



Changing the Shape of Healthcare

Remarks from Robert E. Tranquada, M.D.

on the occasion of his receipt of The Mathies Award

Partners in Care Foundation

**2003 Vision & Excellence in Healthcare Leadership
Tribute Dinner**

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It is a very special honor to be associated by this award with the likes of Weta and Allen Mathies, Yoshi Honkawa and Jim Ludlam - all of whom have played special roles in my life.

But those associations just touch the edge of the very special privileges that have been granted to me over my life. Those began, as it does with all of us, with my parents, Katharine and Ernest Tranquada who gave me a comfortable and nurturing childhood and encouraged me in all that I did. They did their best to point me in the right direction and in so doing provided models that I cannot hope to emulate.

Then there is my lovely Janet who, for the past nearly 52 years has tolerated nearly everything that I did – not everything – but nearly everything, and provided a measure of support way beyond any that I deserved. Janny and I are blessed with three remarkable children who behaved well most of the time and took the pressure off of us by creating their own successes. Jim and his wife Kristin are here with us tonight, while Katie and John are in Boston and Long Island.

And along the way I was further blessed with a succession of mentors, each of whom taught me lessons there was no other way to learn. Starting with David Solomon at UCLA, who introduced to meaningful research and first opened my eyes to the world of the dispossessed during our long weekly drives together to Harbor Hospital.

Helen Martin and Tom Brem, at USC, together demonstrated how excellence in clinical medicine could be combined with a never diminishing sense of obligation to our patients at County–USC. Of course, Roger Egeberg, the enormous Norwegian mind, got me started in Watts and gave me great lessons in the everyday scramble to reach a goal.

Sherman Mellinkoff at UCLA and Fred Register, my conference minister, and Warren Christopher all demonstrated how focused, gentle and caring, calm administration could benefit huge organizations with incredibly delicate agendas, and motivate success.

Among others at whose feet I have sat to learn, I must take note of the fabulous lessons from the late 60's original Community Health Council in Watts who demonstrated how good common sense could overcome bureaucracy and my many colleagues in the Department of Health Services who provided a very practical education.

And there are so many others – my wonderful colleagues at Pomona, beginning with Russ Smith, David Alexander and later Peter Stanley, circle now enlarged by the remarkable women and men in all of Claremont who allow me the privilege to be a close up observer of remarkable people leading truly remarkable institutions.

My more recent associates at LA Care Health Plan have continued my education in these basic

concerns and have contributed not insignificant progress in meeting the needs of the underserved. My thanks to Gail Margolis and Howard Kahn, two of the major contributors and colleagues (among many) at LA Care.

It is in this positively achieving arena that I place Partners In Care Foundation which has carefully identified niches of unmet need in our health care system and has responded by providing funding, fund raising, leadership, fiduciary action and innovation in its programs. That is the reason I am proud to have been recognized by Partners In Care.

But my good fortune does not end there, it extends to my treasured tennis, golf and fishing buddies, my fabulous class at Pomona College and to all of my friends who have tolerated my behavior over the years. More recently, USC and my colleagues at the then School of Public Administration offered me several years that allowed for a more thoughtful organization of my experience. For this I thank you all. You have given me license to try, encouragement in the rare successes and comfort in all the rest.

Having said all that, there remains at least one major arena in which I have not been so fortunate – an area in which I am joined by more than 40 million people in the U.S.

That arena is the battle for universal access to health care in these United States. As you heard from Gail, for the past thirty-seven years or so, off and on, a major focus of mine has been laboring on the fringes of this unsolved challenge.

I cannot deny that, in my lifetime, some truly important advances towards this goal have been recorded. We have had Medicare and Medi-Cal since 1966.

We have seen the development of many community clinics in Los Angeles from the Watts Health Center on to the many community clinics and federally qualified community clinics developed in the past 30 plus years. They have made a meaningful impact on the needs of uninsured and underserved in our County and significantly complement the efforts of the LA County Department of Health Services.

Unfortunately the DHS resources are severely limited by a serious structural funding problem that amounts to an un-funded mandate by the State of California. That un-funded mandate is held prisoner by the unintended but profound consequences of the combination of Proposition 13, the utterly inexplicable requirement for a 2/3 majority in order to pass a state budget and such narrowly drawn term limits that assure the elimination of institutional memory and the needed growth of legislative skills in Sacramento.

In brief, we have a God-awful mess.

We also have enormous expenditures in our system that, combined, would easily finance universal access. Consider, if you will, the expenditures on indigent care at all levels of government, the premium tax we all pay to allow our private health care services to subsidize at least a modicum of uncompensated care, the waste in unneeded duplication of expensive technology and its inappropriate use, and the unneeded and wasteful expenditures on indigent health care engendered by the forced utilization and overuse of the costly emergency care system and the substantial costs of deferred care

for health problems that should have been cared for early on.

We are now spending virtually all of the money needed to provide access to decent care for all. And I haven't even mentioned some of the unconscionable expenses attributed to excessive profit taking and outright fraud.

The bottom line is the reality that we can afford to support universal access without enduring any discomfort or meaningful compromise of the level of care now being enjoyed by 80% of the population. All that is required is the political will, the guts, to identify the source of the obligation to provide funding.

I won't even choose up sides tonight – because anyone of the three major methodologies could resolve our problem.

We could identify an individual obligation in which each of us is obligated to devote a minimum proportion of our income to health care, and then collectively subsidize those whose minimum contribution doesn't go far enough.

Or there could be an employer obligation to make an ongoing contribution towards the cost of health insurance by all employers, once again with a collective subsidization of support for the unemployed and for those employers whose minimum contribution does not prove adequate.

Or, as a third option, we can realize a general obligation of our government to provide universal access through general or special taxation built on a base of a required maintenance of effort on the part of both individuals and employers. All would be subsidized to some minimum by general government.

I know that the devil is in the details and that this does not speak to the organization of the resulting health care system. Multiple successful examples of successful systems of universal access exist in every other industrialized country in the world. We need only reach a consensus on the organization we desire.

However it is done, we must start by recognizing a focused obligation, and move on from there. It isn't really pie in the sky. It has been done in every other industrialized nation in the world. It will take political guts and a broadly based recognition of a great fault in our society that cries out to be healed.

I commend it to you – not because it is a goal that has escaped Tranquada's career, but because it would represent a just and responsible achievement for what is one of the otherwise most remarkable societies in the world.

So I thank you, Partners in Care Foundation, for this great honor of the Allen and Weta Mathies Award, and most especially to June Simmons and to Richard Marciniak and the many members of the Dinner Committee. I also want to thank you, supporters of Partners in Care and many of my friends for coming forward to support this needed and effective enterprise that is, indeed, changing the shape of health care. Thank you all.