

check whether a hospital had carried out training on its decontamination trailer or had working batteries in its radio system. Disaster specialists believe there are more helpful ways of measuring readiness that would look at how successfully a disaster drill or exercise was carried out. "I don't think anyone believes audits are an efficient method for assessing preparedness," says Roger Lewis, MD, PhD, research director in the emergency department at Harbor-UCLA Medical Center. "You can have all your radio batteries charged but not have everyone knowing how to talk to one another in an emergency."

Even the specialists, though, aren't sure what good benchmarks would be. "The concept of readiness is really amorphous," says Dr. Kaji, who has studied how to assess a disaster drill. "I have a sense that networking with my stakeholders (is effective) but how do you objectively quantify that?"

Specialists in the "science of surge" held a consensus conference in 2006 to find better common ways to measure what's needed in a high-casualty event. "We came out with more questions than answers," says Dr. Koenig, who helped organize the meeting. "We raised a lot of issues but there is still a tremendous amount of research that needs to be done in this area."

WHEN THE WELL RUNS DRY

Another challenge will be sustaining disaster planning if the federal money dries up. One way to ensure that both public and private organizations on the local level remain committed is to have them include disaster planning in their operational budgets so a mix of local and federal money is going toward the effort, suggests the PricewaterhouseCoopers report. At the same time, federal grant money could be distributed more widely, such as to primary care doctors

who have not generally been drawn into disaster planning.

Meanwhile, the 2006 all-hazards law is being carried out just as the Bush administration is coming to a close. Hamburg hopes the next president's administration will consider disaster planning one of its priorities in its first 100 days. "When you're facing massive cuts in funding it's only going to get worse," he says.

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McCain and Obama on Emergency Care: The Candidates' Approach to Emergency Care

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*Special Contributor to
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In 1991 a Republican senator from Pennsylvania, John Heinz, died in a plane crash. The special election to replace him pitted Republican Richard Thornburgh, the US Attorney General and former 2-term Pennsylvania governor, against Democrat Harris Wofford, a political novice. Thornburgh had fundraising prowess, name

recognition and a 40-point lead in the polls. But Wofford, with an assist from the then relatively unknown political operative James Carville, sensed public concern about the rising tides of the uninsured. Seizing upon the issue, Wofford vowed to champion universal coverage in the Senate, and this carried him to an eye-opening, 10-point victory.

Health care had arrived as a potent political issue.

In the 17 years since there has been a lot of talk, and one brilliant failure with the ClintonCare plan in 1994, within the

realm of health care public policy. And all the while the number of uninsured Americans has risen from 35 million, upon Wofford's election, to 47 million today. So while there will undoubtedly be much speech-making about health care during the 2008 presidential election, is there any reason to hope something meaningful will be done about the issue? And are the substantial problems specific to emergency medicine, such as crowding, on the political radar at all?

In the turbulent arena of presidential politics, a roiling economy and unrest abroad there are no political certainties. But health care, behind only the economy, has risen to the top of domestic issues for both Senator Barack Obama, the Democratic nominee, as well as Senator John McCain, the Republican nominee. That's largely because health care has increasingly become a serious economic issue stinging the pocketbooks of voters. According to one recent study by Harvard University researchers, every 30 seconds someone files for bankruptcy in the aftermath of a serious health problem. It is fair to say, then, that at some point health care will reach the forefront of the next President's agenda.

THE CANDIDATES' HEALTH PLANS

To understand the specific views of Barack Obama and John McCain on emergency care, it is helpful to review their overall health care plans.

Both agree that something must be done to make health insurance affordable to more, and that something must be done to rein in escalating costs. Both want to invest substantially in health information technology. And each proposes reforms that reach considerably beyond the Health Savings Accounts – a majority of which are never funded after being opened – enacted by President Bush as his major contribution to increasing health care access.

Obama's plan requires private providers to offer insurance to everyone, regardless of medical history, at fair and stable premiums that are not rated on the basis of health status. It would also allow anyone to buy into a government-sponsored insurance plan. Unlike his main primary opponent, Senator Hillary Clinton, Obama would not mandate that everyone have health insurance, only that children were covered. Obama's plan would cover about half of those presently uninsured, estimates Jonathan Gruber, PhD, a health economist at the Massachusetts Institute of Technology, and cost \$102 billion annually to do so. Obama's campaign disputes this figure, saying the plan would cost at most \$65 billion, and that everyone would be able to afford coverage, eliminating the uninsured class. Advocates of Obama's approach say it increases coverage of Americans while retaining consumer choice. Critics say it's expensive and doesn't include enough marketplace reforms to help control rising health care costs.

McCain's plan calls for an end to a tax break for employers who provide health insurance, which is how a majority of Americans are presently covered. He would replace this with a personal tax credit worth \$2,500 for individuals and as much as \$5,000 per family to be put toward health insurance. His plan does not guarantee that people could get insurance, nor require that they do so. Kenneth Thorpe, PhD, health policy professor at Emory University, has estimated the McCain plan would reduce the num-

ber of uninsured to about 38 million people. Advocates say the McCain plan puts consumers in charge, and creates a world where health care is valued as a precious resource, rather than a costless entitlement. Critics say the plan makes it very difficult for many Americans, such as those in their 50s and early 60s with preexisting conditions, to afford health care. And the \$5,000 write-off, they say, is inadequate to cover the \$12,000 average cost of a family health care plan.

For now the plans contain macro-rather than micro-detail.

"At this point in the process the plans that both McCain and Obama have laid out are still fairly conceptual," said Barry Arbuckle, PhD, Chair of the California Hospital Association and Chief Executive Officer of MemorialCare Medical Centers, a Southern California health system. "They have some good ideas, which are mostly politically correct ideas, but the details just aren't there, and the devil is in the details. How much will the plans really cost, and where will they get the money?"

Although their health care plans lack fine detail, by reviewing the candidates' past work, the words of their surrogates, and the plans themselves it is possible to gain some understanding of how each Presidential aspirant might address the issues most important to emergency medicine, such as crowding.

Obama, for his part, introduced the Improving Emergency Medical Care and Response Act of 2007, which would have provided funding for programs to enhance emergency care systems throughout the country. The bill came in response to the landmark Institute of Medicine report, *The Future of Emergency Care*, released in 2006.

"Our nation's emergency departments are overburdened and ill-equipped to respond to the public health crises we must be prepared to face," Obama said in July 2007, after introducing the legislation. "This bill will ensure our emergency rooms, medical personnel and response teams have streamlined communications systems, real-time data, and other coordination tools. We will face unprecedented challenges in the years to come, and we need to equip our emergency departments to prepare for the unexpected."

At the time American College of Emergency Physicians (ACEP) President Brian Keaton, MD, hailed the bill as "an important first step in tackling the numerous challenges that face emergency physicians on a daily basis."

The bill, alas, was read twice and referred to the Senate Committee on Health, Education, Labor, and Pensions where it died.

"It says something fairly significant that at least one of the candidates read the IOM report, and one could hope that that might be a focus going forward," said Arthur Kellermann, MD, MPH, professor of emergency medicine at Emory University School of Medicine. "In terms of the candidates' past records, it's probably the most substantial differentiator."

McCain has appeared to take little direct action in the past that bears directly upon emergency care.

THE FACE-OFF AT SAEM

Perhaps the deepest outlines of how each candidate might approach emergency medicine were revealed in late May, during the annual meeting of the Society for Academic Emergency Medicine (SAEM), when that organization and ACEP staged a Town Hall meeting featuring representatives for Obama: Kavita Patel, MD, deputy staff director for the Health Subcommittee of Senator Edward M. Kennedy; and McCain: Douglas Holtz-Eakin, PhD, senior economic policy advisor for the McCain presidential campaign and former director of the Congressional Budget Office. A representative for Senator Hillary Clinton, Christopher Jennings, also appeared.

"I was very pleased that all 3 campaigns sent senior representatives to the meeting, it really was historically unprecedented," said Dr. Kellermann, who moderated the town hall meeting. "And I was pleased for emergency medicine because I don't know if there's ever been a plenary session at SAEM that's had half as many people. There were more than 1,000 attendees. It was literally standing room only."

The event featured several questions, ranging from views on universal health care to a lack of information about emergency care proposals on each of the candidates' Web sites. Perhaps the most sa-

lient question about emergency care came from Jesse Pines, MD, MBA, an assistant professor of emergency medicine at the Hospital of the University of Pennsylvania. He asked what candidates would do to alleviate boarding and crowding in the nation's emergency departments (EDs).

Dr. Patel, Obama's representative, answered first.

"This is exactly what Senator Obama, in introducing legislation earlier last year, dealt with," she said. "We need to look at the actual flow of patients both inside and outside of the ED, which would get at the issue of whether hospitals are gaming the system. The second piece would be to actually give ERs the ability to regionalize and coordinate their systems so that one ER doesn't exist in a silo. These are all consistent with the IOM report that was issued recently on how we can enhance ER care. And also to debunk the myth that it's just the undocumented and uninsured who are causing the crowding. And I think those elements, alone, can help alleviate what you discussed."

Dr. Holtz-Eakin, of McCain's campaign, followed.

"Well, certainly, I want to echo the comments on regionalizing health care," he said. "The senator is in full agreement that as part of any approach you ought to have better communication and utilization of resources. Regarding the fundamental issue of what you see is reimbursement systems that pay differentially and park people in the emergency room when they have care that is not suitable for that – that's right at the heart of what's wrong with American medicine. We have these payment systems that are targeted at what you do, and where you do it, and not on the outcomes, and putting people in the best possible locations for the best possible outcomes, that's often not in the hospital. The whole focus of what Senator McCain is trying to do is change those kinds of incentives in the delivery of care."

After the town hall meeting, Dr. Pines said, "I felt the representative from the Obama campaign had the best answer. The Clinton and McCain representatives, I think, didn't really understand the question. They reverted to canned answers about consumer-driven health

care (McCain) and the too many uninsured coming to the ED (Clinton)."

Angela Gardner, MD, vice president of ACEP and a Professor of Emergency Medicine at the University of Texas Medical Branch in Galveston, has closely followed the presidential primaries for information specific to emergency care.

She said each candidate has some positives when it comes to EDs. Obama gets high marks for extending health insurance to more people, which would ease the financial burdens on hospital EDs. Obama has also said his public health insurance program must cover mental health treatment, another major resource drain on EDs. McCain, however, has been much more forceful in speaking about the need to adopt malpractice reforms that limit frivolous lawsuits and excessive damages.

Both have also spoken about improving electronic medical record keeping, which could dramatically reduce the duplication of tests a patient undergoes in the ED. It is an initiative already begun by President Bush, who provided \$165 million in fiscal year 2008 for personal health records. But that's about how much a small hospital chain spends on information technology in a year. Obama has been most specific about the issue, saying he would provide \$50 billion over 5 years to facilitate the adoption of electronic medical records.

"That's serious money, and it would have a great impact on emergency departments," said Arbuckle, the California hospital administrator.

Having the will to reform health care is one thing, but a key question is whether there's a way to actually get it done in today's political climate. After all, the recent political wrangling over extending the State Children's Health Insurance Program through March 2009, which included a Presidential veto, proves that even relatively minor and seemingly non-controversial goals such as extending coverage to children quickly become contentious.

THE ROAD AHEAD

Drew E. Altman, PhD, President and Chief Executive Officer of the Kaiser Family Foundation, has spoken of the 4 hurdles that health care reform must overcome before it becomes a reality. First,

he said, there must be a vigorous, pre-election public debate to elevate the issue. Then, during exit polling of the 2008 election, voters must cite health care as a significant voting issue, sending a strong message to politicians. Then the new president must make health care a priority, and exercise leadership on the issue. Finally, the new Congress must be a willing partner with an appetite for a centrist deal.

Dr. Kellermann said, despite the hurdles, he sees activity within a few years of the next president taking office. "My hunch is that there will not be much done on this in the first year," he said. "The immediate agenda is the war and the economic crisis. After that it's really anyone's guess, but I think they'll probably set the table in the first year, and really go after health care reform in the second year. It's just too important of an issue to ignore."

Yet such reform may ultimately ring hollow to most physicians, said Dr. Gardner. Each candidate has sought to amend the current system, rather than looking at where health care needs to go when faced with an aging population beset by chronic illness, she said. Such a forward-looking answer may be found in some sort of national health insurance. She cited a March 2008 study in *Annals of Emergency Medicine* that reports on a survey of 2,193 US physicians, finding that 59% supported "government legislation to establish national health insurance." Among emergency physicians support was even higher at 69%.

"My biggest concern is that the candidates are just trying to make fixes to the current, broken system," Dr. Gardner said. "What I think we really need is a complete overhaul."

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