Five Health Care Principles
for Putting Patients First®

The Touchstones for Health Care that Work for All

1. Cover Everyone
2. Curb Costs Responsibly
3. Abolish Exclusions of Pre-Existing Conditions
4. Eliminate Lifetime Caps
5. Ensure Access to Long-Term and End-of-Life Care

Millions of Americans wake up every morning facing the physical and mental challenges of chronic diseases and disabilities. It's the young mother anxiously watching and waiting for her child's first words only to be told he has autism and the busy career woman who attributes her forgetfulness and sleepless nights to stress but really is the experiencing the first symptoms of multiple sclerosis. It's the former school teacher who learns the only traveling he will do in retirement is to a local hospital for kidney dialysis. It's the wife whose heart breaks as she surrenders her husband diagnosed with Alzheimers to the care of a nursing facility when she becomes too frail.

We all know someone —if not ourselves—who struggles to overcome the grip of chronic diseases and disabilities. While the health consequences are real, these individuals also face the often-times frustrating maze of the health care system and the financial burden of high premiums and out-of-pocket costs even with health insurance coverage. The toll can be devastating for their health and their family's financial well-being.

The National Health Council represents patient and other health-related organizations dedicated to putting the needs of patients first. That is what we do and that is what our health care system should always do.

We believe that the health care system can be both affordable and effective for everyone when it provides more coordinated care, improves patient outcomes that lower costs to society and keeps pace with biomedical innovation. Access, affordability, innovation and high quality care should be the benchmarks for health care in America.

Putting patients first means creating a modern health care system that saves lives, enhances our quality of life and save us all money.

The National Health Council is the only organization of its kind that brings together all segments of the health care community to provide a united voice for 133 million people with chronic diseases and disabilities and their family caregivers. Made up of 115 national health-related organizations, its core membership includes 50 of the nation's leading patient advocacy groups. Other members include professional and membership associations, nonprofit organizations with an interest in health, and major pharmaceutical, medical device and biotechnology companies. The National Health Council brings together diverse stakeholders within the health community to work for health care that meets the personal needs and goals of people with chronic diseases and disabilities.

Learn more about the National Health Council at www.nationalhealthcouncil.org.

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The Touchstones for Health Care that Work for All

1. Cover Everyone. A healthy America starts with health care that is affordable and available to all. In 2007, 45.7 million people did not have health insurance coverage.[1] Giving kids a healthy start in life results in better students becoming more productive workers in our society. Keeping workers healthy through routine check-ups, chronic disease screenings and preventative care produces a globally-competitive workforce that helps us all.

2. Curb Costs Responsibly. Controlling costs cannot come at the expense of quality care. Requiring patients to pay an even larger share of the cost of care through higher premiums, deductibles or other out-of-pocket costs merely discourages appropriate health seeking behaviors. We can save money through better use of technology to reduce administrative costs, medical errors, and by promoting awareness and prevention of chronic diseases and obesity. Better care coordination will also save money and produce better health outcomes for patients—particularly those with chronic conditions.

3. Abolish Exclusions of Pre-Existing Conditions. It's ironic that those who most need insurance often are denied coverage for pre-existing conditions, which if left untreated, can lead to worse and more costly health outcomes down the road. People with chronic conditions should not be denied insurance or be forced to pay higher premiums and deductibles, making it harder for them to get timely and comprehensive care. Similarly, the extent of coverage should be the same for all chronic conditions, including mental health and rare disorders.

4. Eliminate Lifetime Caps. Consumers may grasp the basics of insurance, but they may not understand the implications of lifetime limits and out-of-pocket maximums, both of which can financially devastate a patient and his or her family. Lifetime caps limit a specified level of the total benefit a health plan will pay. A catastrophic illness can bankrupt a family. On the other hand, some plans may set a maximum threshold each year for costs incurred by a patient.[2] Either way, the patient loses the safety net of insurance when they most need it. Meaningful health care reform needs to eliminate policies that undermine the health and well being of patients.

5. Ensure Access to Long-Term and End-of-Life Care. Americans are growing older as the baby boom generation is now on the brink of retirement. And, we are also living longer. The high prevalence of chronic disease and disability makes the final years of life the most challenging for the elderly and their families. Our health care system has been slow to adapt to meet the needs of our aging population by providing good options for long-term care. We need a health care system that provides a continuum of care from the home, the doctor's office, the hospital and the nursing home. A recent study found family caregivers also suffer serious financial and health consequences by dipping into or curbing their savings, or foregoing personal health care in order to cover out-of-pocket costs associated with a loved one's care.[3] To build for the future, we must ensure that the elderly are promised to be treated with respect based upon reliable and accurate medical treatment, no gaps in care or surprises in the course of care, and consideration for their daily comfort and family situation.[4]

Footnotes

1 U.S. Census Bureau, "Household Income Rises, Poverty Rate Unchanged, Number of Uninsured Down," 26 August 2008; Internet accessed November 2008 at *www.census.gov/Press-Release/ www/releases/archives/income_wealth/012528.html*.

2 California HealthCare Foundation, "Insurance Markets: Individuals Find Wide Price Spreads and Differing Benefits When Shopping for Insurance," November 2002; Internet accessed November 2007 at *www.chcf.org/documents/insurance/ TAInsuranceMarkets112002.pdf*.

3 Jane Gross, "Cost of Elderly Care is Double Prior Estimates," *New York Times*, 19 Nov. 2007, Internet accessed November 2007 at *www. nytimes.com?2007/11/19/health/19cnd-caregiver/ html?_r+1$hp+&oref+slogin&pagewanted=all*

4 Joanne Lynn and David M. Adamson, "Adapting Health Care to Serious Chronic Illness in Old Age," RAND Health White Paper WP-137 (2003). Internet accessed November 2007 at *www.medicaring.org/whitepaper*.

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