

Presidential Rx for health

Past U.S. presidents have provided innovative leadership that shaped the landscape for our national health and science institutions.

President Lincoln established the National Academy of Sciences. President Truman's foreign policies inspired the creation of the United States Agency for International Development (USAID). President Lyndon Johnson signed legislation that established Medicaid and Medicare.

And President Clinton signed legislation that created the State Children's Health Insurance Program (CHIP).

Currently, our country faces significant health challenges including skyrocketing health-care costs, declining funding for medical and scientific research, and a lack of effective coordination and innovation in the government's response to emerging health threats such as obesity and pandemic flu. Addressing these issues must be a top national and foreign policy priority for the next administration. With transformational leadership, President-elect Barack Obama has the opportunity to build upon his predecessors' legacies and write a new national prescription for improving the health of Americans.

A key component of this presidential prescription is ensuring that all Americans have access to quality health care. Forty-six million Americans lack health insur-

ance and, with the economic crisis on Wall Street and Main Street, 72 million working-age people in the United States report hardship in paying their medical bills. That's why an implementation strategy for the President's health care plan is urgently needed including establishing a National Health Insurance Exchange that will link individuals and businesses to public and private sector insurance plans that do not discriminate against pre-existing

conditions; provide parity for coverage of mental illness; prioritize quality, prevention and chronic disease management; and evaluate health outcomes through comparative effectiveness research.

Furthermore, with 70 percent of the \$2.4 trillion U.S. health-care budget attributable to preventable causes and only between 3 percent and 5 percent spent on prevention, our president must also emphasize the power of prevention by providing the leadership, role-modeling, and necessary funding.

The new administration must also find ways to apply information technology to improve health (e.g. electronic medical records, e-prescribing, telemedicine) while protecting the privacy of patients' health information. Today, only 10 percent to 20 percent of health professionals and 25 percent of hospitals use an electronic medical record, while an estimated 195,000 people die and 1.6 million are injured every year in the United States as a result of preventable medical errors. Infor-

mation technology can accelerate access to lifesaving resources, support evidenced-based care, empower patients, and improve the quality and efficiency of health care as well as decrease costs. A "Health e-Commons" government Web site could be established where consumers and health care providers can find and share best practices about the diagnosis, treatment and prevention of diseases.

In the spirit of participatory health care, this Web site would permit people to exchange information and submit innovative ideas for exploration and testing by the government and private sectors.

Another important priority is more effective coordination of federal health initiatives to address the health challenges and opportunities ahead. With health programs spanning over 45 different federal agencies, the next administration and the American people would benefit from an independent office in the White House — paralleling the Office of Science and Technology Policy (OSTP) — that would support presidential health and medicine initiatives, coordinate interagency health efforts, and build strong partnerships across the public and private sectors.

Currently, health issues are addressed in OSTP, the National Security and Economic Councils, and the Domestic Policy Office. A White House Health Advisor would direct this office. A President's Health Innovation Council might also be established with a multidisciplinary group of senior leaders from academia, the pri-

vate sector and nongovernmental organizations to provide insights and breakthrough recommendations on current and emerging health challenges and to identify opportunities that will keep America at the forefront of medical discovery and effective public health response.

Investing in biomedical, behavioral, epidemiological and health-services research is another essential component. However, scientific research has been flat-funded in recent years. In fiscal 2008, funding for the National Institutes of Health (NIH) is only \$28.6 billion, which, when adjusted for inflation, is 18 percent below 2004 levels.

These budget cuts impact the conduct of research, the recruitment and retention of the next generation of scientists, and threaten America's leadership, competitiveness and potential contributions to advancing health and medicine in the 21st century.

Another element should involve empowering the U.S. surgeon general, the nation's top doctor, and expanding the U.S. Commissioned Corps. In the

recent past, years have gone by without a surgeon general in place. Filling this critical job swiftly should be a priority for the next administration.

The U.S. Commissioned Corps — a uniformed health service on duty 24 hours a day to fight international enemies including AIDS, chronic diseases and bioterrorism — should also be expanded to include a global division to provide expertise, technical assistance and rapid response on international health issues. An ROTC mechanism should be considered for the U.S. Public Health Service to foster recruitment of talented young people into these "special forces" of public health.

Lastly, investments in global health, which contribute to humanitarian, economic, and national security interests, can serve as an important foreign policy tool for the next administration. The President's Emergency Plan for AIDS Relief (PEPFAR) has saved millions of lives but now an evidence-based domestic plan is urgently needed.

However, besides PEPFAR, there is only minimal focus on global health within the U.S. Department of State, where health matters are largely concentrated in the Bureau of Oceans and International Environmental and Scientific Affairs. While there is a science adviser to the secretary of state, there is no equivalent post for health. Given the importance of health diplomacy to our nation's foreign policy, our new president should consider establishing an assistant secretary of health with an ambassadorial rank to serve as America's health diplomat.

The next administration should also streamline and better integrate funding mechanisms for global health programs that currently span many federal agencies while coordinating and consolidating many of the foreign health assistance programs into a restructured USAID.

By addressing these issues as well as ensuring that key federal health positions are quickly filled with visionary, innovative and experienced leaders, our new president could write a transformative prescription to heal our country's sick health-care system, helping to ensure a healthier future for people in America and around the world.

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