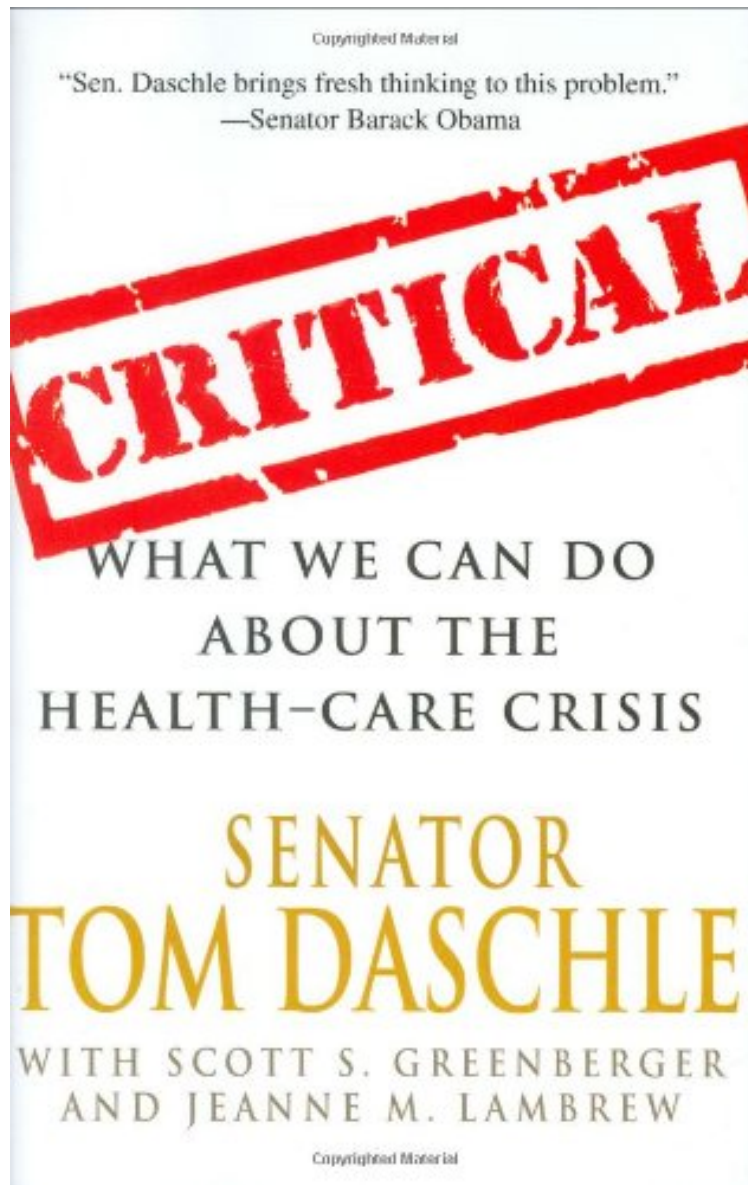


(Mobile book) Critical: What We Can Do About the Health-Care Crisis

Critical: What We Can Do About the Health-Care Crisis

Tom Daschle

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Tom Daschle : Critical: What We Can Do About the Health-Care Crisis before purchasing it in order to gage whether or not it would be worth my time, and all praised Critical: What We Can Do About the Health-Care Crisis:

1 of 1 people found the following review helpful. Read it for the detailed history of health-care reform By Amod A. Vaze Daschle wrote this book and was originally tabbed for HHS Secretary as a result of it. A healthcare professional has told me that his recommendation of a healthcare overseer much like the Federal Reserve is for the banking sector

doesn't make sense so I decided to read for myself. Although his ideal of the Federal Health Board would make many Americans uncomfortable, the issue Daschle drives towards is consistency of coverage across all options and, similar to Dr. Dean, a requirement that no one that wants to purchase health insurance be turned down or dissuaded from purchasing due to unreasonable premiums. What I gained from this book that was not in the Dean book is the detail to which former Senator Daschle describes the history of healthcare in this country, going back to Harry Truman's plan in the late 1940's. This book is worth reading for that chapter on the history of healthcare reform alone. 1 of 1 people found the following review helpful. Serious attempt to clarify debate, but flawed central idea

By Sagar Jethani
Former senator Tom Daschle has a greater command than many of the numerous complexities surrounding health care reform. 'Critical' examines the state of health care in the United States in 2008 prior to the election of Barack Obama. Although Daschle's role in the new administration was eliminated due to the surfacing of embarrassing failures to pay income tax, his memoir offers a telling look at why Obama decided to make health care reform his first major issue after TARP, and also why the resulting Affordable Care Act was considered a disappointment by many hoping for true health care reform. A veteran of the Clinton years, Daschle writes that the previous failure to enact health care reform was due to two factors: Clinton did not include key lawmakers in the legislation drafting process, and presented them instead with a finished product which they could easily pick apart, and Clinton failed to take advantage of the political momentum which every new president finds when first taking office. Until his tax fiasco, Daschle was a mentor to then-senator Barack Obama, and it is likely that he counseled the president-elect on the need to make health care reform a collaborative process which included congress, as well as on the need to act quickly during the early months of his administration. But Obama, who later cut off Daschle's access to him, embraced these twin directives without reference to the wider political landscape. Given the economic crisis, reform of the financial sector and reducing unemployment should have trumped health care reform as the early causes of his administration. And collaboration with congress would only work if he were dealing with a group of reasonable people, rather than the radical Republican party of 2009 which announced early on its goal of making him a one-term president. This failure to correctly read the political tea leaves led to a savage gutting of what might have been true health care reform. The GOP quickly seized the narrative from the green president, with its false trumpeting of 'death panels'. A policy-wonk at heart, Obama found himself unable to clearly articulate the moral imperative for health care reform. Daschle presents his idea of a Federal Health Board modeled on the Federal Reserve. Governors would be entrusted with analyzing the effectiveness of competing medical procedures, and distribute results to health care providers as recommended guidelines. Board members would be selected from among the nation's top health experts, and would therefore remain above politics. O RLY? What mechanism would prevent central officials from being influenced by the tremendous financial pressures of the hospital and pharmaceutical lobbies? Daschle offers no effective response to such questions, arguing that the academic atmosphere of the Health Board would allow it to remain indifferent to industry appeals to recommend certain products and procedures over others. Holding up the Federal Reserve as the shining example of dispassionate policy-making is also problematic. It took a Freedom of Information Act to force the Fed to disclose the identity of the institutions to which it gave direct capital injections during the financial crisis, as well as the amounts involved. The coziness between the Fed and the institutions it is nominally there to regulate was captured in comments made by Fed governor Kathryn S. Wilde when she stated in August 2011: "Wall Street is our Main Street-- love'em or hate 'em. They are important and we have to make sure we are doing everything we can to support them unless they are doing something indefensible." Is this the model Daschle seeks to follow for his National Health Board? If so, it seems designed to become the plaything of big pharma, the AMA, and other provider lobbies, who will attempt to influence board members to favor whatever treatment, procedure, or pill-of-the-moment will maximize their profits. With trust of government at an all-time low in 2011, what likelihood exists that the American public will repose literal life-and-death decisions into a central body of bureaucrats? And Daschle's belief that industry players will rationally come together to agree upon a course of action which maximizes public good while reducing each player's own private gain is naive to the point of ridicule. The very history of thwarted reform he outlines in the first third of the book amply demonstrates that when given a choice, the doctors, hospitals, pharmaceutical companies, and other providers will always protect their own self-interest at the expense of everybody else. 'Critical' offers the reader a succinct history of attempts at health care reform in the United States, as well as a ring-side seat at the defeat of Bill Clinton's efforts to provide universal health care in the 1990's. It also succeeds in arming the reader with the basic facts and lexicon of the health care debate-- no mean feat, given the volume's comparatively slim length. But Daschle fails to account for the strength of the health provider lobby, as well as the Republican party's continued scorched-earth policy of opposing Democratic initiatives without serious consideration. He therefore bears indirect responsibility for the disappointing final state of the Affordable Care Act. 7 of 8 people found the following review helpful. Average book with one innovative idea.

By Davis Liu
I had high hopes for this book. Except for the one innovative idea, the creation of a Federal Health Board, this was an average book compared to the many available which detail the challenges of our dysfunctional healthcare system far better. The book is an easy read, doesn't cover much in depth, but highlights all of the key points one needs to know to speak intelligently about the healthcare system (and presumably to be Secretary of Health and Human Services). It is unclear whether creation of a Federal Health Board will be able to provide the

impetus needed to make the American healthcare system higher quality, less costly, and more inclusive with universal coverage. One thing is clear from his book and that is Americans want a better healthcare system than currently exists. It won't be a pure single payer government run system. It won't be a free market private industry program. It will be a hybrid. What type of hybrid? Time will tell. The book is divided into five parts. Part One details the healthcare system in crisis filled with individual anecdotes on how it has bankrupted, failed, and at times killed people without adequate insurance coverage or financial means to pay for care. Part Two talks about the history of healthcare reform, which covers the beginning of the twentieth century. It highlights efforts by President Truman, Medicare and Medicaid legislation, as well as attempts in the 1970s, 1980s, and the early 1990s. In Part Three, Daschle looks at why reform hasn't occurred. He begins to build his case for creating a new entity, a Federal Health Board, which is modeled after the Federal Reserve as well as the British National Institute for Health and Clinical Excellence (NICE). Part Four he focuses in on how the Federal Health Board would be structured (a central board with several regional boards). As an independent body, it would recommend that only medications, treatments, and procedures backed by medical evidence and not by marketing be covered under government run insurance plans. It would also determine what criteria and benefits private insurers must offer to participate in expansion of the FEHBP (Federal Employees Health Benefits Plan). This new market would insure those unable to get employer-based or government run insurance programs currently. Finally in Part Five, he makes the case on the likelihood for healthcare reform. The best part of the book is Senator Daschle's perspective on the healthcare reform attempt by the Clinton administration, particularly how excitement and momentum moved the country towards reform only to see external events, special interest groups, as well as political missteps, caused it to die. Without a doubt, future leaders who hope to forward any healthcare reform package would best learn what not to do. A better book and fascinating read about how dysfunctional our healthcare system (and he quotes the book) is *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*. Another book which can help you navigate the healthcare system is the insider's guide *Stay Healthy, Live Longer, Spend Wisely: Making Intelligent Choices in America's Healthcare System*.

A much-needed and hard-hitting plan, from one of the great Democratic minds of our time, to reform America's broken health-care system. Undoubtedly, the biggest domestic policy issue in the coming years will be America's health-care system. Millions of Americans go without medical care because they can't afford it, and many others are mired in debt because they can't pay their medical bills. It's hard to think of another public policy problem that has lingered unaddressed for so long. Why have we failed to solve a problem that is such a high priority for so many citizens? Former Senate Majority Leader Tom Daschle believes the problem is rooted in the complexity of the health-care issue and the power of the interest groups—doctors, hospitals, insurers, drug companies, researchers, patient advocates—that have a direct stake in it. Rather than simply pointing out the major flaws and placing blame, Daschle offers key solutions and creates a blueprint for solving the crisis. Daschle's solution lies in the Federal Reserve Board, which has overseen the equally complicated financial system with great success. A Fed-like health board would offer a public framework within which a private health-care system can operate more effectively and efficiently—insulated from political pressure yet accountable to elected officials and the American people. Daschle argues that this independent board would create a single standard of care and exert tremendous influence on every other provider and payer, even those in the private sector. After decades of failed incremental measures, the American health-care system remains fundamentally broken and requires a comprehensive fix. With his bold and forward-looking plan, Daschle points us to the solution.

From Publishers Weekly The U.S. is the only industrialized nation that does not guarantee necessary health care to all of its citizens, and as former senator Daschle observes, Skeptics say we can't afford to cover everyone; the truth is that we can't afford not to because U.S. economic competitiveness is being impeded by the large uninsured population and fast-rising health costs. Daschle's book delineates the weaknesses of previous attempts at national health coverage, outlines the complex economic factors and medical issues affecting coverage and sets forth plans for change. Daschle proposes creating a Federal Health Board, similar to the Federal Reserve System, whose structure, functions and enforcement capability would be largely insulated from the politics and passion of the moment, in addition to a merging of employers' plans, Medicaid and Medicare with an expanded FEHBP (Federal Employee Health Benefits Program) that would cover everyone. There is no more important issue facing our country, Daschle asserts, than reform of our health-care system, and the book's health-care horror stories bring this immediacy home. (Feb. 19) Copyright © 2003; Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. ADVANCE PRAISE FOR CRITICAL "I may not agree with some of the political statements but Senator Daschle is right on target on the need to start a serious dialogue on health care for Americans. His thoughtful health-care proposals will move the process forward. Senator Daschle and I agree on the need for nonpartisanship in coming to grips with this number one domestic problem." —Bob Dole, former Senate majority leader "The American health-care system is in crisis, and workable solutions have been blocked for years by deeply entrenched ideological divisions.

Sen. Daschle brings fresh thinking to this problem, and his Federal Reserve for Health concept holds great promise for bridging this intellectual chasm and, at long last, giving this nation the health care it deserves.” —Senator Barack Obama (IL) “This book provides real solutions for America’s broken health care system.” —Senator Harry Reid (NV), Senate majority leader “Critical provides answers to one of the most vexing challenges of our time.” —John Podesta, president and CEO of the Center for American Progress and a former White House chief of staff “It is a must-read.” —Jerome H. Grossman M.D., senior fellow and director of the Health Care Delivery Project at Harvard University’s Kennedy School of Government “Senator Daschle adds to his reputation as a clear thinker and leader. Critical shows us not only why we must solve our health care crisis but that—with political will—we can.” —Judy Feder, professor and dean at Georgetown Public Policy Institute