterol, BP, A1C, immunization status) 3) malpractice change from any negligence (we are not god) to intentional or egregious negligence or assault with aim toward pushing Process Improvement (including MD thinking, knowledge base) - note that universal Access negates at least part of reason form mega awards 4) change in HIPAA to allow demographics/data on quality from databases not select patient reporting - not allow certain systems to "game" the "P4P" or other "quality" indicators 5) IT STANDARDS to allow interoperability of any and all EHRs 6) greater emphasis on demographics to allow better breakdown of quality, database mining - note difference in care required for literate v nonliterate, high v low SES, possibly racial/ethnic (due to risk of DM, etc.) 7) requirements of registration eg. protocols for new entities (drugs, devices) to assure adequate tracking for AE.	Physician
1) Focus on Values 2) Reform expectations of healthcare 3) Reform insurance but no government option 4) Like Car insurance, all must carry ... and people shall not be dropped once covered. 5) Tort reform (not just for medicine but across the spectrum 6) Promote standardization of care	Physician
1) Those WITH INSURANCE can't afford their care because their insurance won't "cover" it. I suggest insurances be mandated to spend a certain amount of their net income on the patient rather than the CEO's bonus. 2)Those who choose to live a healthy life should be rewarded for their good cholesterol, blood sugar, blood pressure, non smoking etc with lower rates. 3)Tax habits that are MEDICALLY PROVEN to be unhealthy. A soda should cost 5 dollars, a package of cigarettes 10\$. Fast food and foods with partially hydrogenated oils should be taxed. The money from taxes should be spent on supporting health care. 4)Medicare cannot continue to provide all the care it does. Those who have it need to realize it was designed to be used for 3 yrs, as the avg person died at age 68 when it was started. Commercial insurance should be an option for those that want it over age 65 and Medicare should only provide very limited care. Reform of Medicare is an independent issue from universal health care.	Physician
1) True quality: more well-designed care, not just more testing and procedures. Tort reform to reduce defensive medicine should help. 2) Reduction in barriers to care: lack of insurance; quirky insurance limitations (eg, only one brand of testosterone gel approved for monthly scripts, a different one if mailed away despite the same insurer!)	Physician
1)Cover everyone 2)Get rid of burdensome overhead created by having to deal with insurance company authorizations and denials 3 Lower costs by limiting use of unnecessary tests and unproven treatments.	Physician
1. Define AFFORDABLE health insurance. Determine the AFFORDABLE PRICE for health insurance per age bracket, like they do for term insurance, where the older you get, the more expensive the policy - WITH NO PRE-EXISTING Exclusions. This becomes the BASIC NATIONAL HEALTH INSURANCE POLICY PRICE that must be offered by every health insurance company. This forces insurance companies to COMPETE on a level playing field using a nationally set PRICE per Age Bracket, on the basis of the quality of their benefits and service. Allow for "upgrades", family coverage (priced by projected size of family to allow for newborns), or additional riders for the insurance companies to expand benefits and coverage options for those who desire more features and coverage and are willing to pay for it themselves. 2. Structure and sell these PRIVATE (not government) policies in the same manner as Term Life Insurance, where coverage becomes more costly depending upon: a) The age bracket of the insured b) Their health status (grades A - F to encourage healthy life choices and behavior) c) 1. Let insurance companies compete on an interstate basis and unleash private enterprise 2. Stop banning preexisting conditions 3. Make it portable 4. It is not a right any more than having a job or home is, only the opportunity to have health insurance is a right.	Physician
1. Maximize the number of people covered. 2. Eliminate coverage limitations for preexisting conditions. 3. Comparative Effectiveness Research without influence from the pharmaceutical or insurance industries.	Physician
1. Patient responsibility. Patients do not care how much time and money is spend treating them, especially if they belong to a government program because they do not pay a dime. They abuse the system. Not everything should be free. They have to pay a mandatory co-pay so that they would appreciate the care they receive. 2. Problems with technology. The stimulus incentives are causing vendors to push their product. Comparison between EMRs and PMS. Since Obama wants to make this mandatory, there is no oversight by the government. These softwares are costly and vendors are pushing their products, not forthcoming with dysfunctionality of these softwares, which will cause problems with quality of care and also be a financial burden for small providers. 3. Insurance premiums are high and there is need for restrictions and competition for the same product line between carriers, private vs. public. 4. Discrepancies is dispensing medication. Pharmacies refill prescriptions without provider approval, there is no oversight by any government regulatory company to make sure that patient is	Physician
1. Universal coverage. 2. A public option.	Physician
1. Everyone should get up top 3 or 4 health visits yearly for prevention. 2. Deductibles should be reasonable. It is difficult to explain to someone who is paying \$300-500 monthly that they have to pay for the office visit because they have a \$2,500 or higher deductible. High deductibles are good if you are in the hospital or need expensive MRI, CT's etc. Otherwise why have health insurance? 3. Persons with chronic illnesses can get medical care and prescription meds at a low cost.	Physician
1. Exclude coverage for illegal immigrants 2. Consider return to pay-for-service at office with major medical coverage from employers	Physician
1. fundamentally change malpractice climate 2. eliminate income difference between primary care and specialty doctors 3. insurance companies are not allowed to make profits	Physician
1. Insurance reform 2. medical malpractice reform 3. better pay/loan forgiveness and other incentives for primary care.	Physician
1. listen to those in the field (i.e., doctors, nurses, etc) rather than get caught up in the politics of health care 2. simplification of the reform bill (1000 pages plus is ridiculous) 3. limiting government control/interference 4. slowing down and taking the time - rather than rushing something through 5. overhaul the tort/malpractice system	Physician
1. No government option 2. Elimination of unmeritorious law suits 3. Decrease the cost of medical care.	Physician
1. Protecting all patient's right to quality care 2. Protecting and improving physician compensation 3. Reducing physician liability 4. Reducing physician related administrative burden 5. Regulating insurance company practices vis a vis patients 6. Regulating insurance company practices vis a vis doctors 7. Insuring funding for quality physician training 8. Insuring funding for health care research	Physician
1. Tort Law Reform 2. Reform of present laws regarding the health insurance industry 3. Decrease the cost of medications 4. Get rid of Medicare Advantage plans (ie. level the playing field) 5. Get rid of/ or totally rewrite the STARK legislation 6. Allow Doctor's group practices to sit at the table and negotiate contracts with health ins. co.s	Physician
1. Tort reform 2. Meaningful insurance reform 3. Integrated medical care 4. pharma/durable equipment reform 5. Learn from past mistakes ie Massachusetts experiment and California insurance options	Physician
1. Universal health insurance 2. Controlling costs 3. Tort reform	Physician
1. Work on the insurance companies and their policies. Pay for preventive services and penalize patients if they do not participate in their care such as quitting smoking or losing weight. 2. Define acceptable practices. Right now none of the local orthopedic physicians will see a person with a bad knee unless they have an MRI	Physician
1.No exclusions for pre-existing conditions 2. Affordable policies for everyone 3. Tort reform -suggest pure 'medical malpractice' courts with designated judges and lawyers	Physician
1.Provide government-sponsored health coverage for all Americans who are legal residents. 2.Do not link the basic government provided healthcare to a specific employer. 3.End for-profit health insurance companies, and switch the industry to non-profit or mutual companies. 3.Have a supplementary private insurance industry, which can provide care perhaps a bit quicker or in a more plush facility, and may cover non-essential care such as infertility.	Physician
1.tort reform 2.opening up real competition for insurance companies by eliminating the cross state policy underwriting prohibitions 3. Stop framing the debate around endlessly repeated false pretexts, namely "47 Million Uninsured," when analysis of that grossly misleading "fact" shows that with the exception of about 7-8 million, the rest are either Illegals, people (especially young people) who can easily afford insurance but prefer to spend the money on "fun stuff," people who ALREADY QUALIFY FOR EXISTING PROGRAMS but won't get off the couch to go sign up for it, or people who were insured a month ago, and will be insured with a new job a month from now, etc.	Physician
100% tort reform for the nation...We in Texas are doing ok with it, but we need it for all Dr's. If we can be liable for medicine dictated by others, it will never work...Think of the amount of money saved, if we did not have to do tests just to save our ass in court!!!...Ps...All 4 of my son- in -law's are trial attorney's...You can only guess what our family dinner's are like...Thanks Ed Yosowitz,MD	Physician
A single payor would be the best way to go, eliminating a lot of waste. I have no problem with anyone making a profit...but a person's health is the wrong thing to make a profit on.	Physician
a) Make sure 22.5% SGR correction does not occur 01/01/10. b) Tort Reform should include a panel of experts that certify all medical malpractice cases before they proceed to trial. c) The profits of insurance companies have to be limited. If Medicare can tell physicians what they are going to be paid and electric rates are controlled by Public utility commissions, then the government can set rates as to how much profit an insurance company can make and all excess profits can go to pay for insurance for uninsured or back into pool to pay for claims and adjust physician reimbursements to acceptable rates.	Physician
Ability to purchase insurance across state lines, no prior authorization, reversal of Medicare 2 year opt out rules, payment at point of service through magnetized/coded insurance cards, high deductible/HSA plan made available at affordable cost to everyone-subsidized based on income, liability caps, loser pays cost litigation, limit on pain and suffering	Physician
Access	Physician
Access and consequently enhancing primary care, cost containment, financing.	Physician
access for all	Physician
Access for everyone, stop discrimination due to preexisting diseases !	Physician
Access to quality , safe care with no insurance rescissions and with an emphasis on preventive care and behavior which is the basis for true longterm healthcare savings and a healthier population. We must emphasize the cost of poor behavior and cost savings for healthy habits	Physician
Adequate compensation for physicians while controlling increasing costs.	Physician
Adjust the current system to meet the answer the current needs/concerns. Avoid government control of health care.	Physician
affordable, quality, healthcare for allaccesssupport and promote primary care and prevention	Physician
All children should be covered irrespective of family income. Illegal immigrants should be charged Fee for service.Medicaid patients must pay for ER visits unless deemed really emergent. all covered, no annual ceiling on spending by ins comp., no pre-existing conditions, can't drop people when ill or raise rates so high as to make them drop.	Physician
ALL private insurers have a non profit branch for basic insurance, with shared risk pool, and then they can have a for profit for higher level plans. Increased regulation of insurance to monitor payment for items covered, and in timely manner Flexibility and accessibility of insurers to allow doctors to suggest less expensive alternatives...THIS IS NOT AVAILABLE NOW!!!!	Physician
Encouragement of doctors to enter primary care and perform MORE than gatekeeper activities, including adequate reimbursement.	Physician
Allow patients and families to purchases insurance across state lines tax breaks, use of pretext dollars, HSAs, and/or catastrophic coverage for families to obtain their own insurance patient centered cost controls of costs portability of health information tort reform expansion of therapies for children and adults with chronic medical and developmental conditions	Physician
Allowing insurers to compete across state lines to provide more competition and lower rates for the insured, a national data exchange to provide easily accessible medical information for providers and patients, an electronic standard for all insurances and a health card so patients information can be transferred and updated using a card and electronic card readers	Physician
As indicated previously	Physician
at least catastrophic coverage for all better communications and info sharing	Physician

Avoid one-payer government run healthcare Physician
 Better distribution of monies paid by patients. Too much goes to the insurance companies and less is spent on providing care to patients. Decrease the amount of fraud seen in the insurance industry, primarily in Medicare where senior citizens are innocently being used to defraud the government. Physician

big role for actual practitioners, not academic MDs, in all aspects of reform---establish pools of money and committees of doctors & nurses, not lawyers, to decide if malpractice committed, and to discipline and fine doctors and hospitals---interstate competition for health insurance---severely restrict overhead of health insurance companies (take the profit out) bring healthcare costs down while maintaining high quality and sufficient health care access Physician
 Physician

Cap profit of third party payors and especially the income of their executives. Eliminate more costs of people who do not contribute to health care directly, and only profit by "administrating". change executive compensation formula at insurance companies Physician
 consumer choice has to be motivating factor Physician
 Control insurance companies profits and intrusions into the exam room. Physician
 Control of costs and administrative waste. So far, all we've heard about is the expense to the government and payors and v little about the costs. There are an almost limitless number of opportunities to simplify and reduce waste - but too many sacred cows! MAKES the notion that the Gov't can take it over and fix it laughable. They may be able to take a leadership role and set a few global requirements, leaving industry to meet those requirements. More than that and they'll make it worse. Physician
 correcting the present and projected under supply of primary care physicians providing some coverage for the uninsured having insurance companies medico-legally responsible for their denials of procedures, tests and medications take malpractice cases out of the court system and create medical malpractice panels Physician
 Cost control by limiting services insurance control payment for primary care Physician
 cost of care, physician driven work on quality of care Physician
 Cover everyone Single payer Physician
 Cover preexisting conditions and tort reform Physician
 COVER UNINSURED, GET INSURANCE COMPANIES OUT OF THE "BUSINESS OF MEDICINE" Physician
 Coverage for all Eliminate pre-existings Tort reform Decrease admin/paperwork Physician
 Coverage for all americans (with public option as part of that), controlling costs, improving quality, increasing the ratio of primary care to specialty care providers (so all patients have a primary care provider), tort reform. Physician
 Coverage for all who want or need it, elimination of pre existing conditions and drops for illness, cost control, tort reform to reduce defensive medicine Physician
 coverage for uninsured no loss of autonomy Physician
 coverage for uninsured somehow no violation of conscience no cov erage for heinous procedures e.g., abortion which will eventually lead to euthanistic practices Physician
 Covering the uninsured Tort reform Physician
 covering the uninsured, affordable employer health care for small business Physician
 Covering uninsured (and avoiding losses of coverage) Improving access Covering preventive care Limiting costs Reimbursement based on quality and service Physician
 Create some check to insurance companies never ending trick to not pay for patients treatments and to bully patients and providers. make health insurance more affordable increase the number of patients who are insured Physician
 Current insurance company practices are corrupt. The current system encourages volume not quality. Support primary care evidence based practice Physician
 currently medical care is being rationed to those who can afford it or have insurance, this needs to change. Patients need to me more accountable to their own health, and if they chose to make choices of their own free will, that affects their health they will need to bear more financial costs for health coverage. Physician
 cut out the red tape-too much money/time/attention paid to getting paperwork done per Medicare guidelines rather than actually allowing time to take care of the patient. If we spent all the money we spend on having to get prior approvals, pre-certs, etc on the patients (paying my receptionist,their receptionist, faxing/copying), this problem would be cut in half. #2 make people accountable for their actions-people w/high risk behavior pay higher premiums just like w/car and life insurance #3 push major medical and hsa's for young, healthy people which they have to pay for themselves #4 do not treat health care as a RIGHT-food and water are "rights," but people have to walk in the grocery store w/their checkbooks in order to eat just like they have to pay the plumber/electrician/mechanic if they want services provided Physician
 decrease power of insurance companies to control medical care Physician
 decreasing the profits of insurance companies, maintaining physician/provider medical decision making capabilities and insuring more individuals. Physician
 Disallow insurers to pay execs outrageous amounts of money and stocks with people's premiums. government needs to get lean with health spending , not subcontracting the job to someone else who is in it to make money. Physician
 doctors should all be given a good reimbursement from all insurance comp universally so they can select some and can avoid others .Pt care is must and the most imp they cannot be refused for any important test needed to be done Physician
 Don't see a need for reform. Instead, need to inform and make available to employers the advantage of current high deductible insurance with HSA accounts. It saves \$, patients retain their choices (choices = competition = cost containment), and the plan is completely portable. If HSA account is not used by the time patient becomes medicare age, it becomes their secondary. Physician
 Too bad insurance brokers keep it such a secret unless you ask for it. Physician
 Drop the public option - extremely poor idea. Physician
 drug cost and insurance co including medicare Physician

Economics of healthcare - private practice being driven out of business. The rest of the discussion is meaningless when primary care is barely viable as a business. Needs to be a change in attitude among the US population - they can't go on getting healthcare that they don't need just to assuage their anxiety and because the doctor is afraid of malpractice suits. Physician
 Eliminate pre-existing conditions, Increase portability of insurance. Tort reform to reduce defensive medicine. Allow insurance sales across state lines. Physician
 eliminate pre-existing restrictions on insurance Physician
 Eliminate the pre-existing conditions. Establish an insurance pool where each person could purchase individual insurance without worry about pre-existing conditions. Physician
 eliminate waste, malpractice reform,and improve quality, but less government control Physician
 eliminating pre-existing conditions decrease the profit, in the for profit insurance business, in other words, should the ceo of UHC really take home a multimillion dollar pay packate taking the middleman out of health care be realistic about the federal governments ability to manage bureaucracy Physician
 Elimination of Managed Care and abuses of Managed Care. Medicine has been greatly interferred with by the current system. There is a high cost to the Primary Care physician related to Mangaged Care. Managed Care did not lower medical costs or insurance premiums. Physician
 Empower the patient to assume greater financial responsibility for the cost of their health care through tax credits, health savings accounts, increasing competition in the market place for pharmaceuticals, health insurance, medical services, etc. Create financial incentives to drive preventive health behavior. Reform the Relative Value Scale for physician compensation to decrease the compensation for medical/surgical procedures and shift value to office visit time with patients providing education and management of health problems that lower costs and decrease the need for excessive lab testing and imaging. Physician
 End of life care Physician
 Ensuring all americans and getting them access to a local primary care physician. Encouraging preventative care. Physician
 equitable access to insurance without national medicaid program for all, tort reform Physician
 Eradicate pre-existing illness clause in health insurance. Provide health insurance coverage for the uninsured. Create public option(s) for health insurance coverage. Provide active competition in the health insurance market place. EXPAND CURRENT MEDICARE PROGRAM to all Americans would greatly simplify everything in health care reform. GREAT emphasis must be placed in educating the public in disease prevention, healthy life styles and personal habits. Physician
 Everyone is able to be insured No increase in premiums for chronic conditions No denials for preexisting conditions Lower premium cost for employers and employees Choice of insurance plans Have the government provide all immunizations for practices-ie VFC for everyone, eliminating the need for individual practices to purchase vaccines from the pharmaceutical companies Insurance portability Physician
 Exclude healthcare as a stock exchange item Develop accessible centralized patient data base perform audit of electronic records and base incentives for outcomes Physician
 Expand coverage to uninsured Tort claim reform Control insurance industry Physician

First- get off the economics- It is NOT an economic issue- it is a cultural and multifacted issue. When Tort reform was taken off the table early on there was no real hope to reduce the "standard of care" issues that are continually increasing forcing physicians to do more and more sphuisticated items with less and less return. Second, the President's own account of 45 million uninsured is 30 million that can't afford it and 15 who can but elect to spend their money elsewhere. We have had free public education for 150 years and still have over 80 million people who are illiterate or functionally illiterate, yet no one discusses the cultural problems associated with assuring health or education. Physician
 FIX medicare waste FIRST Fair compensation for physicians No rationing of care Minimize physician time "fighting" the system - IE, wasting time on the phone trying to get pre-authorizations Reimbursement for telephone time, paperwork time, time on phone with insurance companies,... like lawyers get Physician
 Focus on reforming reimbursement of primary care providers. Not just better reimbursement but entirely new systems that puts the focus on preventive care, chronic disease management, elimination of E&M documentation and CPT codes (thanks AMA), medical homes, "rewarding" cost containment efforts based on sound medical judgement, focus on outcomes and patient satisfaction rather than the esoteric details of billing compliant documentation, payment per patient complexity/medical issues and actual work done rather than arbitrary and archaic visit codes and CPT codes, payment upfront for practice financial stability rather than the nightmarish undependable and bizarrely unreliable current billing process, upfront payment schemes to eliminate billing denials, national tort reform to include limits on "pain and suffering" and special "health courts" to hear malpractice cases, national EMR standardization and linking to allow for efficient and effortless medical document sharing between facilities and providers, world peace, and flying pigs and a frozen over Hell before any of this will happen. Physician
 free market solutions, less regulation, return to full fee for service (oops, there I go dreaming again). Physician
 Full coverage Liability reform Payment for quality Physician
 Get rid of redundeant paperwork. Get rid of prior authorizations in medicine.... get malpractice reform. Physician
 Get rid of the lobbyist's influences on reform. Physician
 Get rid of the middle man (insurance companies). Health insurance ought to be like auto insurance. It shouldn't pay for flat tire, gas, etc. Need to increase personal responsibility yet protect against catastrophe. Physician
 Get the federal government entirely out of this arena. There is no Constitutional mandate for this intrusion. Listen to what the libertarians have to say. They are the only one who understand the true origins of the healthcare mess. Rep. Ron Paul is a perfect spokesperson for the libertarians (yes,I know he is a republican). Physician

Get the government out of health care completely. Medicare is a perfect example of why the government should not be involved in health care. getting coverage for everyone Physician
 Government could provide a tax credit for physicians seeing uninsured patients, in lieu of payment; as an immediate interim measures for many people to access health care. Physician
 greater access to health care for all with corresponding copayments for all including medical/medicare recipients to give everyone a sense of ownership/responsibility for healthcare and less systemic abuse Physician
 Guaranteed PCP for all. Governmental option to balance out private sector insurers. Physician
 Have all insurers have the same policies so you can compare apples to apples. Plan A covers certain procedures, Plan B a little more, Plan Z covers any procedure. Then you could compare the price of insurance company A to B and competition would ensue. Make it illegal to charge individuals or small businesses more than large businesses. Physician
 health care for all citizens.reducing cost and improving quality. private sector for patients willing to pay out of pocket Physician
 Health care for those not offered employee insurance programs, tort reform Physician
 Health care was a major issue in the recent presidential election. Senator Obama and the Democratic Party proposed a vast expansion in coverage at Federal government expense, but with no proposal for tort reforms that would enable our citizens to receive quality medical care at a cost the country could afford. On the other hand Senator McCain offered a continuation of the present system along with some federal assistance so that the poor can purchase health care insurance for their families, but also pointing to the need for a cap on awards in medical malpractice cases to help keep down the cost of medical care. President Barack Obama recently called the rising costs of healthcare "the single most pressing fiscal challenge we face by far." A new report from the Department of Health and Human Services echoes the Obama administration's call for fast and significant healthcare reform. The report, released on the administration's healthreform.gov in conjunction with a regional healthcare forum in Greensboro, N.C., cites statistics from national surveys and reports regarding the country's escalating High deductible HSA's. Everyone in the pool. Quit the crazy ag policies that making us all so damn fat. Physician
 HSAs, tort reform, less government interference...no public option/co-ops, ability of insurance companies to sell across state lines, eliminate pre-existing clause. Physician
 I agree with my priorities on the other page Physician
 I am unable to provide insurance for all my employees and have seen more the a 30% increase in premiums with BCBS with a 100000 deductible, that's absurd Physician
 I believe a single payer system is the best option- healthcare costs are spiralling out of control. something needs to be done NOW Physician
 I have never thought about it. Physician
 I just want my annual income to remain stable. I can't see anymore patients than I already see. Physician
 I like the suggestions for reforming the insurance industry (they have too much power), e.g. the ones earlier in this survey. Tort reform would also be helpful very various reasons. Government intervention should only be needed for those who are too poor to afford insurance or are of Medicare age (which probably needs reformed too). Physician
 I need the full economic facts and how the plan would ultimately work before I could give opinion Physician
 I suggest that we not reform "health care" but rather work on "health care financing" reform to return to medical cost-effectiveness as the controlling paradigm, rather than the pecuniary interests of the entrenched special interests. Physician
 I think every one should be able to have access to health care regardless of income, pre-existing condition, job status etc. Physician
 Increase accountability for quality on all involved: insurers, patients, healthcare providers and the media. Increase clinical research at the community level Physician
 Increase Doctors compensation. Reduce malpractice and liability premiums. Cover the uninsured (legal aliens and citizens) Physician
 increase medical reimbursement and payment for primary care providers. more choices for the doctors in terms of medications and not needing prior authorizations Physician
 increase payment and incentives for family physicians and primary care; limit the pharmaceutical and insurance lobbies; cover all Americans with something for care even if gov't option, tighten tort reform; reduce some of the dumb compliance and insurance regulations that add expense to practices without increasing quality Physician
 Increased accountability for patient ownership in his or her own personal health. Tort reform and allow countersuits for frivolous lawsuits. Physician
 Increased compensation for primary care. Improving quality and cost. Providing access to care(insurance)for everyone Physician
 Increased primary care support. Increased support for preventive care. Reallocation of payments for physician services. Physician
 Insurance companies have to be brought under control. They cannot be allowed to succeed based on denying care. Administrative cost, a related issue, must be addressed. Physician
 insurance companies need to be regulated and the pools need to be across state lines include every one and they should be non profit and have any willing provider clause.Primary care needs to be paid more to get more docs in it.Medicare advantage plans need to go away. You MUST have tort reform and do away with failure to diagnose claims or nothing will work. Physician
 insurance for uninsured Physician
 insurance reform (pre-existing conditions), universal coverage Physician
 insurance reform , they are the ones stealing the money in healthcare, then tort reform Physician
 keep government out Physician
 Keep the government out of healthcare. Increase the incentives for medical students to select primary care specialties. Eliminate the unfair cuts or freezes in Medicare reimbursement. Reward quality not quantity of care given. Physician
 Keeping burocracy to a minimum. Fairness in paying for whatever reforms are made. Physician
 Keeping government beaurocrats out of the decision making process Physician
 Leave models that work, and add others that are affordab le. Physician
 Limiting overinflunce of insurance companies on patient care. Eliminating exclusions for pre-existing conditions. Extending coverage to the uninsured who want it. Protecting the right of conscience for health care providers. Tort reform to decrease tendency towards defensive medicine. Avoiding mandatory coverage for abortions. Physician
 maintaining patient relationships and choice.primary health care focus on prevention and health maintenance , eliminating all the hassels the insurance companies have caused Physician
 Maintaining the integrity of modern medicine Physician
 Make insurance companies non-profit, no shareholders; eliminate attorney contingency fees; subsidize medical student education costs; get more practicing primary care physicians involved; take "reform" out of congress. They cannot separate their own personal or party positions. They make this a sick game Physician
 Make insurance companies NON PROFIT; lots of healthcare \$\$ are filling the pockets of a few CEO's while enrollees are getting denied many needed services and treatments or they have to pay more. Physician
 Make it simple, we have too much beaurocracy more than any nation. Move malprctice to federal medical courts.Simplify insurance plans. Limit the beaurocracy. Reward time spent with patients. Les emphasis onprocedures. Standardize themedical electronic highway as the baking did for itself. Make communication between systems affordable for practitioners(currently we pay \$15,000 for each interface in our EMR). Physician
 Make private insurance companies compete by allowing them to sell in ALL states (without having to grease the palms of local state politicians and others) by allowing ALL PROFESSIONAL ASSOCIATIONS (such as all unions, all Better Business Bureaus, Chamber of Commerce, local medical Societies, American College of Surgeons - ALL OF THEM) to be able to purchase insurance in bulk for their members, families and employees - The risk pool is greatly diluted and premium prices will drop to never seen levels Physician
 Making affordable health insurance for the uninsured is the ONLY real issue. All the other involvement is not necessary. Physician
 Malpractice reform to lower cost of practice expenses. Also pre-determined compensation to eliminate million dollar settlements. Allow patients to purchase their own insurance to reduce the office fee. Physician
 malpractice reform, cheeper medications Physician
 MALPRACTICE TORT REFORM & Too high fee for specialist and too little for primary car. Physician
 malpractice/liability reform allowing the free market to determine health care costs. I suspect competition would also drive down costs. As a solo provider, I employ 1.75 people in billing only. Remove the restrictions and protections for insurance companies Physician
 mandatory basic coverage for all make insurance companies non-profit competitive bidding by pharmaceutical firms for drug prices similar to VA system tort reform Physician
 Marginalize all trial lawyers. Physician
 meaningful peer review real quality improvement Physician
 Medical Malpractice reform Better and fair compensation for professional work Physician
 medicare for all Physician
 Medicine should be a profession first, business second. Deal with physicians who have the priorities reversed by limiting physician ownership of equipment and self referral. Physician
 Minimize government involvement, NO public option or a faux public option such as an "exchange" that has been organized or overseen by the government. Preservation of the Medicare program without cuts in services or rationing for senior citizens. NO COVERAGE FOR ILLEGAL ALIENS AND THEIR FAMILIES--REAL CITIZENSHIP OR LEGAL ALIEN STATUS
 VERIFICATION IS A MUST!
 Minimize government involvement. Consider what the proposed changes will cost and weigh what will be gained (for the cost). Physician
 Minimizing paperwork, phone calls to payers. Emphasis on preventive and primary care. Physician
 mlr Physician
 more active physician and medical societies involvement Physician
 more preventive care,uniform claim forms, tort reform, elimination of useless end of life prolongation of care at public expense Physician
 more reimbursements less hassels Physician
 n/a Physician
 n/a Physician
 na Physician
 National one-payer health care system for all Physician
 need malpractice reform and better access to care Physician
 need to add malpractice reforms to the table. Physician
 Need to consider all factors in health care reform otherwise if only selective reform will fail. Physician
 Need to do something about insurance industry but answer is not government run as would be even worse As long as insurance companies denying coverage based on preexisting and cutting down payments on medications and procedures to make higher and higher profit margins to use the money to pad politicians pockets in Washington ensuring they will not be regulated. The insurance industry is the problem in health care today. Physician
 Need to involve practicing clinicians in health care policy decisions. Physician
 need to spell out the details of what cuts in medicare (also known as eliminating waste) will finance this. What the government calls waste may not be correct. Physician
 need tort reform Physician

universal health care, eliminate the primary cost of health care which is the insurance companies. They reduce choice of physicians, choice of treatments and hospitals and don't improve quality of health care. Physician

Universal healthcare, slowing down the spiraling costs of healthcare. Physician

Very simply, include the Congress & Senate in our health care system, & by golly they will make a great system! Physician

We need a public option Physician

We need a public option. As I see it, that is the only way to reduce wasteful administrative costs so that the system is more efficient and a larger percentage of health insurance premium dollars goes to actually providing health care. That is also the only way to get closer to insuring everybody. There is no incentive for for-profit insurance companies to provide coverage for people who are sick (and really need constant, expensive health care). There is also no incentive for them to provide care for people who are poor and can't pay for health care. We need to decide in this country that basic health care (like education, drinking water, adequate infrastructure, fire/police, etc.) is a human right that should be available to everyone, and not just a privilege provided to those who can pay for it, or prisoners, etc. The vast majority of the uninsured are working adults. Physician

We need equal access to care for EVERYBODY. Also we need more education for care of chronic diseases and prevention. Physician

We need more competition in the field, post rates and let the market place sort this out, not government. Physician

#1 Do not Allow Health ins. Co. to deny claims on previous existing conditions. 2.Limit the amount of money Ins. co. can make for CEO. including gov't or state run insurance plans! 3. Provide tax incentives to companies who provide good health plans to employees, or make all plans have equal coverage and affordable. Nurse

#1. Preventing insurance companies from refusing or dropping a person due to a pre-existing illness. #2. Allowing a choice of private or govt. subsidized. #3. Every citizen should pay according to what they can afford; and there may be a wide range of fees here.If there is no work, then the govt. picks up the tab. At present the those who are fortunate enough to have coverage, already pay for those who can't. Nurse

1) Some kind of basic coverage for everyone living here lets face it hospitals can't continue to eat the cost of non paying patients.including illegal immigrants, if they get sick swine flu, who's going to pay? We all pay for it in some way, whether through the great FICA/taxes, or little/no pay raise, decreased benefits. poor staffing etc., which can lead to worse patient outcomes. 2) There will be no reform even with a public option unless, your plan of care is with your doctor or nurse and not the insurance co. They must be made not be able to pick and choose which illnesses to cover or what treatment plan/medications will work for you. This should be between you and your healthcare provider. 3) The cost of medications must come down. Make people responsible for some of their poor health, eg loose weight, stop smoking,etc., after they have been given several chances to improve with lots of help and education. 4) Access, community clinics properly staffed. There should be one in every town or every couple towns depending on the size of the town. You'd think being America that people have GREAT access. They don't Nurse

1) some legislation of health insurance companies 2)make health insurance portable 3)ort reform for medical malpractice suits 4)allow to buy health insurance across state lines 5)make everyone pay something for their health insurance premiums. Nurse

1. Eliminate the denial of insurance for pre-existing conditions. 2. Must have the government option 3. Must have a process that insures everyone for basic care, preventive health care 4. Reduce the cost of medications such as antibiotics, management of mentah health disorders, cancer drugs, etc 5. Processes in place to require all physicians and other providers to accept patients with Medicaid Nurse

1. Implementing Universal Single Payer Health Care 2. Reducing Health Care Costs Nurse

1. Tax employer-provided health-care benefits and return the money to the employee with a government check to buy his own medical insurance. 2. Abolish the entire medical-malpractice system. Create a new social pool from which people injured in medical errors or accidents can draw. The adjudication would be done by medical experts, not by trial lawyers. 3. Allow free market by allowing consumers to choose their own health care providers from across the country, not from the state-limited pool of acceptable providers. Nurse

1. universal coverage 2. stop advertising drugs etc to the public as more is spent on promoting drugs than for research 3. tort reform in such a way as to provide compensation for mistakes which at the same time would not create new millionaires - lawyers or patients. huge profits made off of sick people is immoral Nurse

1. Affordable coverage for the millions of uninsured, either private or government run like Medicare. 2. Don't penalize people for pre-existing conditions- make insurance portable. 3. Tort reform needs to happen in every state to decrease malpractice premiums. Nurse

1. Disconnect health insurance from employment:employers should help pay for insurance, but each person should be responsible for selecting his/her own policy. This would prevent the annual search by employers for the cheapest policy (a time-consuming and expensive procedure)which often leads to the necessity for employees having to find new health care providers who accept the new insurance and would prevent disruption in the case of lay-offs or change of employment. This would only work if insurers were required to accept everyone regardless of pre-existing conditions. It would also help individuals to see the actual cost of health care and hopefully become more involved in health maintenance and more knowledgeable consumers. Nurse

2. Encourage and legalize use of certified/licensed midwives for low risk women desiring to give birth in birthing centers or at home (as 30% of women in Sweden do--with lower mortality/morbidity than in the US). Nurse

1. How will the new reform affect my position as a nurse? 2. How will the new reform affect the quality of care for the patient? Nurse

1. Tort reform 2. Insurance coverage for the poor and the working poor. 3. No tax burdens for insurance coverage in Domestic Partner Benefits on one of the partners. 4. Patients should be allowed to choose their own physician and hospital no matter where they live. Nurse

1.portability 2.tort reform, stop law suits against drug side affects. 3.Get rid of all the regulations and layers that keep us documenting and doing paper work to cover the legal aspect of things and away from patient care. Nurse

a government option - would prefer universal gov. plan policies that are not just for catastrophic care but encourage preventative care policies without limits on dollar amounts per illness or time frame no restrictions for pre existing conditions. Nurse

A public option to promote competition amongst the megaopoly(not really a word yet) of the health insurance industry. Provide prescriptions at reasonable prices NOT just generics. Nurse

Encourage, reward personal responsibility for good, and healthy choices, ie good weight, good blood pressure control, good blood sugar. Nurse

A viable program that is affordable (tailored to income). \$\$ are well spent/oversight by healthcare consumers. Wellness is emphasized. Credit is given to those who can show they are living healthy lifestyles (diet, exercise, routine testing, seat belts, etc.) Elderly are covered, everyone is required to have. Limits on big ticket items (transplants). One time surgical repair when abuse (ETOH, Drugs etc) are involved. Standardized payment for Malpractice issues. Emphasis on ethical boards within hospitals. Nurse

Ability to cross state lines when choosing health insurance. Tort reform Nurse

Able to get insurance with pre-existing conditions Fair price for individuals to purchase insurance access and quality Nurse

Access for all, particularly for mental health, IMMEDIATELY with no caps Nurse

Access to basic health care for US citizens and legal aliens. Reform insurance companies for profit status. Reduce waste in Medicaid and Medicare. Reform malpractice insurance. Nurse

Access to care for all funded by corporate America not funded by government. How much does a CEO of a failing company have to earn (referring to Citicorp and then they paid him bonus money). Private insurance needs to pay the costs and costs can be controlled by health care industry. Nurse

Access to medcaition and healthcare for all Nurse

access to medical care for ALL Americans Nurse

access to primary care doctor, eliminating care for illegal immigrants, requiring hospitals to post rates for procedures supplies and medications for patients to view, decreasing hospital costs and expenses to make healthcare more affordable to the public Nurse

Access to primary care, tort reform, universal computerized records, preventative care Nurse

Access to quality health care Nurse

affordable for all. Nurse

Affordable health care and availability of health insurance for all Nurse

Affordable health care coverage for legal residents. Limited care for illegal imigrants. Less government involvement in health care, more involvement from health care professionals, who are actually involved in the health care process. Nurse

Affordable health care for all. As my husband and I reach retirement age, we do not see how we will be able to afford health care--at a time when it is needed most. But we also would like to be able to determine which PCP we have--to keep a PCP that we have had and trust. As an RN, I see unnecessary tests ordered daily simply to CYA, which is where tort reform should come into play, reduce unnecessary tests, and lower all around costs. I also see many uninsured individuals that come to our hospital, that we ultimately have to "eat the cost", because we will never see payment. We DO need health care reform, but I'm not sure I want a government run system, such as in Canada. Being close to the Canadian border, I am also aware of people who can not wait for procedures in their country(Canada), and come over the border to hospitals in NYS to have needed procedures done. Nurse

affordable health insurance which won't drop you if you need care. or raise your premiums. Nurse

Affordable high quality care Nurse

All Americans should have access to healthcare and needed medications. NO ONE should have to live without needed medical attn/medications. Nurse

Allowing doctors and their patients to decide on the care the patient needs, not someone in an insurance office who has never seen the patient. Nurse

allowing the public option Nurse

As a L/D RN at a hospital that serves 99% medicaid in a low socioeconomic area, I see a great amount of medicaid fraud. I had a patient once that was on Medicaid who drove a Mercedes SUV and had breast implants, whose common-law husband owned a local small used car dealership. I'd like to see some changes to the medicaid system. Nurse

As long as health care remains a for-profit commodity, we will not have reform and will not provide for our citizens the way a civilized (and wealthy) country has a moral obligation to do. Nurse

Ask Health Care Workers for their ideas Nurse

AVAILABILITY PT CHOICE DOCTOR/NURSE LIABILITY Nurse

Availability for all citizens and legal residents to obtain quality healthcare. Nurse

availability of "reasonable"costs for healthcare to all levels of income and protection for "ethical" care providers against lawsuits Nurse

Availability for timely and appropriate health care including prevention. Nurse

Avoid national medicine such as Canada or England. Forcing Small business owners with more than 20 employees to help secure or pay for health care insurance for their employees. Nurse

Being able to have health coverage for a chronic illness Nurse

Being able to triage patients in ER and send to clinic if not true emergency situation. Too many people use ER as clinic. Preventative health care should become priority. Nurse

Better access to primary health care/prevention Incentives for health promotive behaviors and deterrents for poor health behavior (smoking, elevated BMI) Coverage for the uninsured (not all those who are uninsured) Reasonable coverage rates Better use of resources with a consistent payment system: current state systems way behind in payments often...could bankrupt plan Start with those systems that are nationalized...VA, Medicare, Medicaid, Government (congress, presidential and judicial healthcare coverage): equalize it and use it as a test system for whatever is planned for nation. Then, go national...this would be a good mix of those who can and cannot pay. Nurse

better access to qualified doctors and specialists. the area i live in has limited resources to what i would consider qualified surgeons. we have many cardiologists, but few surgeons. bringing down costs, not increasing them, stop removal or admission to insurance programs based on pre-existing conditions, insist that illegal aliens not receive money or goods from the government (our taxes) Nurse

Business needs to have much less control over medical issues. How can a person with a business degree know what it is to be a nurse or doctor? They are the ones calling the shots however! This could be a reason for skyrocketing costs. Profit has become the number one goal instead of quality healthcare. Where I work the administration does not have a clue or even CARE about patient care. Nurse

Can choose your own physician, and be able to stay with the same physician.exclude pre-existing conditions, able to choose brand name medications without paying the higher price for brand names, and lower premiums for secondary insurance rates for senior citizens on a fixed income. Nurse

Care for the elderly,Protect Medicare Eliminate uninsured children Tort reform Nurse

Care should be available to all, however, it should not be given (perceived as a right) to some while others are the ones paying for it. Everyone should contribute to the healthcare system. The situation of some not contributing at all to the healthcare system and viewing healthcare as an entitlement is wrong. Everyone capable of working should work and contribute to the healthcare system in that way. In addition, co-pays for healthcare should be the same for all. Nurse

Caring for those with disabilities and mental health issues. Nurse

change Medicare supplemental insurances everyone must have ahealth care plan urge everyone to practice preventive medicine Nurse

Children should be insured always. Affordable good Quality Medical(inc. Mental Illness)& Dental Insurance offered to anyone who needs it, at a fair cost. No Pre-existing condition clauses. All medications for serious illness should be covered. insurance Nurse

Combating the scare tactics being used by the opposition. I just don't think the American public is getting the correct story. Nurse

consider the cost of healthcare for all and availability of affordable healthcare for elderly including prescription plans uninsured should be able to get healthcare without going to ER possibly clinic setting Nurse

Continue with private insurance. Curb unnecessary spending. Do not permit illegal aliens access to free health care. Nurse

Cost Universal healthcare Nurse

cost containment health care for all Nurse

Cost factors and accessibility. Nurse

Cost of implants (ortho and cardiology) need to be examined! Nurse

coverage for every one. tort reform Nurse

Coverage for everyone. decreasing cost of medication, Insurance companies not being allowed to pick and choose who they cover with restraints on the cost of coverage. Insurance companies not being able to drop people when they get sick and finding reasons why they will not cover them. Nurse

Coverage for people not covered. Maintaining physician choice for patients. Do not make cuts that will essentially close our rural hospitals or severely reduce services the hometown hospitals can provide.Stop the excessive law suits. Put a limit on what the patients can sue for. Nurse

Coverage for the under insured and the working poor Nurse

Coverage for the uninsured, reasonable premiums for those who pay their premiums and higher penalties for fraud and abuse. Nurse

Coverage for uninsured, lower healthcare cost, no pre-existing Nurse

Coverage for uninsured. Eliminate denial for: pre-existing conditions, canceling when insured develops a condition that has become expensive to treat, or requires long term treatment. Physicians salaried (Mayo System). Insurance CEOs salary/perks reduced. Nurse

Covering patients with pre-existing conditions.Lowering medication costs. Centralized patient information. Nurse

Covering the uninsured Public option..expand Medicare or Medicaid instead of creating something new Nurse

COVERING THE UNINSURED, PUBLIC OPTION A MUST - TO PROMOTE COMPETITION AND REDUCE HEALTH CARE COST. PREVENTIVE HEALTH IS ESSENTIAL Nurse

Customer choice, Tort/insurance reform, simplification for proof of eligibility, consumer education on access to reformed medical coverage plans, comprehensive coverage packages, improved access to primary care and illness prevention plans with adequate imbursement for increased utilization of primary care clinics instead of Emergency Rooms. Nurse

Decrease costs to employers, decreased costs to individuals,NO single payors system, easy access to insurance, Nurse

Decrease medical insurance costs so that people are able to be proactive in their medical care by doing preventive care rather than putting off their treatment until they are in a critical situation. Cap the amount that people are able to get from medical malpractice suits so that the physicians who practice excellent medicine are not punished for the errors of others. With decreased costs in malpractice insurance possibly others would chose medicine as their career. Nurse

Decrease the cost of health insurance coverage for American companies and institutions so that we as a nation can compete internationally. Model America's Health Care system on another health care system that works reasonably well. Nothing will be perfect. Nurse

Decreasing the control insurance companies have on health care. Nurse

Developing low cost alternatives for both those employed and those that are not. Developing a system that does not provide illegal immigrants with social security and health benefits free of charge. Developing a head tax instead of realstate taxes. If you live in America each person should pay a set head tax amount (this shall include the illegal immigrants who are receiving the free healthcare and SS benefits) Nurse

do something now. People are dying daily from lack of insurance coverage. Nurse

DONT DO IT!!! IT IS RIDICULOUS!! Nurse

Don't forget about the middle class. Programs like this will benefit "Low Income" families but also place more burden on middle income families. Those middle income families who work full time, do not have insurance, but make too much to qualify for assistance will often have disproportionate cost sharing obligations. Do not let this happen yet again. Even though cost control is very important and must be kept in check, it also does cost money to be able to provide healthcare... quality healthcare. It is almost a guarantee that quality will suffer despite any and all attempts at improving quality, if healthcare costs are not covered to some degree. Most facilities are running at bare bones staffing, controlling inventory and overhead, yet still are unable to stay on budget due to poor reimbursement and write offs. Nurse

Don't forget the elderly. They are what helped to form this nation. I also don't like the fact that if you have a chronic condition, then you don't need care. I don't think they should give the elderly end of life counseling. That idea is ridiculous and unhumane. We give our pets more thought than we give our elderly. We need to respect our elderly. We will all be there one day. Nurse

Electronic medical record should be priority one. Then a system should be set up to allow healthcare providers to easily access the previous testing results that a patient has had to prevent duplication of testing. That is a big part of the waste in healthcare. The Veterans Administration is a great example of how EMR can enhance the quality and speed of care of the patient can receive when records are available to review. Initial outlay of funds is large but the money saved on testing and preventative healthcare would go a long way to offset the expense. Nurse

Electronic medical records that prevent waste, increase communication, poly pharmacy and hospital jumping etc. standardize insurance forms and prevent not covering preexisting conditions Unbundle health insurance from employment Nurse

eliminate insurers ability to prevent insurance coverage due to pre-existing illness, allowing people to still pick their own physicians, keeping co-insurance price down ELIMINATING mandatory care for ILLEGAL immigrants. They MUST pay up front or go back to their own country for the medical care!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! Nurse

eliminating needless tests Nurse

Eliminating pre-existing clauses or less tight restrictions, improving coverage opportunities for low income or employees not working for company that provides insurance options to obtain coverage. Nurse

elimination and control of fraud and waste in the current system. You can't add to a already inefficient system Nurse

eliminating pre-existing conditions patient choice in doctor/treatments access to PMC provider Nurse

emergency rooms have to triage out patients and offer 24 hour nurse practioners/PAs to treat patients that arrive for routine medical care (ie: colds, bronchitis,etc) The cost for this care should be equal to going to a doctor's office- not the alarming cost of an ER visit. Nurse

encourage competition between insurance companies--hopefully to decrease insurance costs. Nurse

encouraging and educating people regarding health promotion and prevention. Nurse

ensure access to healthcare to all. eliminate denial of insurance for pre existing conditions Nurse

equal reimbursement for all states for medicare, equal service equal pay in an equal society Nurse

equality of care for all Nurse

Everyone has the best medical coverage at the most affordable price. Nurse

Everyone needs emergency and large hospitalizations covered. That will prevent medical bankruptcies. Day to day management can be paid for with cash. If everyone gets paid, prices can come down. More needs to be invested in health promotion and illness prevention. We know it is cost effective, but the current system is short-sighted and does not see the immediate financial benefit. Nurse

Everyone should be entitled to receive health care regardless of whether they have health insurance or not. People who come from other countries are able to receive health quiker than Americans. Nurse

everyone should be insured,and have free choice.Abortion must be covered.Doctors and nurses should have more input Nurse

EVERYONE SHOULD HAVE PAID ACCESS TO PREVENTATIVE CARE, EMERGENCY SERVICES AND URGENT CARE. CHRONIC ILLNESS SHOULD NOT DEVASTATE A PERSON'S FINANCES. I HAVE ACCESS TO PUBLIC ROADS, PUBLIC SCHOOLS AND POLICE PROTECTION WHETHER I WORK OR NOT. HEALTHCARE IS AT LEAST AS IMPORTANT AS ANY OF THOSE. Nurse

expand medicare gradually with people paying no more than 10% of their income as premiums. All terminal diagnosis have option of automatic medicare & hospice care at minimal premium cost. Expand communication of medical history & information to eliminate duplication & triplication of services. Segregate health care for illegal uninsured residents. State "Wards of the court" often receive medical care that is traumatic, painful and cruel when conditions are end-stage. Not competent they are not allowed an option of Hospice for end-stage situations because state laws dictate full recesitation. CRP is expensive & rarely successful so why is it used so frequently. Nurse

Fewer restrictions by Joint commission which takes away from pt care. Less unnecessary tests. Allow health professionals to care for patients as they are trained with fewer restrictions and "Big Brother" eyes watching. make patients take responsibility for their medical care instead of "spoonfeeding everything to them i.e. Medication reconciliation every time they are seen and a copy has to be given to them which ends up in the wastebasket. Nurse

Fix Medicare--no rationing of care--No government take-over!! Nurse

Fix what's broken, cover those who really need it and cannot afford health care. Do NOT try to have the government control health care. People need to take responsibility for their own care and needs! Nurse

focus on preventive medicine, lower drug costs by less ads on tv & putting that money toward "pot" for low income, eliminate prior existing conditions, Nurse

get rid of Obama and his radical cronies, send illegal Aliens back to the countries from which they came. Nurse

Get the effect on the hospitals before implementing. Anything that increases the use of hospitals will increase the already high demand for nurses and keep our working environment stressed. Nurse

Get the government out of health care reform completely and let private industry make the changes needed. Nurse

Get the government out. I have worked with too many government programs and they are total disaster. There are too many restrictions and exceptions and open to interpretation to the point that the bureaucracy is too big and cumbersome and not enough services get to the intended. Nurse

government coverage for the uninsured, preventive care. Nurse

Government needs to back out--Insurance Companies need task force to identify cost vs. coverage. Average tax payors are already paying for existing programs for uninsured--people that want something for nothing need to recognize that they must work for benefits--too easy not to work and have programs supported by taxpayers for their homes/food/healthcare needs--their are some exceptions but I often question why I work when I could get same benefits paid by others. Nurse

Government STAY OUT of my healthcare. Government does not run anything well. TOO easy for corruption to take place - look at the mortgage crisis. Look at the tax code - thousands of pages. Look how the US post office is losing money. Government stay out!!! Nurse

GOVERNMENT TO STAY OUT OF PRIVATE LIVES Nurse

Have more access to prevention of chronic disease. Being able to choose your PCP. gettin equal health care for all people Nurse

Having health care available to all, could result in less ER visits as the primary source of health care. It could also result in less hospitalization. This would reduce the the cost that hospitals end up eating when people without insurance end up being admitted without the ability to pay. Nurse

health care available for everyone with everyone contributing--don't want to see those of us who work being taxed more for those who don't work Nurse

Health Care available to everyone at a reasonable price. Nurse

Health care available when needed at a cost that I can afford Nurse

Health care coverage should be available to everyone. As nurses, we've all seen patients who have had an illness or injury devastate them financially. This should not happen. When you're fighting for your life, you shouldn't have to worry about if you are going to lose your house or be able to feed your family. We need change. Nurse

Health care coverage for all. Putting controls on large insurance companies and stricter guidelines for refusing payment of patient claims. Nurse

HEALTH CARE FOR ALL!!! Nurse

HEALTH CARE FOR EVERYONE. PROTECTION IF YOU HAVE PREEXISTING ILLNESS. LOWER PREMIUMS Nurse

Health care in the US was better prior to DRGs Nurse

Health consumer education on better use of health care dollars, appropriate usage of health resources. The consumers need to know that just because a doctor "can" do something, does not mean it "should" be done--like unnecessary tests and procedures, medication overusage. Health care consumers need to take some of the responsibility for keeping the expense of health care under control. Nurse

Healthcare access for all no matter what ethnic background someone is from. Also, why not strengthen each state medicaid program and based healthcare reform from that. Take Massachusetts as an example, each citizen is required to have health insurance or face some kind of penalty. Nurse

Healthcare for all Nurse

hospitals being able to provide CARE for patients and not hospitality for patients. Nurse

I am totally satisfied with my health care coverage. I work very hard, pay significantly for my policy and have been more than satisfied with all the care I've received. I do not want to be told what I can't and can't do...stay out of my life Obama, you don't know what you're doing! I DO NOT EVER WANT TO PAY FOR PEOPLE WHO SIT AT HOME ALL DAY, WATCHING JUDGE JUDY AND EAT DORITOS, AND THAT'S WHAT HE WANTS US TO DO. Despite what he says we will be coving illegal aliens, sending them to Primary care physicians, reducing doctors time to see and treat paying people. Spend the money and give those slackers minimal coverage. THEY ALREADY GET EVERYTHING FREE, OR SHOULD I SAY WE DO!.....I AM DOING EVERYTHING I CAN, INCLUDING CALLING THE WHITE HOUSE OPINION, PHYSICALLY VISITING MY REPS AND CONGRESSMEN LETTING THEM KNOW HOW I REALLY FEEL. Nurse

THIS MESS IS DISGUSTING. THAT'S HOW I REALLY FEEL! Nurse

I believe healthcare should be universal for all. At the very least, all insurance companies, hospitals and pharmaceutical companies should be non profit organizations. That would help eliminate skyrocketing costs. Nurse

I believe in the carrot not the stick approach. Like rewarding propr who get health insurance with bigger tax breaks, not penalizing those who choose not to get health insurance with fines... Also NO funds should go to pay for abortions, except when the Mother's LIFE is at stake, and that is rare. Nurse

I believe in the public option, because insurance companies need competition. Families and individuals should be able to afford health insurance just like they do for their car. Everyone should be required to have health insurance. For those that can't afford health insurance they can get help from the government, such as those on DSHS. Nurse

I do agree that insurance reform is needed. But everyone must understand that some of the reason we/I feel there is a need for insurance reform is because those who are insured must pay for those who are not insured. Hospitals/doctors/as well as other health entities are forced to care for EVERYONE regardless of the ability to pay. Those same entities can't operate without a profit to keep care up to date/state of the art without making enough to do so. My biggest suggestion for Health Care Reform is to give more grants to public clinics to make health care available to all people. In our community we have some free clinics and some who charge according to what you make. I believe that having SOME charge is better than none because it hold people more accountable for their own health care. There should be mandatory preventable care for all people. People should also be held accountable for not "fixing" health risks that would ultimately make them healthier. At my hospital, if you or your spouse smoke your health insurance costs more. I believe that is a fair thing to do because the care of a person who I have not had insurance for the last 11 years. I am 63. No one will insure me. What do you think?!! Nurse

I think there has to be a control of spiraling costs in health care. Try comparing the cost of an MRI or colonoscopy in one city among several facilities, including not-for-profit. You will be amazed!!! e.g. \$1200.00 in a physician based outpt. office to outpt. setting local hospital \$13,000! Nurse

I think tort reform and insurance reform are huge issues. If we could at least have some control over frivolous lawsuits, outrageous jury awards and control over insurances to cover preventative health care we may be able to have a start to health care. There should always be an option for patients to protect themselves from unscrupulous providers and there should be incentives for patients to maintain their health. Nurse

I want out country to provide excellent health care for everyone free. Just like Canada. I know in Canada 50% taxes are withheld from their paycheck, that's fine because the government provides 100% full coverage health benefits/prescriptions to their people. I have many friends from other countries that love their health care system, they're medical doctors actually get bonuses for getting people better and healthier. Their people are much more happier and less stressed because they know they will be taken care of medically and that they can afford the prescribed medications. Heck, they will even take care of us over their without charging a dime. Let one of them come over here and all we ask is, What insurance do you have? How are you going to pay? When people visit American many get supplemental insurance or travel insurance while visiting our country because they worry that if something happens they will never be able to pay for it...we hear our doctors complaining about it, it's because they are money hungry, they want to be able to charge whatever they want and keep their patients coming in and out I work in a small rural community hospital. I have written to candidates (prior to election) & to Obama recently. I have explained what I consider a waste of health care resources on futile medical treatments for patients whose outcomes are most certainly death, regardless of the intervention. They & their families would be better served with palliative care and enormous amounts of money would be saved. I also think that there should be a screening of frivolous law suits from reaching physicians. Sometimes interventions just don't have the anticipated outcomes. This is unfortunate, but this is life. Nobody should have to prove that they are not negligent. The plaintiff should have to prove the possibility of negligence first--innocent until proven guilty. Nurse

I would like to see every American receiving free, government provided, quality health care. And I'd really like to see insurance companies having less say in what care we receive. Most people have no idea how their insurance companies are constantly denying them coverage and I wish we could make them aware of the way things really work. Nurse

Improve working conditions, patients ratios, and increase salaried of healthcare personnel. Nurse

Improved access to healthcare; tort reform; control costs; patient accountability Nurse

improved patient to nurse ratio, elimination of restriction to preexisting conditions, proper care for patients not dependent on cost or special interest. Nurse

Include everyone, no pre-existing conditions Nurse

Inclusion of a public option Affordable healthcare coverage for all, without exclusions for pre-existing conditions. Greater control over existing HMOs, some of which offer employee bonuses for rejecting claims! Nurse

Increase funds for education of registered nurses, nurse practitioners, and midwives; tort reform; free healthcare for all Nurse

individual insurance paid for by every citizen without any pre existing condition clause Nurse

Individual responsibility and choice with government aid in catastrophic illness or injury Nurse

insurance companies not dropping or accepting pre-existing conditions . more county/community involvement & if people reject county assistance the for profit hosp should be able to decline services Nurse

Insurance companies power to dictate what a patient can or can't have based on cost versus quality care. Decrease healthcare costs Regulate medication costs Healthcare workers need to be accountable for safe practice and they need to be protected from frivolous claims or lawsuits Nurse

insurance companies should be mandated to lower premiums to those of us who keep our bodies healthy, those of us who do not drink, smoke or do drugs and those of us who are not fond of using the ER for every little ache and pain. Nurse

Insurance companies should not be allowed to drop or refuse patients because of pre-existing conditions. Consumers should have access to ALL insurance companies nationwide to allow for competition. Tort reform is needed. Insurance companies should have to offer a low cost policy for the uninsured. Nurse

Insurance coverage for ALL Nurse

Insurance coverage for working poor that covers primary care and preventative care Nurse

Insurance for all american citizens Nurse

Insurance for all and cover pre existing conditions. I had a very close friend succumb to cancer because she couldn't afford COBRA and SS check was 27.00 to much for medicaid. Nurse

INSURANCE-- negotiated contacts screw those with less favorable insurance (they must pay the difference of full boat charge & they poorly negotiated compensation)-leaves the insured with not so good plan the most vulnerable -Not being able to drop you or refuse you when changing for pre existing conditions---How about an early buy in plan to MEDICARE for the 50+ age (a competitive amount but giving this age group coverage-- after all eventually medicare gets them & maybe in a better health state than if they had not been receiving health care for 10yrs due to no insurance) lets face it most prisoners get free health care-- a good plan -- force these same carriers to not drop & refuse private payees as they must insure prisoners!--and charge those prisoners for the premiums! Tough answers & choices-- but stop the feel good moves that are pie in the sky insurance of all Nurse

Insurance reform without government takeover of healthcare. Nurse

Insurance should be affordable for all, patients should be able to choose what doctor they would like to see, healthcare reimbursement to practitioners should remain stable Nurse

Insure the uninsured. Insurance companies should not be profit-based. Nurse

Involve health care providers more in crafting healthcare reform policies. Nurse

Keep Gov. out of healthcare. Nurse

keep government out of it! Nurse

Keep government involvement out as much as possible. Increased involvement means increased paper work and cost and buerocracy. Need basic health care needs met for all. Education ie: Prevention, Wellness, End of life decisions. Nurse

Keep government out of it. Make tort reform #1 priority--limit monetary judgements to real costs--not emotional costs which are out of control. Government should NOT pay for healthcare for illegals--charities can and will help. Go after fraud and waste. Allow insurance to be portable across state lines, create groups for small businesses, work toward insurance NOT being tied to employment. Nurse

keep it fair Nurse

Keep medical costs down for everyone. Focus on taking care of all patients and not having to make them wait for any type of care. Keeping the health-care from becoming socialized, it has not worked in Europe or Canada. Nurse

Keep the government out. Let people get insurance from any state, bid it out to get the best cost. Nurse

Keep what is already working and fix the problems, i.e. exclusion for pre-existing conditions, options for the uninsured and breaks for small businesses. No taking from Medicare and the wealthiest to cover the needy. Nurse

keeping quality healthcare being able to get the tests and treatments needed not having to switch doctors not having costs increase Nurse

Keeping the government out of the decisions...they can't manage anything else properly. Look at the VA system health care, it's a complete mess, very few people believe it is quality care. Nurse

Leave it alone! The majority of the uninsured are those that chose to be uninsured. Everyone, no matter if they have health care or not, still receive care. Medical is failing. Hospitals are not gettin reimbursed as it is. Nurse

Leave it alone. Nurse

Leave it in the private sector. Government should NOT be involved in healthcare. Nurse

Leave it the way it is and improve on what we have. No government involvement to the extent of too much control. Illegals should NOT be covered- people work this system as soon as they step on our soil. NO MORE Nurse

Leave it the way it is, just regulate or enforce it closer. Nurse

Leave Medicare alone. I am happy with my coverage and insurance coverage. Do not give medical care to illegal immigrants (or free education) at taxpayers expense. The Feds will turn excellent health care into sub-par socialized medicine for gnerations to come. Nurse

Less government intrusion. More market competition Require more patient responsibility to lower healthcare costs Tort reform to stop defensive medicine Nurse

less government involvement, now only the insurance companies are making money, regulation of health insurance and have someone that knows medicine as advisors for insurance Liability needs to change. Health care professionals are human. Mistakes will be made. Lawyers cannot take on every little case for their own monetary concerns. Needless tests to prevent future possible litigation is SENSELESS and I see it everyday. Pharmaceutical companies need to STOP practicing medicine, and more emphasis needs to be placed on preventative health maintenance. Nurse

limit unnecessary lawsuits - physicians and hospitals need to be able to provide care without having to practice defensive medicine to allow patients to be treated properly. Hospitals need to keep nurses in the loop and remember that the primary reason hospitals exist is for 24 hour "nursing care" to be provided to their customers. Nurse

Limited government control is necessary, fewer regulations to be met would be helpful. Unfortunately, I think Health Care Reform is not going to improve the quality of care for the majority of patients though it may improve the quality for the most needy. Practicing primary care will be more difficult as I feel certain Congress will make providers jump through hoops to order diagnostic tests and procedures. Nurse

LIMITED GOVT. INVOLVEMENT LOOK AT MESS OF MEDICARE & MEDICAID.REIMBURSEMENT & SUSTAINABILITY PROBLEMS. TORT REFORM.INSURANCE PORTABILITY. FREEDOM OF CHOICE FOR PATIENTS REGARDING INSURANCE & COMPLIANCE Nurse

Limiting care to the chronically ill "frequent fliers" that chew up resources; mandatory REALISTIC end-of-life discussions with patients and families; mandatory sterilization of those on welfare with multiple children and/or history of multiple federally funded abortions; decreased cost of medicines; capping amounts "awarded" for malpractice suits. Nurse

Limiting insurance companies from hand picking whom and what they will cover, reasonable payments for preventative health- colonoscopy, pap smears, mammograms, etc. Family clinics instead of ER visits, pay higher premiums if you smoke, drink, abuse drugs. Make congress and state legislatures have the same medical coverage as us. Help people become MD, NP, nurses, etc buy offering payment for school in exchange for working, rural or inner cities. Nurse

I'm working in a rehab so much waste regarding narcotics I'm for the reform 100% I'm an insured employe I'm more looser than winner those insurances co are all scrap lot Nurse

Lower cost medications. making healthcare available for all. lower cost health insurance with no pre-existing conditions Nurse

Lower healthcare cost and coverage for all Nurse

Maintain quality health care at lower costs to the consumer, making care more easily accessible and alleviating the stress on our er's due to uninsured using as only resort bvecause this is the easiest point of access for them. I am working in the health care industry and have some of the worst health insurance out there, my deductibles are high and I have had trouble accessing needed services due to insurance regs. Nurse

maintain/improve doctor/patient ratios and nurse/patient ratios; reduce costs of health care; health care is a privilege not a right Nurse

Make everyone responsible for the cost not just the working class. Make everyone have a co-pay not just the insured. We would have less neglect of the Emergency Rooms if everyone had to pay a co-pay. Too much abuse in the system now with the numbers on Medicare, Medicaid and Passport. Nurse

make it understandable for the average person to understand. Needs to be straight forward with a bottom line. Nurse

Making coverage available and affordable to the working middle class. Quality healthcare. Protection of the doctor/patient relationship. Nurse

Making sure there is not too much government involvement. Nurse

malpractice/tort reform portability of coverage no pre-existing exclusions Nurse

management of chronic illnesses, ethical care and when enough is enough Nurse

Managing the cost of treatments and visits. Cutting back on how much people can sue. Nurse

Mandatory reporting Drug / Alcohol and Psychiatric treatment of patients receiving medicaid and medicare benefits. The treating physicians need to be held accountable and patients as well. I believe there is abuse in the system. Abuse also in pain management. Why do ex-cons get medicaid and medicare. As well as SSI and SSDI. There should be a 3 strikes your out rule. Nurse

Medical coverage for ages 58 to 65. Many ill people work until they get Medicare. They can't afford any care and are the last to be hired medicare for all Nurse

Minimizing government involvement. Limiting coverage to only public health interventions and making mandatory the reporting of illegal immigrants who use public health care. Deport illegal immigrants who receive any type of government medical care. Making mandatory the use of birth control for any individual receiving medicaid. Stiff penalties and repayment where citizens lose access to medical care and other aid programs if they become pregnant while receiving government aid. Abolish ALL medical programs that provide recipients with fertility care. Nurse

Model after France and Japan's systems Nurse

Modify preexisting condition restrictions Nurse

more prevenative care lesser charges for health costs Nurse

Must decrease cost to employers and individuals. Eliminate pre-existing conditions and also the fact that some insurers have a year long before pre-existing conditions can no longer affect your coverage. Coverage for all U.S. citizens Nurse

my choice of doctors cost Nurse

My top concerns are freedom of choice of MD, forcing health care workers to perform or participate in certain procedures such as abortion, etc. I am very much interested in socialization of our health care system and the giving of free health care to undocumented immigrants. The government deciding who should recieve and who should not get certain medicines or medical tests. Of course health care costs are a top priority. Nurse

My top priority would be that everyone have coverage. Nurse

My top priority is the ability to have quality physicians, and the right to utilize the ability to seek other physicians as consults,and the quantity and quality of services to be rendered. Nurse

need reform of pre-existing condition denials and need bridge in between coverages. coverage and equal health care for all. Nurse

need to leave the advantage plans alone, in medicare, and medicaid, have it in workingmans comp...because it does hold cost down...need to do away with cost for plan D, people pay more for it than its paying...need to stop the cost of admit with medicare, and stop supplemental plans...insurance companies making tons on it...need to take the excess out of public insurance that pays the senators, teachers etc., in california it cost 11.5 billions last audit...that does not include welfare, va, workers comp. medicaid and medicare, and the direct transfer of funds to hospitals...etc., we pay enough all should pay a fair price...insurance companies are the employers insurance, or private pay...they are the ones that get hit with cost, and riddled with limits...how come no one has said that an employers insurance does not allow either health care or insurance policies to those working at 65 and up...that is pure discrimination, then they do it to woman charge more...that is the area, cannot pay for it with limiting the poor, disabled, and elderly...that is a joke... Nurse

No government involvement Affordable health insurance Tort reform More competition between health insurance providers - being able to purchase health insurance across state lines Nurse

no government public opinion increasing taxes to pay destroying health insurance companies Nurse

no illegal immigrants having accessed to our healthcare. Everyone has to work at least a minimum wage job to be able to have healthcare, that would cost everyone and/or family \$10.00 a month. No government run insurance. Cap on cost of malpractice suits, less lawsuits being issued. Physicians spending more time with patients and having at least a detailed head to toe assessment and yearly preventive labs, testing to help diagnose problems earlier and better outcomes. Nurse

No minimization of services currently in effect (no rationing!!!!). More community and health care provider educational programs; High Quality with proper use of resources; Reduction in supplemental insurance for seniors; NO government run program!!!; No coverage for illegal aliens. Suggest- consider having clinics in the hospital setting that patients could access when acuity does not warrant ER as triaged. Payment based on clinic payment scale. Uninsured could be covered based on payment for clinic visit [special insurance at low cost for these individuals]. Nurse

No National (Socialized Medicine) Plan; tort reform, portability of healthcare plan, patient and family in full control of own healthcare. Nurse

no public funds to illegal immigrants transfer patients to their own countries for care after initial emergency care for which they are responsible to reimburse the American public. STOP granting citizenship to babies of illegals who happen to be in the USA for the birth. Nurse

No public option! Nurse

no socialized medicine, this is america Nurse

none Nurse

none I can think of Nurse

not covering illegal aliens Nurse

Not having government regulate or control health care for Americans. Nurse

not having to pay for anyone's insurance but my own Nurse

Not increasing taxes Getting the middle man out (ex. Medicare replacement insurances) Controlling cost of health care and unnecessary tests Nurse

Not permitting the insurance companies to dictate the course of care to be given to the clients Nurse

Nurse/pt. ratio reform. No universal healthcare. Nurse

Offering a choice for people who do not have Health care. Maintaining what people have from their employers. Do not penalize people who do not have health care by forcing them to pay a fine if they do not choose a plan. Nurse

omit abortion from health care reform. Abortion is NOT health care!!! Nurse

Opening up competition for insurance companies by allowing them to offer insurance across state lines. Portability, Tort Reform, no coverage for illegal aliens, no government intrusion on healthcare, reconcile and pay for unfunded liabilities for medicaid/medicare, reduce federal government mandates on hospitals, such as EMTALA which they (VA) are exempt. Nurse

patient care and lower medical cost Nurse

PATIENT CARE IS MY MAIN CONCERN AND EVERYONE TREATED THE SAME REGARDLESS OF MONEY STATUS THE ILLNESS SHOULD BE TREATED NOT BLOWN OFF PER SAY . ALL THE HEALTH INS. COMPANYS PAYTO RUN EVERY TEST AVAILBLE, THEN WHEN SOME ONE HAS NO INS. THE PT SUFFERS .THE HOSPITALS AND MD LET THESE HAPPEN . BY INCREASING THE CO PAYS AND BILLS . Nurse

Patient education Professional education Professional intercooperation Mutual respect Nurse

Patients being able to see there PCP and specialist, as I am a kidney transplant recipient and fear that my and others like me will not be able to get the test or Doctors that we need to keep on top of our Disease Process. This reform is like a death sentence to me personally. I have had previous experiences with Government involvement with Medical Care and it was awEful.

Might as well make funeral arrangements if Obama gets his waY Nurse

Penalizing people/families with a fine is a terrible way to make them buy insurance. If they cannot afford insurance, they sure cannot afford to pay the fine. Nurse

People should be held to some personal accountability for their health care and health care spending. Maybe all plans should be on an 80/20 pay schedule. Cost of tests/ meds should be posted. Patients should be able to review costs of care and be given a choice. Patients receiving gvmt health care should be charged a co-pay to have babies. People that want treatment for drug addiction should have to agree to be sterilized. Nurse

Physician ability to treat patients as they seem fit. Nurse

Placing restrictions on pharmaceutical companies and how much they can charge for medications. They need to decrease their advertising a lot. Also reforming the insurance companies and preventing refusal of coverage for illnesses and injuries. Loopholes have to be sealed so the companies can not get around the rules. Nurse

Preserving Medicare Equal access to health care for all Affordable health care for all Quality health care for all Nurse

preventing insurance abuse..... Nurse

Prevention of certain diseases;i.e.Childhood Obesity,Adult Obesity,Managing and monitoring Diabetes,Managing and monitoring Hypertension with the risk of not doing so.Teaching, with an emphasis on the hazards of Obesity,Diabetes,and HTN.Teaching women about heart disease ast is the #1 killer in women.More emphasis on Women's Emotional Health,and when to recognize anxiety & depression. Nurse

prevention-screenings consistent protocols to be followed for chronic disease states Nurse

Priority: Covering people with pre-existing conditions without gouging them with high premiums Suggestions: Starting looking at fraud in Medicaid, not just Medicare, check out people receiving SSDI who do not deserve it and use it to pay for drugs abd alcohol Nurse

Provide excellent healthcare - yet allow for private insurance without penalizing those that are employed and have insurance. Allowing PPO coverage. Getting s far away from a universal health program as possible Nurse

Providing good health care for all; not denying coverage for preexisting conditions. Nurse

pt/doctor relationship;healthcare for everyone;ability to receive coverage without being penalized if pt has a pre-existing illness Nurse

public option Nurse

Public option NO mandatory health insurance requirement Nurse

Public Option that is affordable Streamlining the current healthcare delivery Case Management of patients that are chronic repeats in the system. Nurse

quality care at the least cost to patients. Nurse

Quality care without high costs to patients Nurse

Quality care, keeping my own insurance, being able to keep insurance if I change jobs or move to another state. Tort reform, not spending my tax dollars to provide health insurance for illegals or others who could buy insurance but spend their money otherwise. Nurse

QUALITY HEALTHCARE AT AN AFFORDABLE COST / ACCORDINGLY TO INCOME. Nurse

quality of care. education prevention Nurse

quality pt care to all. more time caring for pts and less time manipulating paperwork. treat nurses as the professionals that they are and not as second-class citizens. give us the tools and time to treat patients properly!! Nurse

Quality, timely care Nurse

Quit the partisan bickering Make the politicians have the same coverage as the lesser mortals. Nurse

Quit with all the mud slinging and focus on the truth of the reforms... Nurse

Reasonable insurance (not provided by the government) for the uninsured middle class. To maintain the quality of medical care that we have now. Protection that medicare will still provide excellent care for the retired population. I just can't see how what has been proposed will do any of the above. I am scared. I am frustrated that this is so complicated that no one seems to know exactly what is in the plan... especially our congressmen. From what I understand, the quality of care will decrease. Nurse

Recognize health care for what it is, a national defense issue. And rather than shouting emotional arguments, have decisions based on evidence. Rein in the costs of pharmaceuticals. Nurse

Reduce care and more coverage to all Nurse

Reduce number of frivolous medical law suites in order to reduce amount of "CYA Testing" that is prevalent today. Standardize medication costs & remove donut-hole rules that pass high cost of meds unto patients. Eliminate existing conditions from health care policies. Include some long care coverage at rational fee so families don't have to become penniless in order to take care of a family member. Nurse

Reduce some of the government regulatory practices, let the healthcare arena regulate themselves Nurse

Reduce unnecessary emergency room visits by ensuring that all patients have access to a primary healthcare provider. Research ways to have medical care that is coordinated and all care is made in a team approach, thereby reducing unnecessary and repetitive testing and also reducing errors. Nurse

Reducing Government management of the health care system. Excessive bureaucracy obstructs, not assists in health care. Limit excessive tort/rewards for lawsuits. Refine the minimum health coverage plans that are offered by private insurances, specify what is treated and encourage its affordability to those who are not eligible for medicaid via based on ability to pay.

Evaluate the need for 'unnecessary tests' with the insurance/legal industries. Perhaps establish new standards for proper diagnosis would limit the need for repeat or additional testing, except where it is medically necessary. i.e. the physician considers additional variables that may prudently require additional testing. Acceptable standards as a basis for diagnosis would curb redundant tests for a known condition. For example a person in ICU might not need 'routine daily labs unless a specific condition exists that requires frequent monitoring. This could be expanded to daily Chest Xrays. Performing an Chest Xray every other day or more, might be additive to savings over time. The 'automatic mode' of daily tests might be a defense against Nurse

Regulation of insurance companies rates, reimbursements, and other practices. Tort reform/malpractice caps Nurse

removing pre existing conditions from the exclusions! Better paying benefets for medications! Nurse

safe healthcare minimal wait periods drug costs Nurse

Safer delivery of patient care. Greater patient satisfaction, compliance. Resources for continuity of care. Nurse

Same as what has been mentioned Nurse

Same Quality but lower cost Nurse

Should not be given to undocumented aliens. Pre-existing conditions should not be a factor. Those holding health insurance now should not be taxed to cover those who do not have health insurance. Those who currently are on welfare or medicaid should have to perform community service to maintain their benefits, and should have a limit of time they are eligible to obtain gainful employment/education leading to gainful employment and subsequently be able to obtain low cost health insurance. Nurse

single payer health plan health insurance for all Nurse

Single Payer Single Standard of Healthcare for ALL, expand Medicare to ALL. Nurse

Single Payer System or Medicare for All Nurse

SINGLE PAYER/MEDICARE FOR ALL Nurse

Some coverage should be available for all. Pre existing conditions should not be denied. Nurse

Standardized universal health care with everyone participating in costs to the degree that they are able to. Those who want the "cadillac" version of health insurance should pay extra. Stop the abuse of "playing the game" to charge more and get ins. companies and medicare/medicaid to pay more. Stop the abuse of Medicaid-limit usage. Increase the age of qualification for medicare-obviously we are living a lot longer than age 65. Stop the abuse of medicare disability by dishonest people. Nurse
Nurse
stopped running unnecessary test on patients because of the fear of lawsuits!!!
Take out special interest groups, lobbyist deals, educate the public how to take care of themselves with diet, exercise and when they continue to engage in risky behavior, document it and don't give costly liver transplants. Nurse
That all persons are covered. I would prefer a single payer much like Canada has. Nurse
That Medicare benefits not be cut and the elderly obtain adequate care. Nurse
That uninsured receive benefits. That the number of pre-existing conditions that cause people to be rejected from receiving these benefits lessen or disappear all together. Nurse
The cost of insurance has to be monitored. Premiums are going up yet the service being authorized by Insurance companies has been decreasing. Finally, we need to provide the ability of the uninsured the ability to obtain health services...insurance companies will not do this. Nurse

The focus needs to be on primary care physician access and prevention/well care. So much could be saved by diverting patients seeking basic care away from emergency rooms. Nurse
The government needs to keep their noses out of our business, give us a public option that is affordable with choices for care that we make for ourselves. Don't penalize us if we can't even afford a public option, right now I am unemployed and can barely make ends meet and soon even that ability will be gone as all I had set aside will be gone and unemployment alone will not pay my bills let alone health insurance, so for now I have none. Nurse
The patient should be permitted to choose his/her own physician. All physicians should accept medicare and or government insurance. All healthcare workers should be licensed and pass competency tests in their field. Nurse
The scope needs to be pulled back to a manageable level. The government is trying to undertake too much and truly have no idea how the unintended consequences will play out for the insured and uninsured. For instance, the writers assume that the savings will cover the costs. We have an aging population; that is "pie in the sky" thinking. Nurse
The top priority should be tort reform, elimination of fraud and waste for Medicare and Medicaid. Expand Medicaid to those who are uninsured and those who temporarily are without healthcare. There should be NO government involvement in healthcare decisions. Nurse
Those who do not qualify for Health care or do not have an employer providing a health care plan. These are the people in need. They work but do not have Health Care to allow patient safety is the number one priority, to allow health care choices as to where treatment can be given and caps on malpractice. insurance companies need to know and have some medical background when providing services to the patients. Nurse
to have more Nurses/Doctors input Nurse
to make health care affordable for everyone Nurse

To talk with nurses and find out the truth about what causes increasing healthcosts. I personally am sick of hearing that we don't treat the uninsured when they get excellent care and are in the hospital more times than the insured. Many of our uninsured patients have long histories of admissions in the hospital. However, all I hear from the politicians is that the poor and uninsured do not get health care. What a sad situation we have with health care - talk to those who are involved in it every day.... Nurse
tort reform against single payer health reform Nurse
Tort Reform available insurance across state lines that becomes the patient's, no dropping of insurance for health care reasons Nurse
tort reform insurance coverage for all americans access to primary care no pre-existing disease exclusions Nurse
tort reform local county health clinics by nurses in residential areas Nurse
Tort Reform Not providing insurance for illegal aliens, but allow them to buy insurance. Less government interference in health care and our lives. No government option Nurse
Tort reform What to do about illegals Health insurance for pre-existing illnesses Let health insurance be more competitive and let a person choose. Let health insurance cover in any state and not limited Nurse
tort reform 1st provide more medicaid coverage for the unemployed or uninsured do not have any other gov. plan also only cover US citizens Nurse
tort reform has to be done prior to or at least concurrently with health care reform. We need to slow down and take time to get reform done right or I'm afraid we will have many unintended consequences that hurt people. not help them. Nurse
Tort reform is the key to controlling rising health care costs. Government control will only ration care but will not lower actual costs. Nurse
Tort reform that eliminates frivolous, opportunistic lawsuits. Insurance reform that allows patients to keep their private insurance when they change jobs. Insurance reform that prevents patients from being dropped after an illness. Encourage nonprofit, private group health co-op organizations. Nurse
Tort reform, ability to cross state lines, Nurse
Tort reform, buying insurance coverage across state lines, ability to buy catastrophic insurance, fewer mandates in insurance coverage allowing more choices in coverage, inability of insurance companies to drop coverage when you develop an illness or chronic condition Nurse
Tort reform, no government control. Control cost increases. No, that's right NO central single government insurance. State offered INS for purchase for those who don't have an employee INS option. The government and pres obama must quit trying to play doctor. You do not know what is best for me. Nurse
tort reform, no preexisting condition exclusions, no state borders for any health plans, no health care coverage without proof of citizenship or legal residency. Nurse
Tort reform. Insurance reform that allows providers and patients to shop in more than one state for coverage. Maintaining privacy. Nurse
tort reform... less insurance variation ability to keep insurance if one already has coverage not having to pay for those who don't Nurse
tort reform...legislate our greedy litigious society! Nurse
tort/liability reform: good, quality care for everyone w/wo insurance Nurse

Tort/medical reform. Stop making those useless trial lawyers rich. If some of the costs associated with practicing medicine came down, better qualified people might be attracted to the field. Right now, in OB/GYN, I see many MDs and residents I wouldn't let work on my dog. We need reform, but NOT what is being proposed. Mary Purtle Nurse
Treating each patient well. Listening to concerns/ complaints. Each individual covered by medical insurance that will have a fair charge r/t personal income. Illegal aliens should be treated with a one way ticket home, owing the amount for room, board, and transportation and medical services and not allowing a return visit. Nurse
Tweak insurance so that they need to cover better. Leave government out of the equation. Nurse
Undocumented aliens should be held financially responsible for their own care OR their home country should be charged for the expense of their care. Group insurance plans could be given incentives to accept a limited number of "additional" insured persons as a means to cover additional individuals who do not have insurance. Nurse
uninsured need insurance. health care cost are excessive. Nurse
Universal coverage and prevention of medical bankruptcy. We are one of the only industrialized nations to have such a high rate of uninsured and people losing everything due to medical bills!!! Nurse
Universal coverage: a mechanism for payment of healthcare costs for ALL US residents. Ideally, a single-payer system. Nurse

universal health care coverage without exclusions or increased premium for pre-existing illnesses. A government plan to compete with the insurance companies and to negotiate drug costs. Nurse
Way too expensive. Nurse
we do need to change our present system by reforming it to eliminate excessive medical costs and spending. also, drug companies need to be reformed. we do not need a new system. we need to change the present one. Nurse

WE HAVE SO MANY PATIENTS THAT ARE EATING UP HEALTHCARE DOLLARS BECAUSE THEY ARE NONCOMPLIANT. THEY ESSENTIALLY LIVE IN THE HOSPITAL. SOME OF THE HOSPITALIZATIONS ARE JUSTIFIED BUT MOST OF THEM ARE NOT. THEY HAVE NO ACCOUNTABILITY AND THAT IS NOT FAIR TO THE REST OF THEN POPULATION WHO HAS TO PAY FOR THEM. THEY BECOME FREQUENT FLYERS AND ARE EXTREMELY DIFFICULT TO DEAL WITH. THEY THINK THAT THEY OWN THE HOSPITALS. THERE ARE MANY TIMES THAT THEY REFUSE TO ACCEPT THE TREATMENTS THAT THE DOCTOR PRESCRIBED FOR THEM AND DELAY DISCHARGE.WE COULD SAVE BILLIONS IF WE DEALT WITH JUST THAT POPULATION ALONE. I HAVE BEEN A NURSE FOR 38YRS. I HAVE WORKED IN MANY HOSPITALS. THEY CLUTTER UP EVERY HOSPITAL.THEY USE THE HOSPITAL AS A HOTEL. WE NEED TO SET UP OUTPATIENT AREAS SO THEY CAN GET TREATMENT WHEN THEY NEED IT WITHOUT THESE LONG DRAWN OUT HOSPITALIZATIONS. THERE NEEDS TO BE A SCREENING FOR DIALYSIS PATIENTS. WE ARE DIALYZING DEMENTED AMPUTEES. DOES THAT MAKE SENSE? THE HOSPITALS NEED MORE ANCILLARY STAFF SO NURSES CAN DO NURSING. WE SPEND TOO MUCH TIME FETCHING WATER AND OTHER SILLY THINGS AND NOT ABLE TO GET TO Nurse
we must provide coverage for the large amount of patients who don't see an MD until they're in crises without bankrupting our children. The USA will have a decline in the quality of healthcare unless this is solved. Nurse

We need to stress wellness and prevention. We are an unhealthy nation spending way too much money to keep us that way. We need a paradigm shift in thinking about health. We need individuals to take care of themselves - we should not think that the doctor is going to fix us and insurance company is going to pay. We need to 'put down the donuts.' keep government regulations out of health care. The process is too complex and needs room for for much diversion considering the human factor. More control to physicians and nurses about their practice instead of insurance and pharmaceutical companies. Nurse
Nurse

WHEN I RETIRE IN 10 PLUS YRS MCARE WILL BE AROUND. REFINE HEALTH PLAN TO INCLUDE UNINSURED. SHORT TERM DISABILITY. Nurse
With so much hype and false rumors to create panic, it's hard to know what's real, at least at the time, since a final draft sounds as if it's far away. Where are the nurses advising this? Pharmacists? Therapists (PT/OT/speech)? Not just doctors whose pay is based on spending money rather than saving it. I can't imagine anyone w/ insurance hasn't already dealt w/ "rationalized care" as insurance companies can be very limiting in the call to "save money." But they most likely want to increase profits. Anyone who pays high insurance premiums are already inadvertently paying for the uninsured through various channels. There needs to be a larger focus on prevention and pt accountability. This is not about blaming the pt but creating more a partnership w/ their health care team. The current top priority would be covering the uninsured w/ access to preventive care. Prevent turning ERs into urgent care clinics and preventing acute issues w/ chronic diseases. Ideally, these pts would remain w/ the same care provider (regardless of ins) to foster a better understanding of both parties. Nurse
Working with Health Insurance companies to lower costs so that more people can afford it while not cutting quality of patient care. Nurse

- Coverage for all uninsured or underinsured - No pre-existing condition exclusion - No change for those who are satisfied with current coverage Hospital Administrator
1) Improving Quality & Delivery of Care (P4P and wellness); 2) Competition & Choice (improved small business health plans and possible tax credits); 3) Meaningful Tort Reform ("safe harbors" for providers); 4) Save/Restore Medicare & Medicaid (reduce waste & fraud); 5) Technology & Research Hospital Administrator

Adequate numbers of primary care providers, rural areas in particular. Restructuring payments to primary care providers to address conditions that can be prevented/better managed. Involve patients in changing behaviors that drive costs associated controllable conditions to achieve more manageable costs in the future. The push to "control" cost is focused on paying less when the costs of the "inputs" to deliver care will not go down and utilization changes will not come easily.

Affordability, accessibility, quality
Hospital Administrator

Align physician, hospital and patient goals so that we can be successful.
Hospital Administrator

Coverage
Hospital Administrator

coverage, costs, insurance reform
Hospital Administrator

coverage, reimbursements, quality and safety
Hospital Administrator

Eliminate drug companies advertisements on TV, Magazines, etc directly to potential consumers Tort reform
Hospital Administrator

Eliminate entitlements to anyone in this country illegally. Eliminate situation where prison inmates get better care than the working people who have insurance. Eliminate the Government as a provider; keep its role as regulator
Hospital Administrator

Eliminate physicians ownership of ancillary services, such as MRI. Of course, physicians would have to be paid enough to make a decent living. Ownership of these services leads to overuse, probably more than defensive medicine.
Hospital Administrator

health insurance company competition - lower premiums tort reform no government involvement
Hospital Administrator

Health Insurance Reform...consolidation and simplification of all aspects of Revenue Cycle... Tort Reform Personal Accountability for Health...integrated into rates and eventual rationing concepts. e.g. if one is alcoholic and drug user, why a organ recipient? e.g. Can organizations refuse to hire smokers? etc.
Hospital Administrator

Improved access and coverage for all individuals.
Hospital Administrator

improved access, reduced costs, less governmental involvement in the reimbursement area
Hospital Administrator

In my mind the best thing government could do right now to reform health care is to make it possible for there to be national competition among insurers.
Hospital Administrator

Insurance reform is needed
Hospital Administrator

It is very important to consider that a big part of the problem is that Medicare and Medicaid do not pay the COST of healthcare services. Cost shifting is the only way hospitals and providers have of staying in busy. If all healthcare is paid at below costs there will be no one to take care of all of those NOW INSURED. Change needs to occur, it just needs to be well thoughtout.
Hospital Administrator

Slow down and consider all issues before changes are made. Should not be just a political agenda.
Hospital Administrator

Keep gov't out of it. Nothing, to date, has every improved with gov't intervention.
Hospital Administrator

Medicaid Reimbursement. Reimbursement is so low that healthcare executives are considering reducing many service lines in rural hospitals. A true understanding of "Costs". I'm not convinced that the policy makers understand the basic economics of healthcare. Reform appears to stop at the hospital level. The true drivers of healthcare charges are the costs in providing the care. Large margins created in the insurance, drug, medical equipment, and orthopedic implant industry are the driving force. I hope our policy makers are aware of this.
Hospital Administrator

Must expect more from the patients - they need to be held accountable and responsible for the choices they make regarding lifestyle choices. We should concentrate on making everyone healthier first and foremost.
Hospital Administrator

People need more information to like or not like if.
Hospital Administrator

proper reimbursement to providers proper coverage and access
Hospital Administrator

Slow down the process - Congress needs to analyze the domino effect of what they are proposing. For example, if Congress eliminates underwriting / pre-existing conditions cost will go up for those who are currently insured.
Hospital Administrator

1. The insured; Leave them alone! 2. Work on tort reform 3. The uninsured: would have the gov't be their 'insurance' and they would make a co-pay (like the rest of us) which is based on their federal income (tax rate)(to make it as fair as possible). A. This would have everyone 'insured' with minimal impact on those of us who have insurance and DON'T want changes. B. The uninsured would be insured by the feds as is being suggested now. C. This way, those who opt not to pay for insurance would have less negative impact on the rest of us (who do pay) because they would minimally 'have to pay' a co-pay based on their income!
Other

1. Universal coverage for all 2. Lower costs for coverage and procedures 3. Strong competition to lower costs 4. Significantly reduced administrative costs 5. Less greed allowed to operate (pharmaceuticals, insurance companies, attorneys) 6 No loss of coverage when unemployed or self employed
Other

1: Total healthcare Coverage 2: Education and steps to promote better health initiatives
Other

access to care
Other

Access to care for all
Other

Affordable health/dental insurance plan that individuals can join. Lower drug cost.
Other

As an office manager for a physician, my fear is that if there are significant cuts, higher taxes and penalties for the physicians, they will pass those on to us working staff by taking more time off (no physician in office = no pay check for employees). Also if the penalty for not giving employees insurance is less than the actual cost of the insurance, many physicians will drop the employee insurance, pay the penalty and we will have to pay 100% out of our pocket. I feel this will have a large impact on the "middle class" actually making the middle class obsolete.
Other

Believe we need to eliminate the employer from the health care insurance equation. Also, feel that insurance companies do not add any value---they provide no care to the patient, do no research (ie create new drugs, technology etc.), provide no facilities, do not teach nurses or physicians, but take huge sums of money that could be used in these other areas. I don't believe health care should be treated like purchasing a car, computer, or home.
Other

Care for under insured and non insured.
Other

cost control access
Other

Expand Medicaid, Medicare, private community health centers. Eliminate public option.
Other

First, it should be health care INSURANCE reform. Until the insurance companies are made accountable, there will be no reform worth writing about.
Other

Fix the problem with Health Care Costs/Insurance Premiums first. Start with Malpractice Reform and take a step approach. Work on the issues that we agree most on and then work on a compromise on the others.
Other

forgrt trying to elimiate waste,fraud and abuse as a way to pay for this
Other

get it done
Other

Getting ALL involved in health care at the table. Insurance, government, physicians, nurses, pharmaceutical, device manufacturers, etc.
Other

Healthcare for all without effecting the quality of services. Costs must be reduced to hospitals to take on the ever-growing number of indigent patients.
Other

Healthcare for those who want it, at an affordable cost, with the option to choose providers.
Other

healthcare for uninsured
Other

Let's call it what it really is: Health Insurance Reform. Promote competition, insure the uninsured, provide affordable healthcare to the average family, eliminate preexisting conditions.
Other

Lower out of pocket expenses Lower deductibles
Other

lower premiums for citizens; less mandatory policies by gov't and insurance co.; choice of pharmaceuticals for same cost; decrease FRAUD IN DME SUPPLIERS AND HOME HEALTH.
Other

Increase pmts to physicians due to excessively high overhead and increasing weekly.
Other

no legal citizen should be told they are too old for any procedure based on their productiveness or ability to give back to society
Other

Public Option. Would like single-payer but it obviously won't happen this year. Pre-existing conditions must be insured. Tort reform would be great, probably won't happen at this time
Other

Quality of care
Other

Reasonable medical costs Elimination of all Health Carrier medical reimbursement denials. Easier access and availability to needed Medical drugs and/or tests without the RED tape and exorbitant cost to the patient.
Other

reduce # of patients who seek non-emergent care from ERs. reduce un-necessary testing.
Other

Reform the Medicare formula first.Make primary care physicians a priority field. Make patients partially responsible for all health care received.
Other

Standardize rules around administrative requirements and claims processing as variability around these processes consumes a huge amount of resources--none of which contributes to patient care.
Other

The best care of the patients. The patients choice of ins. there's many free ins possibilities for the uninsured some people just dont want to help themselves.
Other

To develop a strong system for the health of the American people a detailed plan of a "dream" health care model should be developed. This plan should be envisioned completely separate from the current American reality and try to take into account the positive experiences from other countries. of which there are many. To develop this vision it would be prudent to ask some successful experts from outside the American system, such as Dr Michael Rachiis of Canada. Then the different layers of the current system could taken and adapted towards achieving the dream. However with everyone and every organization putting their selfish points of view first, and no dream target to aim for, the health care system of this country will be very difficult to improve.
Other

tort reform, more time with patients (quality of care), improving access for all citizens
Other

Univeral health care, similar to the French system
Other

Universal coverage Better coverage for children and seniors Elimination of pre-existing conditions
Other

We should not have government involvement in health care reform
Other

What we really need is a single payer system -- everyone would be covered and although there would be paperwork, it would at least be uniform and predictable paperwork.
Other

Open-ended Responses Sorted by Profession for Q13: "How should medication adherence be addressed as part of health care reform?"

Response	Profession
1- Outcome measures used to judge physician performance need to be adjusted for patient non-compliance. 2- Rewards for patients that adhere to prescribed regimens (e.g., lower premiums, points based consumer rewards)	Physician
1. The insurances and government should pay attention to the effort of the doctors to have patients follow good clinical pathways. 2. I can not, nor should I be expected to hold a gun at my patient's head to make them take their meds, eat a proper diet, etc. However, I may well be penalized if a significant number of my patients don't adhere to medication and lifestyle changes.	Physician
1. You can not address this problem UNTIL MEDICATIONS are AFFORDABLE....just look at what the same medications cost in other parts of the world.....let the rest of the world SHARE in the cost of R&D for the drug co.s 2. Setup FREE (DRUG CO.s mandated to donate drugs) National drug distribution points.	Physician
ability of pharmacies to report refill rates and other adherence issues to prescribing physician, reimburse time spent counseling adherence ,	Physician
Abolish tier systems so physician have autonomy to prescribe meds according to their thought process	Physician
access to at least generic medicines, avoid pleasing pharmaceutical companies by covering all expensive medicines	Physician
address best practice protocols for common illnesses ie Dm ChF HTN	Physician
affordable meds	Physician
All too often patients fail to follow sound medical advice and then lawyers blame the physician for an undesirable outcome!	Physician
As a responsibility, like healthy choices.	Physician
Availability of medications for all.	Physician
By facilitating patient education	Physician
by making the medications affordable	Physician
by providing low cost meds.	Physician
By tying in premiums to adherence to sound medical advice. If they fail to do what is necessary then there should be a greater charge.	Physician
cheaper medicines	Physician
Compliance needs to be monitored and there should be a system in place that do that	Physician
Compliance to treatment plans whether through patients inability or unwillingness should be considered if outcome metrics are to be evaluated	Physician
Consider medication metrics as a key indicator of disease state control; measure it, track it, set goals, give incentives to reach goals;	Physician
cost of prescription drugs	Physician
Do not penalize physicians for noncompliance by patients.	Physician
Don't penalize physicians for patients who are non compliant and can't reach targeted goals. Patients who are continually noncompliant should have higher premiums and higher co-pays.	Physician
Easier procurement of prescribed medications from 01 January to 31 December of every year for all patients - no DONUT HOLE for the elder programs.	Physician
educate patient about indication and benefit of medication permit doctor to prescribe single dose medication, as well as protect covered of medication from Rx. plans	Physician
Educating the public about their chronic illness. And what could happen to them if they don't take their meds.	Physician
encourage medical home	Physician
encouraged	Physician
Erratic and non-compliance leads to higher health care costs.A responsible family member should be incharge of dispensing and documenting the medicine adherence.	Physician
examine why not and patient have responsibility	Physician
focus on affordable medication	Physician
Following doctors' overall treatment plans	Physician
Forget it, there's no way to enforce it, especially by penalizing either patients or providers for the results.	Physician
Good luck getting patients to take care of themselves.	Physician
good question... how about a uniformed way to tract refills? (can see refills from any pharmacy)	Physician
Have insurance companies send reminders to patients who are noncompliant. This is already being done by some insurance companies outside of Medicare and Medicaid.	Physician
how would you do it	Physician
I am not certian. Clearly people should not be denied medications because they do not take them as prescribed. There are (relatively) inexpensive ways to assist people with medication	Physician
compliance involving communication and education	Physician
i do not know	Physician
I do not know how to do it, but I should not be liable if not adhered too!	Physician
I DONT KNOW	Physician
I don't know.	Physician
I don't see how reform can improve compliance.	Physician
I think that there needs to be less rating of doctors by numbers such as HgbA1C, BP, etc. If a patient is non-compliant then the doctor gets "dinged" for it. This is going to lead to doctors	Physician
dismissing non-compliant patients so their ratings don't go down. This will lead to lack of care for these people.	Physician
I think there is already enough issues to discuss; I don't know that one can force others to take medications	Physician
If doctors are going to be compensated based on performance, than patient's adherence to treatment regimens should be considered.	Physician
If it is obvious that the patient does not take the medications correctly, then they should be penalized in some form or fashion	Physician
If medications are not filled in a timely manner, there should be consequences for subsequent care	Physician
if recommendations are not followed they health premiums go up.	Physician
If they do not take their meds, they forfeit their rights to sue.	Physician
If we go to doctors being paid for better outcomes or preventive health, then the patient needs to be held accountable	Physician
important to listen to your physician and follow their recommendations	Physician
in light of making health care accessible adn mot cost prohibitive	Physician
incentives for compliance	Physician
incentives for compliance should be built into system	Physician
Increase access to low cost medications. Increased use of generics.	Physician
increased co-pays for poor compliance	Physician
increased cost for non-adherence	Physician
individual responsibility and accountability	Physician
Is a multi-faceted problem: Increasing access to care Decreasing cost of medications Improving physician support for monitoringand understanding the diference between compliance and	Physician
adherence Improving disease specific literacy Increase accountability on patients if non-adherent	Physician
it is difficult to enforce - so debate is needed.	Physician
it is very low on my list of what health care reform has to accomplish----regulation of drug prices should come long before medication adherence discussion	Physician
it would be nice to have non compliant patients be more responsible for their own health.	Physician
its imprtant if patients are not part of the solution we are in trouble	Physician
k	Physician
let's focus on patient responsibility - shouldn't the patient have some financial consequence for not adhering to good health regimens, smoking etc.	Physician
Like some insurance companies, watch for refill rates. Not sure if anything else would work	Physician
Make it less of a hassle for patients to fill prescriptions.	Physician
make medications more affordable, reduce prior authorizations by insurance companies.	Physician
make sure patients have access to prescribed medications, without having to sacrifice eating, paying bills, or other essentials.	Physician
Make sure there is a prescription for each medication dispensed and find a way to make sure the correct medication is dispensed.	Physician
Many pts can't afford meds, will stop taking them early and this will lead to more complications d/t poor treatment	Physician
Medication compliance education	Physician
Medication noncompliance should result in higher premiums for the noncompliant patient	Physician
Monitor patients filling medications for compliance and charge non-compliant patients more for their health care.	Physician
My understanding is that medication/cost/ means of paying for them has been avoided as far as the reform plan is concerned. A very big problem is patients stating that they cannot afford or	Physician
are not compliant with thier meds or lifestyle changes required to achieve health. Instead those that cannot afford meds, etc. tell physicians that they will not give up their cigarettes, liquor,	Physician
junk foods etc. all of which are not cheap. Patients are going to make the choices they want. It's frustrating when patients expect the physician to fix their problems but will not participate	Physician
actively in their own care and then when things go wrong--it is we the doctors who end up getting sued.	Physician
no	Physician
non adherence should result in higher premiums and penalties	Physician
non compliant - can't sue	Physician
Not only rewarding providers for prescribing according to evidence-based care guidelines, but also rewarding patients for making healthy lifestyle choices, including following their providers	Physician
recommendations.	Physician
not sure	Physician
not sure	Physician
not sure	Physician
Outcome measures related to physician reimbursement must consider the circumstance when patient compliance confounds the statistical success of treatemtn.	Physician
Patient accountability and compliance must take place if the physicians and hospitals will be reimbursed on performance based initiatives.	Physician

Patient counseling and education.	Physician
Patient education.	Physician
Patient education.	Physician
patient liability for costs associated with non compliance	Physician
Patient noncompliance should be the direct responsibility of the patient. As it stands now, physicians can be held to be liable - or at least partially liable - for patient noncompliance.	Physician
Patient rewards (lower premiums, etc.) for meeting goals (A1C, LDL, Blood Pressure, etc.).	Physician
patient should be able to take the best meds continuously and not change source of medication each month. they should not have to choose between medication and food	Physician
Patient should be penalized if on adherent (by the way, it should be noncompliant, nonadherent is what the pad on a nonstick dressing should be.	Physician
Patient surveys by practice location	Physician
Patients need to bear some responsibility for their care	Physician
patients need to know that their non compliance makes outcomes worse. can lower premiums for patients who are compliant.	Physician
Patients need to take ownership (probably financially) for health problems related to medication (and lifestyle) nonadherence.	Physician
Pay for medication monitoring and follow up care	Physician
Penalties for non compliance	Physician
people to need to be active in their health care	Physician
people who cannot afford meds don't take them	Physician
Personal responsibility needs emphasis - there should be some tiering for noncompliant patients	Physician
pharmacy refills electronic feedback	Physician
Physician/Pharmacist monitoring	Physician
Physicians should not be held responsible for poor quality out come with non compliant patients.	Physician
prevention and maintenance programs	Physician
Private party, govt subsidized	Physician
Provide special incentives for those who are already healthy and maintain there health and provide those incentives to those who are responsible enough to take their health seriously and will take their meds faithfully to look healthy. Punishing people for poor health is counter productive and doesnt help to encourage them to get in and see their physician to better manage their care when they know it is going to be a negative experience.	Physician
Provision of time for adequate patient education	Physician
pts with chronic conditions can be on medicines and avoid hospitalisation	Physician
Public education at the federal, state and local levels. Provide funding and manpower for this all important effort. No punitive measures for the non-compliant patients because their disease is suffering enough. Punishment for medication non-adherence would simply provide an unnecessary negativism to this legislation.	Physician
public service reminders. Maybe Obama can give yet another speech from Sinai reminding the adoring masses of it's importance	Physician
READ PRECEEDING INFO BLOCK re: BASIC NATIONAL AFFORDABLE HEALTH PLAN. Self regulating through pricing on Health Status, grade A - F.	Physician
Redistribution of financial burden towards the drug companies, the government, the insurance companies.	Physician
Reduce cost of medications. Stop suing pharmaceutical companies	Physician
registry	Physician
review boards to evaluate the issue	Physician
reward for those who comply--after they have agreed to follow this given course of action	Physician
Rewarding compliant patients with discounts.	Physician
Scrap the outcome stuff. Docs have so little power to make patients comply. Go after the non-compliant patients.	Physician
Should be a part of tort/liability reform; patients not following prescribed medical regimen should have a greater than 50% responsibility attached as personal liability in any litigation brought by said patient.	Physician
Should be a system whereby you can check to see if a patient has been filling their meds	Physician
Should be included in any outcome based reimbursement plan	Physician
Should be part of an honest discussion from the President that people need to take responsibility for their own health rather than blaming doctors, insurance companies, pharmaceutical companies, etc.	Physician
some companies follow filling of prescribed medications and notify physicians when deviation occurs	Physician
Some investment should be made in EMRs to better track medication adherence amongst other things.	Physician
Some tracking of use	Physician
stop meds like nicotine	Physician
Stress affordable medications and evidenced based comparative studies	Physician
stress importance to the policyholder that it is best for their health.	Physician
Stress the importance of follow-up visits	Physician
teaching	Physician
The problem is that you will get no where with preventive medicine if patients are not on board in terms of medicines that will prevent diseases and compliance with diet etc. I think it is too idealistic to think that mandating preventative care will improve compliance with any regiment--medicine or otherwise	Physician
There are multiple issue involved in Medicine's Reform. Each of these should be addressed individually, reference N. Ginrich.	Physician
there needs to be some patient accountability for their part of their health care.	Physician
There should be some responsibility on the patient's part, less compliant, more cost to them, more compliant less cost to them.	Physician
there should be some type of "punishment" for non compliance-higher premiums/limited visits/etc	Physician
this is a physician patient education issue; let the physicians and pharmacists work this not - not legislate	Physician
this is a secondary issue. The big picture of reforming the way health care is paid for is the main current issue. That is a global/national issue. Medication adherence is a single person health care issue that is important no matter what the context of the medical care.	Physician
This is something that cannot be legislated. You might as well ban the sun from rising every morning.	Physician
This speaks to patient compliance. Patient's should benefit from compliance (lower premiums) and pay more for non-compliance. Regular follow-up, take meds, lose weight, screening exams-	Physician
lower premiums for the 'doers' and higher premiums for the 'don'ts'.	Physician
THROUGH EDUCATION	Physician
To lower health care costs ALL patients need to take a serious and active role in their health.	Physician
under the area of pt's role in their own healthcare; their decisions to follow advice or not needs to have consequences not paid for by everyone else trying to overcome their self-abusive decisions	Physician
utilizing refill information from pharmacies into practices EMR's so could directly know if patients were compliant with rx's	Physician
We have to be able to assure that people can afford to take their pills.	Physician
When making decisions on formularies need to consider cost but also factors that improve adherence to medication programs.	Physician
wish I knew	Physician
With EMRs and e-prescribing we, as physicians, should be able to find out when patients fail to pick up refills by alerts sent to us from pharmacies; and, then alert AND reinforce the need, as well as question, the reason(s) for med adherence. A single payor system might also be better able to track medical expenditures at pharmacies and alert us when scripts are not filled or refilled	Physician
you get penalized if you don't take care of yourself	Physician
A greater level of patient/professional respect & interaction	Nurse
A history of non-compliance with medication or medical instructions creates emergency health situations that eliminate care needed by compliant participants. Non-adherence should eliminate eligibility for invasive procedures. If patient chooses not to adhere then they need to understand that invasive procedures will not be used. Home care and reporting to a clinic to insure comfort measures. Stop wasting money on people who don't wish to comply.	Nurse
ability to access affordable medications	Nurse
access to medication without wiping out patient resources	Nurse
access to required medication without having to choose between meds and food. Make meds have meaning to people and hold them accountable for adherence.	Nurse
ADDRESS THE ISSUE OF NON COMPLIANCE	Nurse
Addressing medication adherence is important for everyone.	Nurse
adherence would determine rate. If client is none compliant then they need to pay higher rates or have less coverage if they are not compliant.	Nurse
Affordable/free medications. Home assistance to check on patients unable to follow through due to lack of understanding. (this is not always due to a lack of teaching, some folks just "don't get it". Chronic illness could be managed better.	Nurse
After explanation of necessity of medication and expected outcomes the patient needs to be a team member in his health care and maintaining his health.	Nurse
Again, all this depends on how health care costs are controlled. If tort reform is put in place and measures such as regulating drug makers (they do have a monopoly) and not providing free health care to illegal aliens. Controlling costs using these methods will in turn make health care affordable, leading to medication adherence.	Nurse
Again, financial incentives	Nurse
As an Emergency Room Nurse of 17 years, I have seen the consequences of our patients that have not taken their medications as prescribed. The long term cost to our system for the people that continue to smoke that have COPD. The patients that have high blood pressure that are noncompliant with their medications and end up on Dialysis. The list and examples go on and on. We need to make everyone more accountable for their health before we try to reform it. We are trying to fix a never-dying problem without making everyone responsible and accountable for their own health.	Nurse
as preventive medicine policy. currently the US is using a reaction type of medicine	Nurse

Availability of medical information in a format that patients can understand and afford to purchase so that they can comply with their health needs	Nurse
Availability of medication at a cost that one can afford	Nurse
availability of medications for all without costing an arm or leg	Nurse
Because patient's are given prescriptions to take medications and they take them for one month then wind up back in the hospital next month because they couldn't afford to take the medications prescribed by their doctor.	Nurse
Being able to afford the proper medication and therefore stay on the regimen prescribed will decrease potential "relapses" and worsening of an illness. This may cause repeated hospitalizations. For example, we often care for patients whose coronary "stents" occluded because they could not afford the medication required daily in order to keep the stents open.	Nurse
Better access to low cost medications Free medications for low income, elderly and welfare families	Nurse
Better patient education. More time for physicians to spend with patients. INSURANCE covering the costs involved, so patients are able to receive the medication and therapies necessary.	Nurse
better teaching by health care individuals and if patients are not willing to be compliant, making sure the MD is aware and adheres to treatment	Nurse
By monitoring the patients compliance to set appointments or any referrals. The patient's medication compliance should be assessed at each visit. This should be a routine question asked at each visit. What meds are being taken and how often. This exchange between provider and patient is extremely important, both will be aware of medication compliance.	Nurse
cheaper, more affordable medication	Nurse
Consequences for patients for not doing so...	Nurse
consumers should be provided with more preventative health care initiatives which include proper adherence to medications	Nurse
cost	Nurse
Cost Many people cannot afford medication. The elderly that are on fixed income may only have meds covered half the year. They need to have meds available all year. This isn't only for the elderly but for anyone that isn't covered for the entire year.	Nurse
cost of medications is a tremendous issue for many individuals and is likely a reason for this problem	Nurse
Cost reform. People on maintenance drugs with no insurance can not afford to pay for medications so the don't take them. My husband and I have health insurance and it costs us over \$250.00 per month. Right now we can afford it, but I don't know if the economy gets worse what we would do	Nurse
Costs- physicians prescribing appropriately & pts being able to afford the med	Nurse
Creating a feedback process that tracks medication adherence, involving doctors, nurses, pharmacists, and other caregivers.	Nurse
diabetes equipment and supplies, education in regard to any medications. Less narcotic use, especially in ER settings or limiting to only 12 at a time.	Nurse
Doctors need to take time to talk with patients ask to bring in pill containers.	Nurse
Doctor's should be able to drop patients who don't want to follow prescribed care without good reason. I'm talking about patients that have chronic disease and refuse to follow prescribed treatments. Diabetics, Smokers, people with high blood pressure.	Nurse
doctors should be required to closely monitor their patients progress when taking their prescribed medicines. prescribed number of pills should be controlled per prescription.	Nurse
Don't have a clue how they can handle non-compliant patients. We see them everyday! We know when we send them home, they will be right back due to non-compliance.	Nurse
Drug information with side effects and take off the commercials telling patients what meds they want to take based on ads.	Nurse
Drug prices are too high for someone without insurance. even with the programs some pharmacies are doing, i.e. \$4 and \$10 programs, these are only for certain generics. I think more people would adhere to their medications if prices were more regulated.	Nurse
Educate on the important of medication adherence, create strategies for followup to check adherence.	Nurse
Education for patients by health care, which includes pharmacists and nurses.	Nurse
EDUCATION OF IMPORTANCE OF CORRECT USE OF MEDICATIONS	Nurse
education on how to take meds	Nurse
Education will help but it is the patient's individual responsibility.	Nurse
education, education, education i see very many noncompliant patients who do not take responsibility for their own health	Nurse
Education. Also costs of medication. Many people stop taking meds because they are too expensive or they wish to spend the money on other things.	Nurse
electronic medical record that would prevent poly pharmacy use of patients	Nurse
ensure affordability and lowering of costs.	Nurse
Every patient should have a disease case manager who will provide the patient with an assessment as to whether they are compliant to meds. It is important to note that poor clinical indicators of control for any disease is also a reflection of poor disease case management and poor optimization of medical treatment regimens. Needs further discussion.	Nurse
Everyone should be made aware that it is important that they take their medication and be knowledgeable about why they need to take these medications. As we all know Doctors also make a profit from pharmaceutical companies. We should not be taking meds. without educating ourselves about them and have been given an informed reasons as to why we need them as well as for how long.	Nurse
Everyone should not only have access to health care but should have access to necessary medication.	Nurse
Financial incentives for compliant patients; i.e. reduction in insurance or Medicare rates More public clinics run by NP's to monitor patient's medication adherence and/or problems with medications	Nurse
First the affordability of medications, and the understanding of what the medications are prescribed for.	Nurse
follow up by physician office when new med is ordered	Nurse
Give the responsibility back to the client.	Nurse
Great question! I think having the time and focus on health promotion/prevention would increase medication adherence.	Nurse
hard for patients to adhere when they cannot afford their meds	Nurse
Have a contract with Patient to take medication	Nurse
Have a way for people to afford their medications.	Nurse
Higher premiums for non-compliant patients	Nurse
I don't know.	Nurse
If a medication is prescribed then the patient should take as prescribed unless patient has sideeffects.	Nurse
If a patient can afford the cost of their medicines, adherence might not be an issue. Side effects may also cause noncompliance in usage.	Nurse
If a patient who is mentally stable is not adhering to their medication regimen, the Insurance company should not have to treat what results from their refusal to follow medical instruction.	Nurse
If a patient's non compliance complicates their care there should be some kind of recourse to correct this issue.	Nurse
if meds are not taken correctly action should be taken	Nurse
if patients can't afford their medications they won't take them as prescribed.	Nurse
If patients do not adhere to taking their medications then health care costs go up. Patients need education on the importance of taking their medications and medications need to be affordable.	Nurse
If patients do not take medications as prescribed there should be penalties. Exceptions will need to be made for patients that are not capable of understanding the directions.	Nurse
If people with insurance knew the actual price of their prescriptions, not just their \$20 copay, maybe they will appreciate the value of their medications. Medications for people that have to pay for it need to be affordable so they don't have to cut pills in half or skip doses to make it through the month. Instead of or along with the very technical "patient education sheets" that come with each and every prescription, information should be provided with each and every prescription to the dangers of nonadherence.	Nurse
If the person isn't taking responsibility by taking the necessary medications needed to keep them well the premiums employers charge could be higher just as some already do for smokers.	Nurse
if they aren't taking what is prescribed then it is not covered	Nurse
If you do not take your medication as prescribed then we should not have to treat you. It is non-compliance and patients need to be held accountable. The only exception should be inability to pay for medications.	Nurse
I'm not a big believer in talking every pill a doctor offers, but if a patient believes they should be taking that med then they should strictly adhere to the prescription. Education about the pro's & con's of medications should be an important part of health care reform.	Nurse
Improve compliance by providing incentives and rewards for the physicians and patients who work together to find medications and doses that address the health problem with few or no side effects	Nurse
Improving patients' ability to obtain (read: pay) for their medications should be paramount for reform. Promoting better prescription medication coverage should improve patients' ability to partner with their provider in quality health care.	Nurse
In order to continue with health care; medication adherence will be followed	Nurse
In order to manage chronic diseases people must adhere to standards of care, change in lifestyles and adherence to meds	Nurse
Incentives should be given to compliant patients such as time off at work	Nurse
increase coverage/time for education to pts and provide more availability of medications to pts by decreasing costs.	Nurse
Increase in premiums for purposeful non-compliance	Nurse
Increased involvement by primary physician. Penalties for noncompliance.	Nurse
Increased up of generics medication when ever possible and education to learn ways to prevent as well as treat.	Nurse
Increasing costs (out of pocket) or putting limits (monthly) on ER visits for patients that are noncompliant	Nurse
Insurance companies should make the policy holder pay for any treatments where the medication was not taken as prescribed and caused readmission or further treatment for the same condition.	Nurse
It should be covered as an expense of health care, just like counseling.	Nurse
It would be under preventative care. If the patient adheres to his Dr's recommendations he will be less likely to need further care	Nurse
keep medications affordable	Nurse
lab values for certain medications, if the value is low, then take away the free money all the Medicare and SSI recipients get for their psych diagnosis	Nurse

Limit healthcare to non-compliant patients; regular testing to ensure patients are compliant and, where possible, that blood levels are therapeutic; lower medicine costs so people can afford the drugs prescribed for them. Nurse

Long term medication care. Nurse

Low cost access to medications Rx - or assistance programs for individuals to get medications will help improve adherence. Nurse

lower cost drugs to ensure patients can afford medication; more staff in md offices to provide education and follow-up, NPs in MD office to see follow-up patients Nurse

LOWER COST OF MEDS TO PATIENTS Nurse

Lowering the cost, so people can afford it when they run out of their prescriptions. Usually when people do not take their medications that is the number one reason they give. Nurse

Make allowances for better patient education in the regard of medication administration. Nurse

Make it affordable and then people can take it as prescribed. Nurse

make more people aware of the need Nurse

Make prescription medications more affordable. Stop the drug company control of the prices. Nurse

making medication available to everyone and have PCP take an interest in the patient medications and work with them to sure they take their meds Nurse

Making medications available at reasonable costs Nurse

making meds more affordable to lessen the need for pts to feel that they can save \$ by taking meds every other day or by cutting their meds in half to make them last longer. Nurse

Mandatory education with each medication prescriptin and refill. Nurse

Many patients even when having the ability to for medical adherence choose not to take the medications they are prescribed. Patients need to be responsible for their own actions. If they choose to smoke and drink alcohol instead of taking prescribed medications it is not health care providers' or taxpayers' blame, it is the patients right not to listen to medical advise. Nurse

MEDICATION ADHERANCE AND COMPLIANCE , PREVENTS CATATROPHIC OUTCOMES, SAFES MONEY AND IMPROVES QUALITY WELLNESS. Nurse

Medication adherence can be addressed by strengthening patient teaching and education. Primary care providers as well as specialists play a critical role in addressing medication adherence in every patient that he/she might encounter. Developing a partnership with the patient is optimal so that medical compliance can be obtained for both patient and the provider. Nurse

Medication adherence is cost effective.Doctors and nurses should educate the public about the importance of adherence. Medication should be affordable to all. Nurse

medication adherence plus individuals lifestyle changes to optimize health are absolutely necessary. people must accept some responsibility for their own health. obesity, smoking, sedentary lifestyles cost society, not just those individuals Nurse

Medication adherence should be addressed in part as preventive health care Nurse

MEDICATION BEING PRESCRIBED BY THE DOCTORS NOT THE INS. COMPANYS SAYING IS YOU CAN HAVE IT OR MOT. IT IS UP TO THE DOCTORS NOT THE INS. COMPANYS. Nurse

Medication costs have to be examined. Most people become non-compliant because they can't afford their medication. Nurse

medication is a part of health care Nurse

Medication noncompliance should be linked to readmission/complications. Higher plan premiums for intentional noncompliance. Home health care if necessary when patients are forgetful or unable to comply. Free medication vouchers for those unable to afford medications. ***Must, must, must link Recreational drug testing to Medication Adherence issues. If testing positive for recreational drugs, Higher plan premiums or possibly being dropped from program entirely. Too many people sit back and pull in government assistance only to take part in illegal activities or find ways to take advantage of other government programs. MUST link ILLEGAL DRUG TESTING. Nurse

medication should be affordable Nurse

medication teaching and reinforce Nurse

Medications are very highly priced. Patients often do not take medications because they can't afford them. Co-pays too high. Many on Soc. Sec. paying over 50% of benefit in health care costs with very little to live on. Drug companies should not be allowed to provide large meals and related perks to hospitals to have their drugs placed on the formulary. Samples in MD offices are ok on limited basis. In fact, many would have gone without medications if it were not for these. Nurse

Medications must be affordable for all. Nurse

Medications should be affordable, not a hundred or several hundreds of dollars for a one month supply of pills. Nurse

MONITORING AND FOLLOW UP WITHIN THE CONTEXT OF COMMUNITY/PRIMARY HEALTH STRUCTURE Nurse

More patient education, patients right to know the ins and out their medication. Medication available for those who can't afford it Nurse

More time with nurse or md on education for patients Nurse

Most patients do not take their medication properly because they can not afford them. Lower the cost of medication Nurse

Mostly as an educational program. Patients need to understand the importance of adherence to prevent complications or worsening of disease. Nurse

Needs to be incorporated into education for patients. Nurse

no Nurse

No sure Nurse

not sure Nurse

not sure Nurse

NOT SURE Nurse

Part of their benefits should be directly related to how serious they take their own responsibility in managing their health. Nurse

Patient Education Nurse

Patient education is essential. Not punishing people for not taking their meds. But providing health coaching to help them choose better self-care skills. Nurse

patient responsibility Nurse

Patients having the availability to afford the medications that are required to keep us healthy Nurse

Patients must be responsible or will have to pay out of pocket for non-compliance unless they have discussed with their doctor why they have stopped treatment (sometimes side effects make the situation worse for example). Nurse

Patients need to be compliant with care or be ineligible for benefits. Nurse

patients need to know that medications should be followed as ordered. patients should not have to quit their meds due to not being able to afford them. Nurse

Patients need to partake in there own care. Nurse

Patients need to take some responsibility for their own health. Noncompliance is a big problem within the patient population. With reduced medical insurance premiums and the ability to have health insurance hopefully will encourage patients to take their medication and followup with their physicians to evaluate effectiveness of the medicine. Nurse

Patients not taking their medications lead to complications and further health care services that could have been avoided. Nurse

Patients who are not taking their medication, should pay a penalty. ultimately, the will be sicker and need more costly medications and treatments. Nurse

People in general need to be held accountable for taking their medication regimen as prescribed. Reform needs to include pharmaceutical companies and how they are charging for medications. Nurse

People who are getting government funded health care should not be treated if they do not want to follow through with what the Dr. prescribes. Nurse

personal responsibility for health status Nurse

pharmaceutical s should not be allowed to have the influence with the physicians in promoting their drugs. a mininum should be given for all medications and the availability to obtain the medication Nurse

prescription coverage would be disallowed if not ordered (and therefore used) in a timely manner Nurse

prevention teaching Nurse

Probably not. Nurse

providing medication to all patients Nurse

PROVISION SHOULD BE MADE FOR TEACHING BUT NOT FOR STRONG-ARMING. Nurse

Public education. Nurse

Reconcile patient adherence every visit but need affordability of all medications Nurse

Researching ways to teach the public about adhering to the way the medication was ordered, such as antibiotics. Nurse

should be considered when thinking of preventive medicine Nurse

Should be more affordable Nurse

Should be penalties for those with high utilization that have proven records of non-adherence to medication and treatment plan. Nurse

Some how regulate the cost of prescription meds. Nurse

Some patients cannot afford their medications. Therefore, occasionally they will share with their spouse, cut a pill in half or just not obtain their perscription because of financial issues. There should be a way that people can obtain the medications that they need. Nurse

Some patients have to make a decision to either buy food or to buy needed medication... making medication adherence impossible, we must find a way to make medication affordable to everyone who requires it. Nurse

sometimes adherence is due to funds, people want to adhere to their medication regime, but medications are expensive. Nurse

stress importance of medication compliance as being necessary to prevent serious complications from arising secondary to medication non-compliance Nurse

Take a look at the community mental health initiatives and how well that is working for us...NOT! Nurse

That there should be way that if the patient doesn't take the meds then their coverage should be affected Nurse

The cost of medications is prohibitive for many patients. Patients are not compliant when theyb have to choose between feeding a family or purchasing an expensive drug to control their hypertension. Nurse

The government and or the insurance companies should not dictate what meds a patient can take. Patience need to be educated as to the importance of consistently taking their medicine. Nurse

The pharmaceutical companies should not be charging exorbitant prices for medications that cost less in other countries. They should not be able to dictate what meds you can or cannot take. Nurse

The physician should be able to decide which medication the patient should take without the insurance company deciding which drug would be better instead. Who knows the patient better?	Nurse
The price of medications is a limitation for many in this country. Co-op Contracts with pharm. companies should be made to limit costs to individuals. Large groups have more buying power.	Nurse
THERE HAS TO BE MONETARY INCENTIVES FOR TAKING CARE OF YOUR HEALTH TO GET A CERTAIN POPULATION TO DO WHAT THEY NEED TO DO.	Nurse
There should be clinics established to provide prevention education and education r/t the importance of maintaining health with medication adherence. Some people do not adhere to medication schedules, etc because of the cost of medications.	Nurse
There should be some kind of penalty for noncompliance	Nurse
This is a tough one to answer. Patients receive information with each prescription. They read it and then decide that it would interfere with their other meds, so they don't take it.	Nurse
This is a tough one. Individual and cultural differences will dictate adherence. Cost of medications will also influence this.	Nurse
This is difficult for me to answer, since I don't believe that pharmaceuticals should be the first line of treatment. I think drug companies have created the need for their products, and the public expects to take a fistful of pills every day.	Nurse
This should be placed on the back burner, as most carriers have limited systems that can monitor adherence to medications. Good EMR system need to be available to perform this analysis. Those that are not compliant should be penalized. Physicians that do not stay current with chronic disease management should be penalized. Wellness packages should be a requirement - non-compliant patients should be dropped through increased education	Nurse
Through reduction in medication costs.	Nurse
Through strong patient advocacy. Providing health care professionals the ability to spend quality time with patients in order to teach them the importance, significance of compliance with treatments prescribed. Patients need time and reinforcement to understand the impact of medication adherence.	Nurse
TRACKING SYSTEM	Nurse
When you let insurance companies run their own pharmacies, drug plans and create lack of choice and create monopolies no one wins. They charge premiums, limit choice and make small pharmacies close down.	Nurse
With the onslaught of Super TB, MRSA, and all the other bacteria and viruses that proliferate, doctors need to not hand out medicine "like candy" just because someone wants a quick fix. Working in the emergency room, we see a lot of non-compliance to health care. Many people would rather spend their money on cigarettes, alcohol, and drugs. They don't take their blood pressure pills or gout pills, etc. Then they come in wanting to be the first brought back for their blood pressure being elevated and having a headache. We treat them and send them out with new prescriptions to get them filled. You later find the script thrown down in the parking lot, but never the script for the pain med they talked the doctor out of while there. I feel if they aren't going to take care of themselves, then quit giving them Medicaid and food stamps just to enable their habits. They abuse the system greatly. We see probably 80% of our patients are Medicaid or self-pay and they could go to a doctor. Why do you say? Because they smoke, drink and some do drugs. They use the emergency room for a Doctor's office. They don't care either. They say "Yes I have been sick for 3 days, but I'm not gonna wait until tomorrow or the next day to see the doctor." If the country wants health care reform. Go into the emergency Yes, often due to high costs of prescriptions, clients chose either their food or medication. A sad state of affairs.	Nurse
Yes.	Nurse
you cannot force someone to take prescriptions and how can you monitor this?	Nurse
- make coverage affordable - make pharmaceutical companies provide lower cost meds for those who can't afford them otherwise	Hospital Administrator
By cutting out the huge marketing expenses that the drug industry employs, medication will cost less and it will be easier for patients to comply with medication adherence, since they can afford these meds.	Hospital Administrator
if patient is not compliant, take benefit away	Hospital Administrator
incentives for individual health choices	Hospital Administrator
incentivize medication adherence rather than punish lack of adherence	Hospital Administrator
Incentivize patients and develop means to check on going compliance with regimens. Evaluate the cost benefit of follow up contacts with patients whose compliance will yield the greatest benefit to them.	Hospital Administrator
It can't be dictated or sometimes even monitored (affordable), but should be encouraged.	Hospital Administrator
Measuring clinical outcomes and potentially utilizing a "pay-for-performance" appears to ignore patient compliance with the physician's instructions.	Hospital Administrator
more copays to those that do not properly adhere	Hospital Administrator
One way would be to have more follow up with patients from their provider - the problem with this is that it costs money. Providers would have to be reimbursed for their efforts.	Hospital Administrator
personal accountability, impact copays and deductibles	Hospital Administrator
Those with chronic illnesses should be expected to comply to medication requirements that keep them healthier.	Hospital Administrator
You can make sure someone buys medication but there is no way to prove they are taking it.	Hospital Administrator
ALL medication should be available to patients regardless of health insurance restrictions in order to properly treat any and all medical conditions.	Other
As a money saver. The more people take medicine correctly, the less people will get sick and possibly die from taking it incorrectly, or not taking it, or taking it with alcohol, etc. And the less people have to be treated, the more money we save.	Other
compliance is necessary for treatment	Other
difficult to measure patient adherence though compliance to regimen will lead to better outcomes	Other
don't pay for medications for non-compliant people.	Other
Emphasis on need for education and prevention. Need for cultural competence.	Other
For costs to be lower, all have a responsibility to seek improved health - provide incentives (or penalties) for being more (or less) healthy (ie - weight, smoking, exercise, medication adherence, etc)	Other
For medications that can be monitored (ie through blood levels) a penalty of a higher co-pay should be required since it would affect their health and resulting increased costs. I don't think people should be forced to take medication they don't want too but they should be held responsible if they do not make the healthy decision. It is important that the decision rest on the person.	Other
have pharmacists review compliance	Other
I feel that one of the main issues in today's medicine is that Drs. should write for the diagnosis and Pharmacists should indicate the drug for treatment.	Other
Medication represents a huge portion of healthcare dollars much is wasted on medications not taken or taken incorrectly	Other
More information for patients in easy to read documents. If patient understands why medicine is needed, he is more likely to take it.	Other
Not sure	Other
nurse assistance; public health	Other
Patient compliance of pharmaceuticals as a measure tracked	Other
Patients need to be held accountable for their actions, as much as doctors and hospitals are for theirs. If they don't adhere to recommendations they negate their right to sue if something goes wrong.	Other
Perhaps the electronic prescribing system could be expanded to have a monitoring/notification for non-compliance of timely refills.	Other
Pharmacy Software should monitor compliance and Pharmacists should be compensated for time spent consulting with patients to increase compliance.	Other
Put in a better drug coverage benefit. Do not penalize health care providers if the patients do not take meds as ordered	Other
There should be consequences for lower adherence rates.	Other
Without the proper medication, people will not be able to control certain diseases, ex: diabetes, high blood pressure.	Other

“Physicians’ Beliefs and U.S. Health Care Reform: A National Survey”

The New England Journal of Medicine e-article

Posted by NEJM September 14, 2009

<http://healthcarereform.nejm.org/?p=1785>

This survey examined physicians’ agreement level with four statements:

1. “Addressing societal health policy issues, as important as that may be, falls outside the scope of my professional obligations.”
2. “Every physician is professionally obligated to care for the uninsured and underinsured.”
3. “I would favor limiting reimbursement for expensive drugs and procedures if that would help expand access to care.”
4. “I have (no, a moderate, a strong) moral objection to using cost-effectiveness data to determine which treatment is best.”

Some of the four statements indirectly relate to the question in CCA’s health care reform survey asking respondents to rate the importance of certain areas—e.g., covering the uninsured, ensuring all patients have

“Doctors on Coverage: Physicians’ Views on a New Public Insurance Option and Medicare Expansion”

The New England Journal of Medicine e-article

Posted by NEJM September 14, 2009

<http://healthcarereform.nejm.org/?p=1790>

This survey examined whether physicians prefer a public option only, public and private options, or a private option only. This survey also asked whether physicians support, oppose, or are unsure about expanding

The item asking about a public option indirectly relates to CCA’s question asking respondents to rate the importance of minimizing government involvement in healthcare; however, our wording is very different.

Sermo Health Care Reform Survey

Sermo.com e-article

Survey still open; launch date not listed, but Physicians’ Appeal posting dated August 17, 2009

http://www.sermo.com/reform/get_survey_results

This survey asked, among many other questions, (1) whether inclusion of tort reform would make physicians more likely to support health care reform legislation, (2) which are the most meaningful/useful components of tort reform, and (3) which positive outcomes can be expected from tort reform. This survey also asked how important The CCA survey asked respondents how important it is to address tort reform in health care reform legislation. Our survey also asked which of a set of positive and negative outcomes can be expected from tort reform.