Transcript / The Healing of America with T.R. Reid
Crossover Show / TCNtalks

Melody King: 0:01
Welcome to TCN Talks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

Chris Comeaux: 0:23
Hello and welcome to TCNtalks. I am super excited. Today, our guest is T. R. Reid. He is the author of Healing of America, which was a New York Times bestseller. He's also been author of many books, many articles. T. R. welcome, it is so good to have you.

T.R. Reid: 0:40
Great to be with you, Chris. Thanks a lot for having me.

Chris Comeaux: 0:43
What's your audience? What would you like our audience to know about you?

T.R. Reid: 0:54
I like writing and I'm a writer. I'm a reporter. I was a reporter for the Washington Post and National Public Radio. I've made a bunch of movies for PBS and basically I'm a freelance writer. I write for anybody who will pay me to write something. I really like writing, so I've always felt lucky that people are paying me to do what I really like to do.

Chris Comeaux: 1:15
Well, I was trying to think about it. I'm almost positive. It was Christy Whitney, who was the longtime CEO of what's now Hope West in Grand Junction, Colorado. I think she was the original person who recommended your book to me and I just devoured it the first time I read and I was sharing with you. We're in the green room.

Chris Comeaux: 1:32
I had a sabbatical last year, in 2024. And there's a lot of big questions I wanted to wrestle with, like what's my cause and purpose and long-term. But one of the books that was on my reading list was to go back and reread the Healing of America, and there's something about reading it the second time. Maybe I'm just more mature thinking about some of the macro issues that spill over into healthcare.

Chris Comeaux: 1:55
One of my first mentors said Chris, hospice is a tail end of healthcare and you know what rolls downhill. It's kind of his way of saying. You know, we're at a pretty critical juncture here in this whole healthcare continuum and I have to tell you so when I read it over sabbatical I thought I need to reach out to T. R. Never met him and you were so gracious to respond. So I am so excited that you agreed to be on this podcast and to talk about this book and what you learned during your research. So why don't we go there? You've traveled all over the world, so there may be some listeners that aren't familiar with your book, but you traveled all over the world to research just different healthcare systems in other countries. Can you talk about what you learned in those travels and maybe what even brought you?

Chris Comeaux: 2:39
to write the book.

T.R. Reid: 2:40
So here's what happened. We have several kids, and my youngest daughter, Willa, had a condition called Otitis Media, and this means she gets ear aches, she gets ear infections, and the treatment for this is totally standard and always works. So Willa wakes up and she has an earache. We go to the pediatrician. The doctor looks in her ear and says oh yeah, you have an ear infection. She says I'm going to give you a shot of penicillin and it'll go away. And sure enough, it always worked. And in America, when Willow was a child, this was what 25 years ago. This cost $120, $140 a visit. Sometimes the insurance paid, sometimes the insurance company found an excuse not to pay. Anyway, we then moved to Japan when Willow was five years old and, sure enough, two weeks in, Willa woke up with an earache. We didn't know what to do. So we went to the nearest pediatrician and the doctor in Japan looked in her ear. She said oh, she has an ear infection. She said I think I'll give her a penicillin shot. She gave her a penicillin shot. Well, it got better. And guess what? This cost 1,500 yen, $14. And I'm thinking wait a minute, how can they give me the same care, effective care, kind doctor, for a tenth of what I paid in the United States. For a tenth of what I paid in the United States.

T.R. Reid: 4:04
Then we moved to Britain. I was a foreign correspondent and we moved to London and another one of my daughters was in a place called Camden Town. This is a run-down section of London. It's where Tiny Tin lived in A Christmas Carol and Katie was over there and she saw this secondhand jewelry store and they had earrings for sale for like five quid, five pounds, and we had not allowed our girls to have pierced earrings. But anyway, she went ahead and bought these five-pound earrings but her ears weren't pierced. And so

the woman in this jewelry store says oh no problem, mate, I can handle it. Punch, punch, pierce your ears. And Katie came home with these new gold earrings and guess what?

T.R. Reid: 4:59
The next morning she woke up and her ear was swollen, painful, oozing puss. It was badly infected. We didn't know what to do. We got in one of those big black London cabs and I showed the cab driver my daughter's ear. I said what do I? No problem, mate, no problem. And he took us to St Mary's Hospital. This is a big hospital right down the street from Paddington Station in London. Where Paddington Station in London, where Paddington Bear lived, and this, like many, they don't spend any money on physical plant in Britain. It's a run-down red-brick shack kind of place. It didn't look very promising. But when you walk in the front door of St Mary's Hospital there's a plaque and it says in this hospital in 1927, Sir Alexander Fleming discovered penicillin, and that made us feel a little better about the whole thing anyway.

T.R. Reid: 5:52
So we went to what's called the casualty ward, that's the ER in a British hospital, and the nurse there took one look at our family and figured out that Katie was the person who needed help, took her in a room. A doctor pierced the puncture, cleaned her ear. She came out beaming. She was cured. You know the system had taken care of this health problem.

T.R. Reid: 6:16
So I went over to the nurse and got out my checkbook and here's what she said. She said oh, no, no, no, no, no, no. You may put away your checks. You Yanks don't seem to understand. We do it differently here. You don't pay for health care. In Britain you pay through taxes, but you don't pay at the doctor's office at the hospital.

T.R. Reid: 6:37
So I'm thinking, gee, these are better ways to organize health care than what we're stuck with in the United States ways to organize health care than what we're stuck with in the United States. And so that's why I wrote a book where I went around the world talking to doctors in very several developed and a few developing countries, and what I found was all the other countries, all the other countries like us. They're industrialized, advanced, high-tech countries. All of them provide better health care. They cover everybody, they have better health outcomes, longer life expectancy, better recovery rates from disease or injury, and they spend about half as much as we do. So that's why I wrote the book. What can the United States learn from these Other Countries About how to Fix Our Healthcare System?

Chris Comeaux: 7:27
What are some of those? Maybe principles that you stumbled upon that we could apply to the healthcare system, and I also just the two chapters, because I kept asking myself how can we adopt this? And the Japan and Germany seem to be the flavor that might be the most palatable to Americans. You might disagree now it's been a bit since you wrote the book, but what were the elements that you saw? Across? All of them, but maybe if you could speak to those in particular, if you think that they're still maybe our two greatest learning lessons as far as those two particular countries learning lessons as far as those two particular countries.

T.R. Reid: 8:11
Yeah, I used to think, like you, that Japan and Germany were the right models for the United States. I'll explain why in a minute. I don't feel that anymore. The key point of my book, the key lesson for any successful healthcare system, is you got to cover everybody. Everybody has a right to health care. When people are sick, get them into the doctor and treat them, and the United States is the only advanced democracy that doesn't do that. Anywhere in Western Europe Ireland, Britain, France, Germany, Switzerland, Scandinavia, Netherlands, Italy, Spain, and then in East Asia Japan, South Korea, Malaysia, taiwan they cover everybody. If you're sick and need a doctor, if you're injured, doggone it. You get the care you need.

T.R. Reid: 8:56
The United States, the world's richest country, currently has. According to the Congressional Budget Office in June of last year, 30.5 million Americans have no health insurance. No health insurance, get this. There's some disagreement about the numbers, but roughly 100 times every week, 5,000 times a year, a woman shows up in the emergency room nine months pregnant, seven sentence dilated, ready to give birth, and she has never seen a doctor. Because lots of young women in the United States have no health insurance. And guess what? Those are the babies we lose. Those are the mothers we lose in childbirth. Of the 23 richest countries in the world, guess what? The United States ranks last 23rd in keeping babies alive until their first birthday. Can you believe that? I mean with all our expertise, with all our skill. And it's not because we don't know how to care for these sick babies, it's because we don't provide the care, because so many young women don't have any health insurance.

T.R. Reid: 10:10
So the first rule is make sure everybody is covered. You know, when I went around the world I asked health ministers, economists, doctors, why do you cover everybody, why do

you do this? And the most common answer I got was why don't you? It's so obvious that you want to provide health care for everyone who needs it.

T.R. Reid: 10:34
The health minister in Britain was a guy named John Reed, probably a distant uncle of mine, a very nice guy. I liked him a lot and I asked him why is health care free in Britain? Why don't you just charge five bucks or something to go to the doctor? And here's the example he gave me. And he says let's take a person who's working in a convenience store or a maid in a hotel not making a lot of money, and she feels kind of a vague pain on the right side of her abdomen. Well, in Britain she's going to go into the doctor because it's free and the doctor says oh, you have an infection, an infected appendix, let me give you a shot and it'll go away.

T.R. Reid: 11:18
If she can't get to the doctor as in the United States, she doesn't have health care doctor. As in the United States, she doesn't have health care Then three months later that becomes a burst appendix she's in the emergency room. We're talking about a $35,000 procedure that could have been avoided with one visit to the doctor. So perhaps it seems counterintuitive, but if you cover everybody, you save money, and it's not a coincidence. All the other countries that provide health care for everybody have better health outcomes and spend less on health care. So that's the first rule cover everybody. And this is one thing the United States has never done.

Chris Comeaux: 12:01
What other rules?

T.R. Reid: 12:03
Another rule is it doesn't matter what procedure you use to do it. In my book I said there were four different models for providing health care and three of them work. So in Britain they have a system where the government provides the care, the hospitals are owned by the government, the doctors work for the government and the government pays for the care. We would call that socialized medicine. Of course it's terrible. Americans hate socialized medicine, except they love it when they get it. Now I'm a US Navy veteran and the VA system where I get a lot of care is one of the world's purest examples of socialized medicine. And every time somebody says, oh, we don't like socialized medicine, the veterans stand up and say well, I like it just fine, it works fine for me. People in the US military have socialized medicine, they have government medicine. Anyway, that's one way to run a medical care system.

T.R. Reid: 13:00

Another way is completely private. Germany, Japan, Switzerland, netherlands they rely on private insurance. They don't have a Medicare, they don't have Medicaid. People stay on private insurance. Company is required to cover every doctor. You choose the doctor. They can't have these narrow networks. They're required to pay every bill submitted by a doctor or a hospital. They can't turn you down because you were sick once. They don't have this business that our insurers have, where the doctor has to call the insurance company to get approval before she can treat you. If the doctor wants to provide the care, the insurer has to pay. So private insurance can work it does work very well in those countries if you have certain rules to make sure that the insurance pays and covers people as they need it.

T.R. Reid: 14:03

And then the third method is a system that was invented in Canada which is a mix. This is government insurance paying private doctors and hospitals. This was invented in Canada in the 1940s, as I talk about in my book. Tommy Douglas was the governor of Saskatchewan and he invented this system where everybody pays a tax into the government and then the government insurance system pays the doctor. And in 1940, when Tommy Douglas invented this system, he came up with a name for it, and you know what he called it. He called it Medicare Medicare. And sure enough, in 1965, when the United States finally provided health insurance for all our seniors, we took the model, that is, government payment of private doctors and the name Medicare from Canada. So those three models all work. We could use any of them.

Chris Comeaux: 15:02

Did you say there was a fourth or did I misunderstand?

T.R. Reid: 15:07

The fourth model is for poor countries. For most of the countries in the world, the fourth model is no insurance for almost anybody except rich people. This is called the out-of-pocket model. If you have 10 bucks in your pocket to pay the doctor, you get treated. If you don't have any money, you stay sick or you die. This is the model in all third world countries.

T.R. Reid: 15:29

Rich people and government employees do get health care. Most people don't, and they, you know these countries tend to set up some free hospitals. When I was, I made a movie of this book for PBS and we went to India and while I was in India we went to a hospital in New Delhi and there was a line, I would say maybe 130 or 140 people lined up outside the door of the hospital and I went up to one gentleman and was talking to him and he had

been there two days but he was pretty sure he was going to get in by the next morning. So that's how health care works in poor countries.

T.R. Reid: 16:11
And guess what? That's how health care works for Americans, the 30 million Americans who have no health insurance. You hope to get into one of the free hospitals or a free clinic and hope to get care and quite often those people don't. The life expectancy for a man in America today is about 78. For people without health insurance it's 56. They lose 20 years of life because we're not providing them care. So the first rule is you got to provide health care for everybody. It gives better care and saves money. And the second rule is there are many different models for how to get there.

Chris Comeaux: 16:53
So you alluded to. Again, when I read the book I was very kind of drawn to Japan and Germany, but it sounds like you've changed your thinking about maybe that's the solution for America. Can you talk about that?

T.R. Reid: 17:04
So Japan, Germany, Switzerland, Netherlands, they rely on private insurance and I thought, boy, that's capitalism and Americans can go for that. That's what we would go for. But I don't think it's going to work in America. And the reason is the insurance companies have enormous clout in Congress and in state legislatures and the insurance companies will fight against the rules that make this work. In Germany, for example, in the United States, if your doctor recommends an expensive procedure, she first has to call United Healthcare in Minnetonka, Minnesota, and some insurance executive not the doctor, the insurance executive decides whether that's approved for you. That's not allowed in Germany. In Germany what the doctor says goes and they have to pay. They can't turn down your claim like they do for 20, 30 percent of claims in the United States. American insurance companies, all the private insurance companies, have what they call a narrow network, which is they dictate which doctor or which hospital you can see, and in many cases they have a new term in the insurance industry now it's called an exclusive network. If you want to see, say, a dermatologist or a cardiologist, a particular specialist, they only have one. You only get one. You don't get to choose your doctor. In Germany, in Japan, in Switzerland, you go to the doctor and insurance has to pay. Well, that makes things more expensive for the insurers. They don't want that and they use their lobbying clout in Congress and the legislatures to fight it. So I now don't think that private insurance for everybody will work in the United States because of the way the insurance history works. I think the way we're going to end up is some kind of government insurance system for all.

T.R. Reid: 19:08
So of all the insurance plan health insurance plans in the United States most of them the private insurers UnitedHealthcare, Cigna, Aetna they have administrative costs in the range of 15 to 20 percent. Now, any insurance plan has administrative costs. You've got to collect the premium, you've got to deal with the doctors, you've got to pay the bills. But in other countries the administrative costs are limited to about 5 percent. They're limited by law. In America, the law allows our insurers to charge 20% of any bill as administrative costs, just added on to the cost of your premium.

T.R. Reid: 19:55
There's one insurance plan that's much more efficient than that, and that is Medicare. This is the government-run plan for seniors and people with disabilities. This is the government-run plan for seniors and people with disabilities. Medicare says that its administrative costs are in the range of 3%. They're much more efficient than the private insurers and they're also the lowest payer because they use their bargaining clout with hospitals to get lower rates. So Medicare for all would certainly work. Medicare, as I say, is the most efficient. It's the lowest cost insurance plan and has the highest rates of appreciation among its insured. In fact, when you ask people over 65, would you like to drop Medicare and go back to private insurance? No, the answer to that is no. 88% say no. Don't do that to me, don't take away my Medicare. So this is.

Chris Comeaux: 20:53
This is fascinating. I'm just thinking that you know, when I originally asked you for this podcast, you know we something tragic happened. The CEO of United is assassinated and the dialogue in our country is fascinating and one of the best articles. Dr Neal Shaw wrote an article and the gist was it's horrible that someone would get assassinated. It is fascinating that half the country is reacting in the way they do, and maybe it's a signal of the moral bankruptcy of have you kind of lost sight of what you were there to do? Is this really about helping people be healthier? And then, of course, the assassin's bullet had what was it? Depose, deny, I forget what the third term was.

Chris Comeaux: 21:43
I had a personal experience right about the same time. The lady next to my office I was having to go and fax my son had wisdom teeth and they denied it. He had wisdom teeth removed. She goes hey, can I fax that for you? I'm like that's wonderful, I'm doing it. It's an appeal. So it's personal, I feel like I need to do it. We get to talking. She goes you know, they denied mine too. And she goes you know, they denied mine too. And I'm like, well, do you know you can fight that? No, and she was just going to pay $1,000. And how many people are like that? And that's exactly the strategy. Why do they actually do the

denials is, most people won't fight it and that has nothing to do with health care, nothing to do whatever. And actually it's funny.

Chris Comeaux: 22:25
You mentioned that I've got page 232 of your paperback version under myth number three, healthcare for-profit insurance have the highest administrative costs in the world. And then you quoted about the 20 cents. I did not know about Medicare at three cents, and it definitely seems like that's definitely part of what's wrong. There's major dollars that are not adding value, and also love. And I'll show up and let you comment. In the very beginning of your book you actually spoke to Dwight D Eisenhower. This book is dedicated to President Eisenhower for the reasons set forth in Chapter 1. I had actually never read someone else say this. I thought this was like our own thing behind the scenes. But Eisenhower talked military-industrial the complex. Beware the people that will make war, because it's profitable and health care is perverse that way. It's not really about making people better. The more bad stuff that happens then, the more money that you make, and so, anyway, I'll shut up and let you comment to some of those things.

T.R. Reid: 23:23
Yeah, I think that's a crucial point, chris. One fundamental difference between the health insurers in the United States and those in other countries Germany, japan, switzerland, for example is that other countries don't allow insurers to make a profit. They're basically charities. They're not there to pay investors or to pay executives huge sums. The reason for insurance companies is to provide a healthy society, a healthy nation, and the reason they don't allow profit is they think there's a fundamental contradiction between making a profit on health care, health insurance and keeping people healthy. The reason for a health insurance plan would be to get people to go to the doctor when they need care by paying their bills. The way you make a profit in health care is by not paying bills. This is why they have narrow networks, this is why they have to approve your procedure in advance, and so it's really that fundamental difference between charity health insurance in Germany, Japan, Switzerland, Netherlands versus for-profit health insurance. Once you have to make a profit in health insurance, then you adopt all the tactics that make people hate their insurance company.

Chris Comeaux: 24:45
Yeah, that is very well said. Well, it's also fascinating the time. So this show will be airing in the early spring of 25. When your book first came out, Obamacare was being enacted and now here we are with a possible sea change window of opportunity in DC. So you were king for a day and you could change the American healthcare system. How would you do

it? I feel like you've kind of alluded to it, but if you were king for a day, and then also I'd love for you to talk about, do you think there is that window, possibly this year?

T.R. Reid: 25:16
Well, here's the thing: Our newly elected president, Donald Trump, has said in all three of his campaigns that we should provide health care for everybody. He realizes that we have tens of millions of people with no health insurance and that this adds to costs, it doesn't save money, and it makes our overall national health worse. So he's said that he's never come up with a plan to make it work, but he realizes the problem. To me, that's the first step: Figure out that we need to provide a system that covers everybody. And Donald Trump has also complained very strongly about the costs of health care.

T.R. Reid: 25:59
And there are certainly ways to control the costs of health care that we could adopt from other countries. So if he means it and if he really wants to do it, and if he During the 2024 campaign last year, Americans were polled on health insurance, and one question was, should we provide Medicare, that is, government insurance for everybody? to achieve something historic for our country in his second term as president, this is the way he could go and it would be quite popular. In the Pew Research Institute poll, 58% said yes. So that would be. It would be a popular step and it would be a valuable step for our country. It would improve our health and save money. So yeah, maybe I'm kind of hoping that the new administration will take this on.

Chris Comeaux: 26:53
Well, you have spent a lot of your life crafting words, and so word crafting is a superpower. It's almost art. Do you think the term Medicare for all is the right framing, or is there a different framing with the same concept?

T.R. Reid: 27:10
No, that's not the right term. It's the right concept. An efficient, government-run health insurance system with lower costs for everybody, so that everybody gets the same care, is the way to go. But Medicare for all is tainted. It sounds like socialism to people. So, no, we need a plan called AmeriCare or Unicare or US Care or something like that. We need a new name, AmeriCare, and not the same name that Canada uses. But a plan like that where everybody pays into a government-run, highly efficient insurance system and then everybody is covered in the same way by that system. As I say, people when they get on Medicare at age 65, never want to go back. If you poll people on Medicare, would you like to go back to private insurance? No, 88% say no.

Jeff Haffner: 28:14

Thank you to our Anatomy of Leadership / TCNtalks sponsor, Dragonfly Health. Dragonfly Health is also the title sponsor for leadership immersion courses. Dragonfly Health is a leading care at-home data technology and service platform With a 20-year history. Dragonfly Health uses advanced technology and robust analytics to manage durable medical equipment and pharmaceutical services as part of a single, efficient solution for caregivers, patients, and their families. The company serves millions of patients annually across all 50 states. Thank you, dragonfly Health, for all the great work that you do.

Chris Comeaux: 29:01

I didn't tell you I was going to ask you this. But price controls. I think it was Japan, right, that had really tight price controls on the way their system worked. And as I sit here and process, I mean you basically Medicare has Medicare allowable, so we kind of got price controls in place. But I'd just love to hear you talk about that a little bit, like what role does price controls play in a system like this working? Perhaps?

T.R. Reid: 29:28

You know, in most other countries somebody sets the price for a medical procedure and the price is the same for everybody. In the United States now, for example, I was on the board of the University of Colorado Medical School. We have a hospital and in that hospital we had a team that performed 36 hernia repairs, about five or six a day, 36 a week. It was the same team in the same room doing the same, just about the same procedure for everybody. And guess what? We got 36 different prices because it all depended on what your insurance company was willing to pay. That just adds to the paperwork and administrative burden.

T.R. Reid: 30:13

When I was on the board of the medical school, we were building a brand new campus, which was kind of nice for us board members because like every three weeks they opened a new building and they would cut a ribbon and we would sip wine and have hors d'oeuvres. It was quite pleasant. And there were so many new buildings on this campus it was hard to keep track of what they were. And one day we board members were out there and they opened a six-story, a big six-story building, brand new, beautiful building. We clipped the ribbon, I was sipping wine and I said to the dean in the medical school what are we going to treat in this building? He said treat, we're not treating anybody here. This is the billing office. It's 75 people are there just to dig through the different insurance plans and figure out what we're going to be paid for a procedure that we did five times and we're paid five. You don't need that kind of administrative costs. If prices are set so that all prices are the same, you save huge amounts of administrative costs, and that's

what other countries have done, and then this leads to more efficiency, as I point out in my book.

T.R. Reid: 31:25
Once here in Colorado I had a growth on the back of my neck and the doc said, oh, you better go get that looked at. So I went to get an MRI of my neck, which was fine, and the bill came. It was $1,800, about standard for that procedure. Anyway, a few months later I was in Japan working on our movie about health care and in the doctor's office I saw an MRI machine and I said to him hey, if I had to get an MRI of the back of my neck, what would it cost? And he looks in his book and he says well, that would be Ichimayen. That's $98. $98. I just paid $1,800, but that's the price that the Japanese health ministry has assigned for that procedure.

T.R. Reid: 32:11
And guess what? The doctor makes money. The doctor comes out okay, and the reason is to meet the need for those low-cost MRIs. The Japanese tech companies like Fujitsu and Hitachi have built very simple, plain-jane MRI machines without all the bells and whistles, and using that doctors can provide the same decent care. For what was it? For one-twentieth of the cost. And that so what? My argument is that kind of price control leads to efficiencies. It doesn't undermine health care, it leads to more efficient health care.

Chris Comeaux: 32:54
Well, it leads to another good question. So when I think about what you just said, what about the role of innovation? And let me maybe frame it this way I think, as you went through your book, some of the countries you research allowed more affluent people that could pay for concierge type medicine, so the higher. I'd love to be able to drive around a Mercedes, but I drive around a Toyota and so on. My salary I'm okay with middle of the road, but if someone could afford a Mercedes or a Lexus, good on them. Do you create that ability on top of the system for more of a concierge? And then is that the place where innovation? And then does that innovation eventually trickle down as costs go lower, et cetera.

T.R. Reid: 33:39
Yeah. So innovation, research, medical advances. The United States is great at this. We lead the worldleading medical research. I don't know if you've seen anybody who has seen their baby in the womb through ultrasound, which every new parents do that nowadays. That's a procedure that was developed in Sweden, not in the United States. Sweden is a very low-cost country. Deep brain stimulation is considered one of the few

treatments that seems to work for dementia. That was developed in Canada, which is a very low-cost country.

T.R. Reid: 34:46
If you happen to take a statin, that is, an anti-cholesterol pill like, for example, crestor, is one of the best-selling medicines in the United States. It's one of the top 10 pills every year. On the label of Crestor it says licensed to Shioyaki Company, Japan. That is, that pill was developed in Japan, which also has very low cost. So yes, the United States is great at medical innovation and research, but it's not because of our high costs. The most important new development in dentistry in the last 25 years is dental implants, where they put a whole new bridge in your mouth. That was developed in the Netherlands, which is another very low-cost country. So you don't need our high costs and our outrageous administrative costs to have good medical innovation. We do have that we lead the world in medical research, but it's not because of our high cost burden.

Chris Comeaux: 35:47
I'm so glad I asked you that question. The other thing you alluded to I think it was Japan and Germany both that they were starting to deal with a pretty steep increase in cost, and I don't know if you've read recently, but 2024, it looks like now we're on 8% 9% increase in cost, which means now all the employers that are going to be going into 2025 with their health insurance renewals are going to be be looking at maybe double-digit increases. And what do you do? You're going to pass that along to your employees in a high inflationary period when their paychecks has already been eroded because of inflation. So costs are happening in America, but cost was happening in some of those countries that you researched. Was it simply because the demographics CR, because more people were? Just, I know Japan's baby boom population, I think, is almost 10 years ahead of ours demographic wise. Is that what it was or what was really driving those costs, and what are the lessons for us in that?

T.R. Reid: 36:43
It is true that all the rich countries have aging populations Japan is the oldest population in the world and aging people have more medical needs and therefore more medical expenses. I think a big problem is these fabulous advances that we talked about, that save lives and improve people's daily health, cost money. They're really expensive, cost money, they're really expensive. And this new wave of Ozempic and Wegovy, weight-controlled drugs and diabetes-controlled drugs they are fabulous, they're medical miracles, but they're really expensive. I notice, however, that the Netherlands is now allowing the sale of those drugs and Sweden, of course, where Denmark is, where Ozempic is made they're allowing them, but the cost that the companies are allowed to charge is about a tenth of what they're charging in the United States. That is, they control drug prices, but even

there, even with controlled prices, these new advances in drugs and procedure and technology are really expensive.

T.R. Reid: 37:58
And, yes, they're causing a serious strain for every country. Well, we don't want to say no to those. We want to take advantage of any advances that will improve our health and extend our lives, of any advances that will improve our health and extend our lives, and so the way to deal with that is to reduce the administrative costs, to get our overall costs down so that we can afford these expensive new procedures. And that's where the United States lags. As I said, our insurance companies have administrative costs three, four times what their counterparts in Germany or the Netherlands would have.

Chris Comeaux: 38:36
So you know, I actually personally have like a high deductible plan, so I've got a health savings account, so I got skin in the game with me and my family. How do you bake that into a system like that? Do you come up with like a stratification, like the gold, silver and the bronze and every American gets the bronze in AmeriCare and then maybe the silver and gold. Maybe you're having to pay a copay with an HSA and then maybe you could have the outside for the super elites that want to go pay for whatever they want to pay for. Or how would you do it, given that challenge?

T.R. Reid: 39:16
I would set a system where everybody gets a standard level of care. There's a floor below which you don't go, you can get the care you need at a reasonable cost for everybody. And then guess what, chris? Rich people are going to get what they want and there's no country that's been able to stop this. In Canada, you're not allowed to go out of the system. So billionaires in Canada come to the United States and buy their health care In Britain, in Germany, in France.

T.R. Reid: 39:45
Rich people can go to a private doctor who's outside of the system and you can't stop that. That's going to happen. In the same way that they can buy a Rolls Royce or a Mercedes. That's fine, as long as everybody else gets a decent Toyota. It's fine if rich people want to blow their money on some fabulous specialist somewhere, they're going to do that. But let's make sure we have a standard level of care that everybody else gets. In the United States we have no ceiling. People can buy anything they want and we have no floor. As I said, 30 and a half million Americans have no insurance at all.

Sona: 40:27

Good employers know that health benefits can make or break your business. But while employers are looking out for their employees' best interest, who is looking out for theirs? Sona Benefits is an independent pharmacy benefit manager who partners with employers to optimize their pharmacy benefits while supporting their business goals. But by offering no spread pricing contract, guaranteed rebates and the Sonamax program, clients are regularly able to save 20% to 35% off their total drug spend. The result Pharmacy benefits that improve employees' well-being and employers' bottom line.

Chris Comeaux: 41:07
So would you create some type of like how do you make sure that I'm not a frequent flyer? And you know I'm loving this system. I'm going to get whatever I want. It's the buffet and you know God, this guy keeps coming back to the buffet. You're going to put us out of business. Do you create some type of like HSA health savings account where they've got a little bit of skin in the game? What

T.R. Reid: 41:30
Yeah, I believe that people ought to pay for health care. So I'll give you two different points of view on this. In France everybody has decent health insurance. The World Health Association rated France the number one health care system and health system in the world. Costs are low. Their life expectancy is way longer than the United States. But they make people pay. I think currently the required payment is about 21 euros that you have to pay at the time of treatment 24 bucks, and insurance pays about half of that back. But they insist that you pay so that you realize you're getting something of value Across the channel.

T.R. Reid: 42:14
In Britain, as I say, you don't pay at the point of service. You never pay the doctor. And I said to my doctor in the movie I made it's called Sick Around the World. It's a PBS frontline documentary. I think people can still stream it documentary. I think people can still stream it. Anyway, I say to the doctor, dr Badat, my family doc in Britain, you know I'm getting really good care here. I pay five quid for this. I pay five pounds that's about seven dollars to come see you. And he said you know, if I charged one pound, half the people who need to see me wouldn't come in, and then eventually we'd see them in the emergency room when their illness got very serious.

T.R. Reid: 42:55
So the Brits believe that making health care free at the point of service improves overall health, because people go to the doctor at the first sign. The French kind of believe that too, but the French also believe that health care is of value. Health care is never free anywhere. Somebody's got to pay for it and they want you to know that you should pay.

I'm on the French side on this one. I think people should pay something for health care Five bucks, 20 bucks. They should recognize that there's a cost involved in keeping them healthy, but we should have a health insurance system that sees to it that those costs are low, so that people will go to the doctor when they need care.

Chris Comeaux: 43:39
So last night I was looking in your book. There's a gentleman that you referred to that he was like the go-to guy at the time you wrote the book. I think it may have been Singapore that was literally. They had kind of a blank canvas and it may have been Switzerland at the time that was redesigning their system. Who is that gentleman and is he still around?

T.R. Reid: 43:56
Yeah, that's Professor William Hsiao, H-S-I-A-O. Bill Hsiao at the Harvard School of Public Health. He has designed healthcare systems for about 20 countries and he's still on it. Not recently, the health minister of Ethiopia asked me if I might help them design a better health care system and I referred him to Bill Hsiao and he's going to go over there and help. So yeah, bill is still doing this. Incidentally, on this question of pay or no pay, bill Hsiao is kind of on my side. He believes that people should have to pay for health care, but not much. So the system that he designed in Taiwan required, at the time he set it up, if you went to visit your family doctor, you had to pay. Are you ready for this? Two dollars to go see the doctor, wow, just so you know, I'm on your side.

Chris Comeaux: 44:58
I do think you should pay. Yeah, exactly, I think one of my mentors said if you give it for free, people won't value it, and so I do believe that's kind of in the American ethos If I'm getting it for free, I'm not going to value it. So having some skin in the game, I think, is wise. There probably is a whole study of what's that exact level is. The right level is probably an interesting thought process. Well, a couple of last questions. You've been awesome and again I'm so glad I reached out to you. What about hospice and palliative care? Obviously, our listeners are more in this realm, are more in this realm, and so where do you think that, if there is a possible sea change, any opinions about how?

T.R. Reid: 45:38
hospice and palliative care should play into that potential sea change in healthcare. It's not an area I know much about. I think people I know who've gone to hospice it's an excellent way to end your life If you know you're about to die, rather than go through extraordinary measures to try to extend it for a few weeks. Hospice is a way to face the fact that we're all going to die and they make it as comfortable as possible. I'm all for hospice, but how that fits into a health care system, I don't know.

T.R. Reid: 46:10
Some people, some advocates of universal health care care for everybody, think that we should provide long-term care for everybody. Long-term care it's for old people like me and it's very expensive. I have long-term care insurance and it's about three times the cost of my Medicare premium. It's expensive. So I think those are you know that those are Cadillac, those are gravy that would be nice to provide, but are not an essential element. What we need to provide is a basic level of health care for everyone in the United States at a price they can afford and with access to the doctors that they get to choose.

Chris Comeaux: 46:54
That's what I would do. Well, so just real quick then, since you said that way, I'm personally biased. I've got 30 years in hospice. I think we're one of the most brilliant models of healthcare Medicare designed it was Bob Dole 1983, during the Reagan administration. It's a holistic viewpoint. People are body, mind, spirit, social, emotional component, which is why there's a whole team of professionals doctors, nurses, social workers, chaplains, CNAs, volunteers. There's a care plan that then keeps everybody on the same page.

Chris Comeaux: 47:27
It generally was originally imagined as a six-month benefit. Does the patient qualify? Do they have six months or less to live? Have they quit seeking aggressive curative treatment? Now great nonprofits like I work with TR. They also develop these beautiful hospice houses. Picture it like your hospice hospital.

Chris Comeaux: 47:46
And the downside is today is that families will elect that skilled long-term care benefit because that's how you get the room and board paid. So that's one thing, that if we were king for a day where you can go, well, what if I went the hospice route? Would that pay for my room and board? And so today that's not the reality. We don't get a payment. You have to basically be what's called general inpatient care. It's just a much higher acuity and you have these ups and downs and peaks and valleys on the care trajectory when someone is hospice. So that's something we'd love to see because you have dollars spent in long-term care.

Chris Comeaux: 48:22
I think there'll be a day we'll look back and we'll say we literally were torturing elderly, terminally ill people. Get out of bed and do this therapy because that's how you pay for your room and board. When being kept comfortable, more palliative care would have been more appropriate and that's what these hospice inpatient units do. So if I was king for a day, I would make sure we'd write that, but interestingly, you would love this. About

95% of most hospices is traditional Medicare today. Now, one of the things that's got us worried is more of Medicare has been going to Medicare Advantage plans, and therein lies our concern of the future. Now we're dealing with the deny depose and then we're barely getting paid what we're getting paid before, and that's one of the things that we're debating quite a bit right now within, like where do things go in the future, et cetera. So I love your AmeriCare.

T.R. Reid: 49:13
That's really interesting, Chris. Yeah, I see the virtue of hospice. Glad to know you've been working on it. That's good for you to do.

Chris Comeaux: 49:21
Yeah, there's lots of data and I think, if I remember, Christy Whitney share with me. I think you were doing a Dartmouth Atlas talk at the time and you're about. You know the Dartmouth Atlas was a great data point. You know great communities that have wonderful programs, like Hope West and Grand Junction, where I grew up, in hospice Four Seasons in the Asheville, North Carolina area. If you look at the total spin when you get hospice-empowered care, you get a better care at the right place at the right time and you actually decrease the trajectory of that one more MRI or one more line of chemo. And it's paradoxical because obviously patients die in hospice and if you get a good length of stay, like at least 90 days, you actually get good satisfaction. Even though the patient dies, the family feels like they were part of the care. You have less grief on the back end. It's just a beautiful model of care. But obviously, I'm pretty biased.

T.R. Reid: 50:15
I agree with that. I think you've got that right.

Chris Comeaux: 50:17
Yes, well, final thoughts Again. Tr, you've been great and I do hope that you get to be king for the day that you get the right ears of the people and maybe we I love the Meric here. I'm like I'm taking that. I'm going to repeat that over and over again because I think that's actually brilliant framing. So any final thoughts for our listeners. These are our hospice palliative care leaders. Anything you'd like to share with them?

T.R. Reid: 50:39
Yeah, how are we going to get to universal health care in the United States? We need to provide health care for everybody at a reasonable cost. We can do this. We're the world's richest, most innovative country. I do this. We're the world's richest, most innovative country.

T.R. Reid: 50:53
I don't think we're going to get there through Medicare for all or some federal program, and the reason is the big winners in our system, that is, for-profit hospitals, the health insurance giants, big pharma. They basically own the US Congress and they're not going to allow the kind of change we need. So I think the way this change is going to happen is state by state. What's going to happen is one or two or three states are going to come up with a single-payer plan that covers everybody fairly and equally, and the other states will see that it works and copy it.

T.R. Reid: 51:29
I say this because I'm from Colorado. As you may know, colorado was the first state to allow sales of medical and recreational marijuana. I always say Colorado is the highest state in the country in more ways than one, and now 38 states have copied us because they saw that we made it work and we can do the same thing on a state-by-state basis in health care. A lot of the most important ideas, policy ideas in American history, started in one state Free public education, votes for women, minimum wage laws, child labor laws started in one state and spread, and we can do that with health care. So people watching, get out there and work to see that your state puts in a universal health care single-payer system, and then the rest of us will follow your example.

Chris Comeaux: 52:23
Great Well, T. R., Thank you. We're going to include a link to your book If there is still a link out there for the movie.

T.R. Reid: 52:30
Around the world yeah, PBS Frontline. Perfect If there's a a link out there for the movie Around the world. Yeah, PBS Frontline.

Chris Comeaux: 52:33
Perfect. If there's a link that we could get in that, we're going to include that in the show notes To our listeners. We appreciate you. Thanks for listening to TCNt alks. This is a great listen. Pass this one around, especially if you know legislators, people of influence Certainly hospice and palliative care leaders use this as a great resource. We do this show in service to you. These are fascinating times. We live 2025, one of our board members said it's going to be predictably unpredictable. I think that's actually a pretty good quote I think we're in for an interesting ride this year.

Chris Comeaux: 53:03
And yeah, and with the increased health care costs, while it might not have been number one through number one or or the top five issues in the election, with these costs I think

it's going to rise to the top pretty quickly, as we always do. Ask you to subscribe to the show. That way you always know any episode of TCN Talks. And I always want to leave you with a quote. I ran this one past TR. I think you'd appreciate it because it's an early journalist in our country, thomas Paine.

Chris Comeaux: 53:30

"These are the times that try men's souls. The summer soldier and the sunshine patriot will, in the crisis, shrink from the service of his country, but he that stands it now deserves the love and thanks of men, men and women. Tyranny, like hell, is not easily conquered. Yet we have this consolation with us. The harder the conflict, the more glorious the triumph. What we obtain too cheap, we esteem too lightly. Tis dearness. Only that gives everything its value, and heaven knows how to put a proper price upon its goods. And it would be strange indeed if so celestial an article as freedom should not be highly rated and will pin health care as well. Thanks for listening to TCNtalks.