



SICKO: THE STATE OF THE AMERICAN HEALTH CARE SYSTEM

by Frank Roman MD JD

The keynote event at the Eighth Annual Focus Meeting will be a screening of the documentary film *Sicko* by Oscar winning filmmaker, Michael Moore. Noteworthy, this film has been nominated for an Oscar in its own right. I have been given the honor and privilege of being the moderator of this special event, which includes a town hall meeting immediately following the movie. With this honor, I join the select group of keynote speakers, Dr. Leah Curtin, Dr. Laura Gasparros, Patch Adams, and Robert Kennedy, Jr., which begs the question what was the organizer, Bob Miglino, smoking when he invited me to facilitate the event and more importantly what was I smoking when I accepted.

At the time of writing this article, I still have not seen the movie. I may have a conflict of interest, as I am a part of the current health care system. I also have concerns about the director, who attempts to come off as just an average blue-collar worker from Flint, Michigan when in reality he is a multi-millionaire living in an

What was I smoking when I accepted the invitation to facilitate the townhall meeting on the American Health Care System at the upcoming Focus Conference?

expensive penthouse in New York City. Historically, I have not fared well in previous panel discussions, as I seem to take unpopular positions. I have actually toyed with the idea of viewing the film for the first time at the actual screening and discussing it

based on first impression. However, this strategy goes against Law School 101. Lawyers do not like surprises and "it is imperative to review all the facts prior to trial". One cannot fault the director for showing the movie with his personal slant. In Law School 101 they teach you the importance of presenting the facts in the best light possible for your clients. Case in point, the same person being characterized by one side as a wife beater and murderer while the other side portrays this person as a grieving widower. Unlike television or the movies, for that matter, a smoking gun or significant finding is rarely uncovered during the trial. Most of the evidence is presented during "Discovery". I have also witnessed opposing lawyers sharing the style and substance of their case including giving notice when they intended to dramatize a certain aspect for the benefit of the audience be it judge, jury, and or the public.

This town hall meeting could be a very explosive battle with passionate, opposing groups or a very sedate morning as attendees try to recover from the previous night at the Grand Ole Opry. My questions to the organizer are will I have the ability to turn off the microphone on an annoying gadfly, can I taser someone, is there

a back door to escape, and finally will I have personal security. Despite these unanswered questions, I must proceed with the prep work of reading several books, articles on health care, blogs and websites dedicated exclusively to debunking this movie. Coincidentally, the first book of many in line to be read prior to the meeting: *Who Killed Health Care?* By Professor Regina Herzlinger from Harvard Business School was fascinating. I will attempt to summarize the most salient points in the next few paragraphs.

My apologies to Professor Herzlinger if her novel ideas on healthcare are truncated or misconstrued at my feeble attempt to summarize her 300 page book in a few paragraphs. Despite my best efforts it may not be possible but hopefully the readers are inspired to study the book in its entirety.

In her book Professor Herzlinger mentions that the United States healthcare system is a two trillion dollar industry with four groups in the midst of attempting its control: the health insurers, hospitals, government, and doctors. Hospitals account for most of the cost and cost increases in health care. Many US hospitals, most of them non-profit, charge uninsured prices that vastly exceed those that they charge their insured patients. Moreover, the value of a hospital's charitable care to maintain their non-profit status is measured at the hospital's top prices—prices that only the uninsured pay. Insurance costs are so high that over 40 million people go without it in this country.

Basically there are two schools of thought regarding the healthcare system: one group supports large organized institutions such as governments and large insurance firms. This group believes that the healthcare sector is incapable of the kind of productivity gains that characterize the rest of a country's economy. Their solution is simple: let the government cap the cost and ration healthcare through established health insurers and hospitals with the advice of academic policy makers.

The other group believes that healthcare can be transformed by the consumers themselves and the entrepreneurial institutions that serves them. Consumers who shop in free markets for differentiated products steadily drive down price and increase quality even for complex goods such as cars and personal computers. Professor Hertzlinger coined the term Consumer Driven Health Care (CDHC). CDHC empowers individuals and brings their collective force on the services of doctors, hospitals, insurance and pharmaceutical companies. An ideal consumer driven healthcare system will contain the following features: 1. It would require that everyone be insured

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and the system would subsidize those consumers who could not afford it. 2. It would provide the funding for the cost of universal coverage from uninsured individuals who can afford to buy it and from subsidies once given to hospitals and other healthcare providers. It would not take businesses for this funding nor use federal government reinsurance to fund it either. 3. It would provide for tax free purchase of health insurance. It would not limit health insurance shoppers to a government run supermarket as the sole means of obtaining health insurance. 4. It would require insurance for financially catastrophic care. It would not require insurance for specific benefits, such as hospital care, doctors, and drugs. 5. It would provide transparency about the quality of individual providers of healthcare and their prices. It would not dictate the process of healthcare delivery.

Obviously to make this happen she urges state legislatures and US Congress to create the following laws: 1. Everyone is required to buy his or her own insurance using tax sheltered income. Employees do not pay taxes on this money as long as they use it for health insurance and related medical needs. 2. The government must help those who cannot afford to buy health insurance by subsidizing them. 3. Healthcare providers are free to bundle care as they want and to quote their own prices enabling a free market. 4. The government will require publication of data on the performance of all medical providers. 5. Prices for healthcare will be risk adjusted. This is a crucial step that ensures that while sick people pay the same price for their insurance as everyone else, providers and or insurers will receive more money for treatment of the very ill. Future articles will focus on other innovative thinkers regarding healthcare unless I don't survive the Focus conference.

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level to the least amount needed to prevent airway obstruction. Once the lower CPAP pressure was established, they lowered the air pressure within the rigid shell. This expanded the subject's lung volume by about 421 milliliters (ml) above baseline. With the lungs expanded, the researchers again reduced the CPAP level to the least amount needed to prevent airway obstruction.

At baseline, the average CPAP level needed to prevent airway obstruction was about 12 cm H₂O. When the extrathoracic air pressure within the rigid shell was negative (thereby increasing lung volume), the average CPAP level needed to prevent airway obstruction was about 5 cm H₂O. Conversely, when the extrathoracic pressure was positive (thereby deflating the subjects' lungs to about 567 ml below baseline volume), the average CPAP level required to prevent airway obstruction increased to 17 cm H₂O. From this, Heinzer et al. concluded that small changes in lung volume could impact the patency of the upper airway.

Both negative extrathoracic pressure and positive airway pressure can increase lung volume. However, scientists are unclear as to which is more important in counteracting obstructions in the upper airway. Research is beginning to suggest that lung volume may play a more significant role in upper airway patency than previously thought. The standard OSA treatment has been positive airway pressure. But as scientists do more studies, sleep apnea treatment may focus on making the upper airway more patent by manipulating lung volume rather than by directly acting on the upper airway. Future studies are needed to determine how best to therapeutically increase lung volume to treat OSA and to what extent factors such as sex, body mass, and apnea-hypopnea index can impact an OSA sufferer's response to increased lung volume.

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