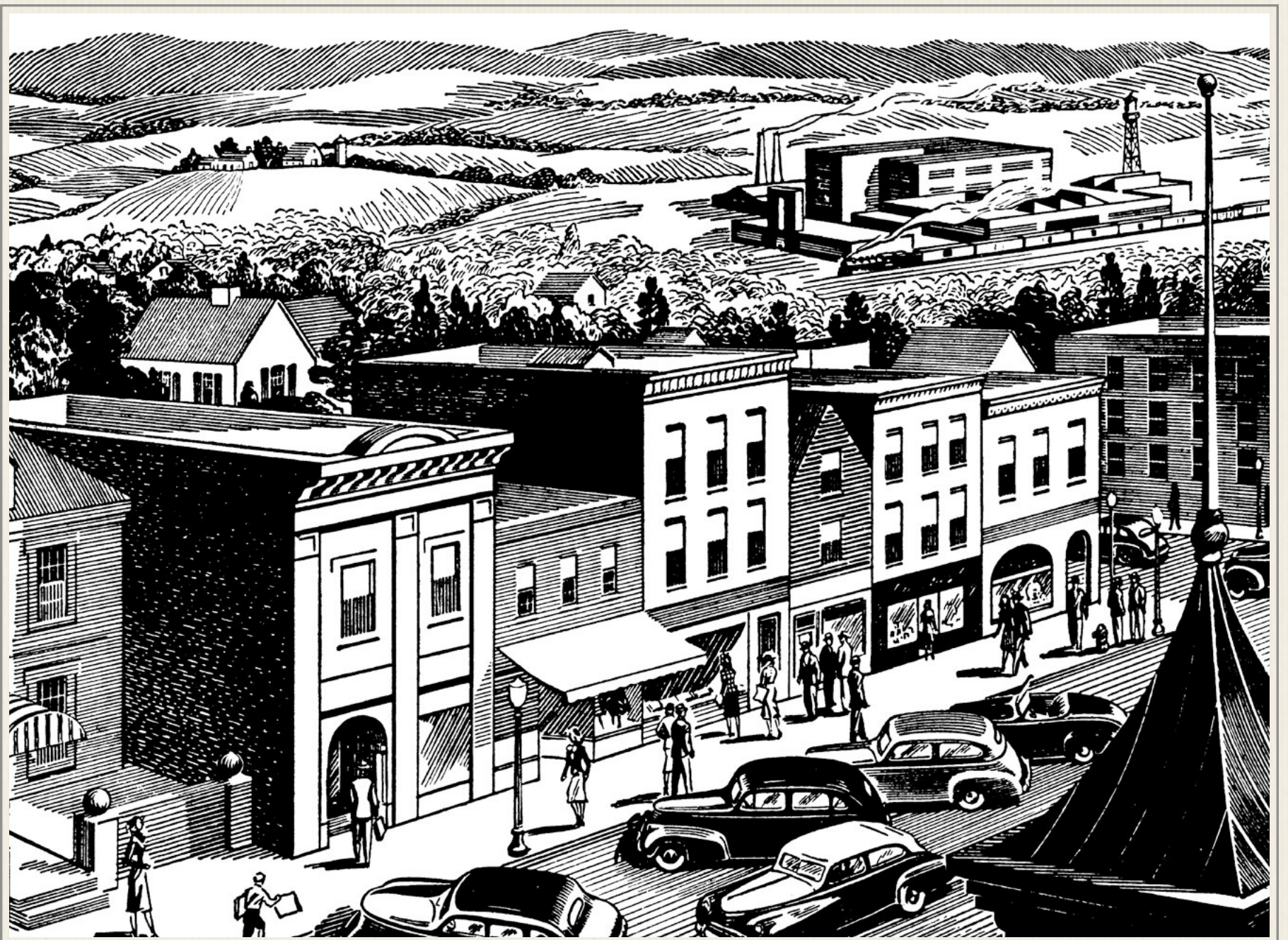




America's Health Activist



AN INDEPENDENT VOICE



Healthcare Needs a Nader Type

I've written about healthcare over many years. This book is an accumulation of these prior posts with comments sprinkled in.

Today I'd like to be called a health activist. Yes, an activist for the common person who tries to be healthy and has to buy healthcare. You see, today, I'm independent of healthcare but I'm armed with 30 years experience and a heart for you, well, a heart for all people of all kinds.

Why's that important to you?

Healthcare is stuck on its self. Actors in healthcare don't want to improve their corner of healthcare. Rather, they always point to someone else required to change. These healthcare actors have for three decades tried to make changes but you can see in our present predicament how ineffective they have been.

Read the book, it represents simple economics about healthcare premium, health and our American culture. It's not hardly news to say our morality costs us money; I think everyone already knows it. I just put numbers to it.

The book is a repost of my website at www.DonWatza.com. You'll find the same content there and more current items than what's in this book.

Why do you care?

If you want something different in healthcare my voice will lend credibility to what you already know. Everyone has interacted with the healthcare system in

some way, this book represents a collection of experiences and pulls together the truths of healthcare. I believe these truths need a voice, a Nader type who has experience to bring your voice into the public discussion. I'm happy to serve you in that role.

So, Watza in this book?

Each topic in the book, sometimes written as a Chapter, Section, or Page has for its roots a post from the blog site; www.DonWatza.com. And in particular, posts called, "Healthcare White Paper," posts continue to be added there.

In 2014, a former professor and I discussed my frustration with Healthcare, as I pointed out all my frustrations. He challenged me to raise these concerns to the public, he asked me this question, "If you can so clearly see the problems, can you identify the solution?" When I answered, for sure, he went further and said, "you must write about it."

The website posts since that time have included many posts on "Healthcare White Paper," while the posts don't seem to have relevance between each other the fact is, the relevance between them, that might not be obvious, is exactly why the professor said I must write.

My goal in writing then, is to shed light on the many different broken components of Healthcare. Then offer the solution which is not one solution but many.

Contribute Your Own Story

You might ask, just as I've asked, how is it a plain old Joe like me, can contribute to a solution to a problem the brightest have been trying to solve. This is proof that, like me, you can contribute to the solution. The solution starts with the truth, offer your story to help America get at the truth of health.

Who is Don?

So, who am I, and why are you listening to me? I'm a professional medical economist and big data enthusiast with a passion for health.

My first day in healthcare was July 7th, 1986. I was hired as a new college grad and reported to a senior executive at BCBSM, he was my mentor. He was a former teacher and like a teacher gave me instruction. He said to me, "never forget that the health care business is common sense. Never remove common sense from your decisions." I've never forgotten this and so, here I am many years later telling you that you "it's common sense."

Well, it's time for common, or as Mitch Albom says, "not so common sense."

It's a People Not Not Politics

Do not paint my comments as conforming to either party. I think politics is old fashion. Right after we reinvent healthcare with conversations like this book might inspire we need to reinvent politics.

You see, the problem is the same. Politics exists to serve the politicians not the people. Just as Healthcare serves the healthcare system and not the people.

I will confess to being more conservative than liberal and you'll see that but by no means do I agree with all the conservative party platitudes, just like I don't agree with many of the liberal party platitudes.

Let's get technology to disrupt politics, who will write that app?

Common Sense

Ask questions, don't take no for an answer. Let common sense guide you. Everyone needs to make this their passion, this isn't someone else's job, it's every person in America's job. Owners have more common sense than most people so I'd expect them to adopt my first boss' instructions and be more eager to get answers. Small Business Owners, like those I met at Goldman Sachs 10,000 Small Business classes get the idea of common sense.

It's now my personal passion to motivate and accelerate meaningful change. Not just for you but for all those who are stuck. I see a bright American future for healthcare, but it won't be bright without you and all Americans contributing.

Don't settle for the ridiculous healthcare system we have now. Let these pages inspire your common sense, I can see how it could be, after reading these pages I hope you will as well.



Psychology of Food

Post on March 3rd, 2015 at DonWatza.com

An American Food Journey

People should be put ahead of profit. I'm a business owner and would like more profit, but not at the expense of people. Well, that statement will send people zooming to another site. But, some read-on and those are the one's ready to hear the message.

Are you still reading? That's amazing. I'm not making a mass appeal, but I want to make the connection for people that our food profits are costing us more in healthcare premiums. Yep, our food system is making profit and sending people to the hospital in record numbers. Think it's not true follow my white paper – owners health initiative.

25 years ago

my sister Patti said to Linda and I, we should drop sugar. Really, I said, what kind of hair brain idea is that I thought? Instead of engaging in a meaningful conversation over a bowl of ice cream, I, just like most people, did the only rational thing. I ignored her. We went on to talk about the kids, hers, mine weren't born yet.

Okay, so I demonstrated what I call the psychology of food. What do I mean? Food is one of the last places of freedom. I mean, no body is, or was, going to tell me how or what to eat.

Don't tell me what to eat

Americans do not want to be told what to do and food is a place where individuals can exert their independence. Who's against that? I'm not, but, if you're premium is increasing because people are being diagnosed

with obesity as a disease (recent health news – see today's google search image).

For a limited number, obesity is a hereditary issue, but for most Americans I think our food production system and profit is the problem (conservatives did you leave?). I've recently watched "Food, Inc." and you should too. Then, I watched Aziz Ansari, comedian, poke fun at food but makes a good point. I merged both together into a 4 minute clip on food, watch it. Or just watch them, their both on Netflix.

If obesity has an ally who or what would it be? If there is such a thing as an ally to obesity who wants that? Maybe a better way of thinking

Social Security Disability and Morbid Obesity | Disability ...

www.disabilitysecrets.com/conditions-page-2-45.html ▾

The Social Security Administration (SSA) defines **obesity** as a chronic and complex disease that is characterized by excessive accumulation of body fat. **Obese** ...

Obesity Is a Disability, Says EEOC - DiversityInc

www.diversityinc.com ▸ Diversity & Inclusion ▾ Diversity Inc ▾

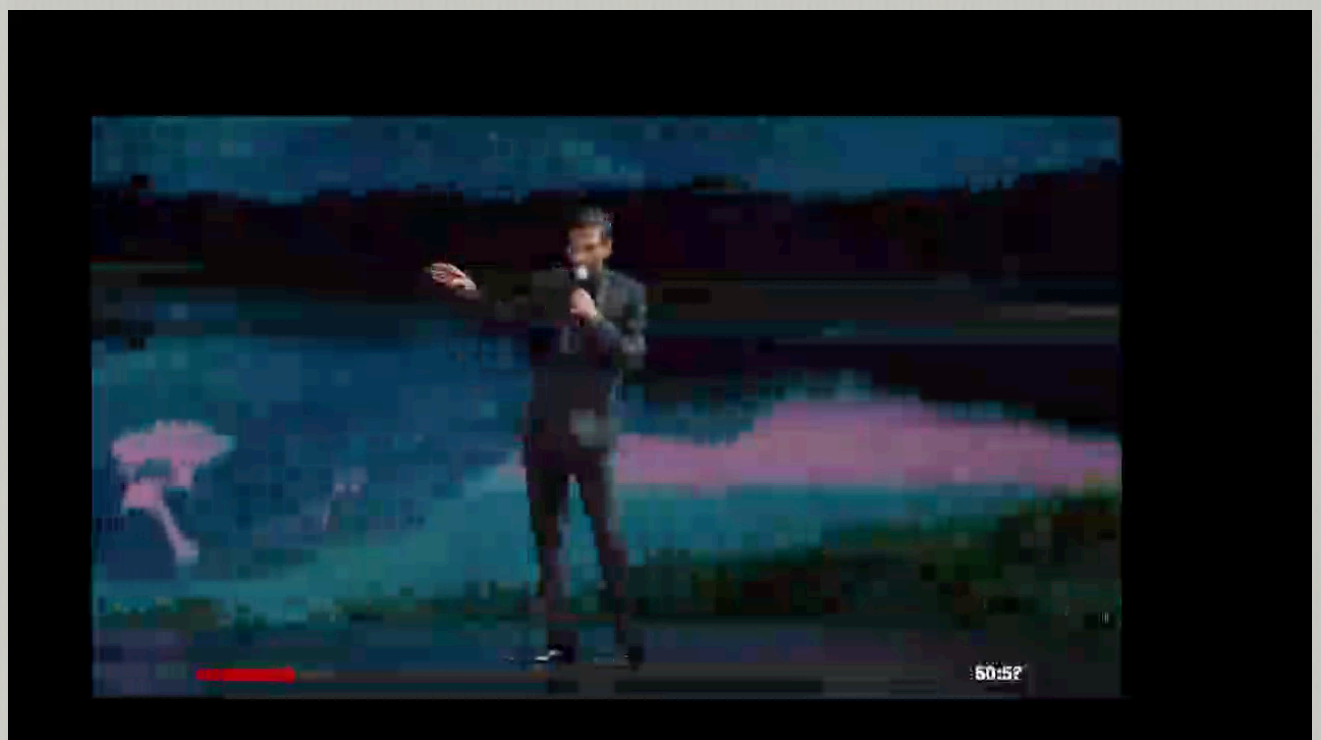
The EEOC now says that obesity is a disability under the Americans with Disabilities Act Amendments Act, after courts had rejected **obesity as a disability** under ...

Morbid obesity is a disability. Employers should start treating ...

www.washingtonpost.com/.../obesity-is-a-disability-e... The Washington Post ▾

Dec 18, 2014 - Job interviews are an uncomfortable experience for most people. But for people like me who suffer from morbid **obesity**, they are especially ...

VIDEO America's Food Production



4 Minute Video of Aziz and "Food Inc."

is, who is the enemy to obesity?

Not just my opinion

Our government makes bad decisions on topics like this. They don't use science, they use pop culture (PC), attractive notions to sooth the public (liberals did you leave?). Well, the public is you and me and if obesity is covered as an illness watch out for the coming tsunami of cost baked into your premiums. As a medical economist I guarantee you this recent policy change will increase our costs. Over the last 28 years in this business I've watched awful public policy and we're not changing the way we make decisions and everything we try to legislate isn't working. And, frankly, neither party is offering suggestions (did conservatives and liberals leave now?)

It's not a right or left issue, it's a human issue?

Trusting politicians and political decision making with our healthcare, medical system and food system is not a solution.

The problems in this country can be viewed in many ways. If you're liberal big company profit is bad. If you're conservative, pandering to the poor and lazy is bad. Really? Are these the only positions? While the right and left argue, the problems just get bigger.

Obamacare didn't solve the problem and Trumpcare won't either.

Personal Illness

Post on August 8th, 2015 at DonWatza.com

Personal story of sickness in 2009, not just from the economy, but my health was bad. I saw a homeopathic doctor at the urging of my cousin. I went, had skepticism, but needed help. Desperate to do something different than I was being told, I changed my ways and lost weight through exercise and changing my diet. When I told my personal physician that I lost more than 15 lbs, he reacted to my now lower cholesterol, stating I wouldn't need Lipitor or its generic. For the previous many years, I had never been told that clearly that losing weight equals no meds. Maybe it's me but that started the beginning of a lot of questions.



Then, the family and I traveled to Italy, Switzerland, Germany, Paris and London and enjoyed 32 days mucking about in Europe. Very nice, but with my illness I continued to have urgent bathroom needs. I joked with my kids that I'd need a bathroom at the ready in case I had a "reaction" to any food. Not once did I have a reaction. Why? What was so different that I could spend a month, 32 days, in Europe without one interruption to my day? This really got me to wondering about our food supply, our method of educating people about diet and what diet really meant.



We are what we eat makes sense, but to see it in a country, and to compare to our own costs and obvious problems - our healthcare system is an oxymoron, it's the greatest medical care system but not the greatest at health. Does it make sense that everyone sees this but our medical community? Or, do they?



Since my illness, a MPH helped me explore through research and meetings, how doctors felt about these same issues. In these meetings, I routinely asked doctors about their feeling about nutrition, diet, drugs, education and other topics pertaining to health. Without exception, these doctors mostly felt locked into the current system, there is no alternative for them. No matter where they practice they are locked into the same rubric, planned, evidence based medicine.

US Lags Behind

Post on July 28th, 2015 at DonWatza.com

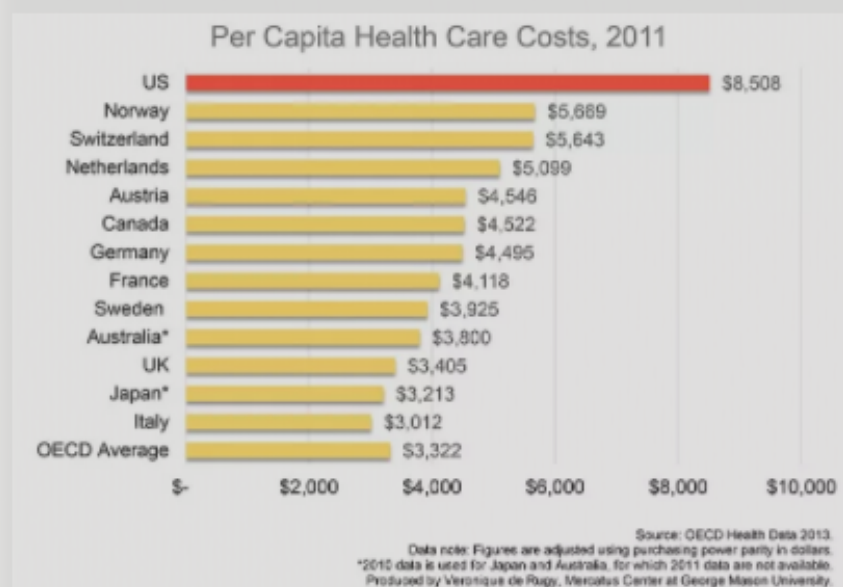
It is amazing to me when I look at this post from July 2015 to see that while the data is dated, the point is still incredibly relevant.

The cost of health-care and value for what we pay is a continuing problem in America and this post is what motivates me to finally speak up.

I've seen enough of the "healthcare actors" not able to solve this problem.

Giddy-up, let's band together and make something new happen.

2011 US Health Care Spending More than Twice the Average for Developed Countries



The United States spends \$8,508 per person on health care costs. That is two and a half times more than the average of \$3,322 for OECD

countries. America also spends about 50 percent more than Norway, the next largest per capita spender. At George Mason University, the Mercatus Center found that healthcare spending will consume about a fifth of the US economy by 2021.

What are the consumers getting in return for this? Results cannot be seen that all of this spending is being put to use in a way that will benefit the people. The healthcare industry should be about the consumer and wanting to do what's best for them, not large corporations making huge profits at the expense of the consumer. The US Government and the healthcare industry must start separating which part of these costs are actually buying the consumers better health outcomes and which part of these costs are government intervention in the health care market.

Source: <http://mercatus.org/publication/us-health-care-spending-more-twice-average-developed-countries>



Waste

Post on July 30th, 2015 at DonWatza.com

“In an increasingly global economy, the inefficiency of the U.S. health system ranks poorly. The U.S. spends nearly twice as much per-capita on health than other industrialized nations without a corresponding gain in outcomes, according to the OECD.”

In April 2008, PwC hosted the 180° Health Forum in Washington D.C. and brought together representatives of government, regulatory bodies and the nation’s largest hospitals and health systems, health insurers, and pharmaceutical and life science companies to

seek new approaches to solving some of the health system’s most difficult problems.

Through their research, they found that wasteful spending in the health system has been calculated at up to \$1.2 trillion of the \$2.2 trillion spent in the United States. They also found that some of the biggest areas of excess are defensive medi-



cine, inefficient healthcare administration, and conditions that are preventable with lifestyle changes.

PwC also found three key “wastebaskets” that are driving up the costs of health-care:

- Behavioral- where individual behaviors are shown to lead to health problems
- Clinical- where medical care itself is considered inappropriate
- Operational- where administrative or other business processes appear to add costs without creating value

If the \$1.2 trillion of wasteful spending were eliminated, that would be over half of the health care costs eliminated. Compared to other countries, the United States is spending nearly two times as much with no clear outcomes. Make sure you are aware if your healthcare costs are going into one of those three wastebaskets.

Healthcare Spending in the United States

Post on August 4th, 2015 at DonWatza.com, A. Czostkowski

“The issue is particularly acute in the United States, which not only spends much more per capita on health care, but also has had one of the highest spending growth rates.”

Source: KFF.org, 2011 at <http://kff.org/health-costs/issue-brief/snapshots-health-care-spending-in-the-united-states-selected-oecd-countries/>

Who is Adrianna Czostkowski?

She was one of two Interns who posted the my content to the site and did an impressive job writing from my notes.

More than 50 posts beginning 2015 were considered part of the “Healthcare White Paper”.

By now, it should not be a shock to you that the United States spends much more per capita on health-care compared to other countries and the fact that it has had one of the highest growth spending rates. The two biggest problems we face today are the already inflated cost and the uncontrolled, unchecked, unbalanced, runaway rate of increase to that cost.

In addition to higher health spending, the United States is increasing its spending faster than other countries. As you can see from the graph, the United States has a significantly accelerated growth rate compared to many other countries. The combination of a high level of per capita healthcare spending in the 1980’s and a high growth rate between the 1980’s and 2008 resulted in the high level of per capita spending that we now see in the United States.

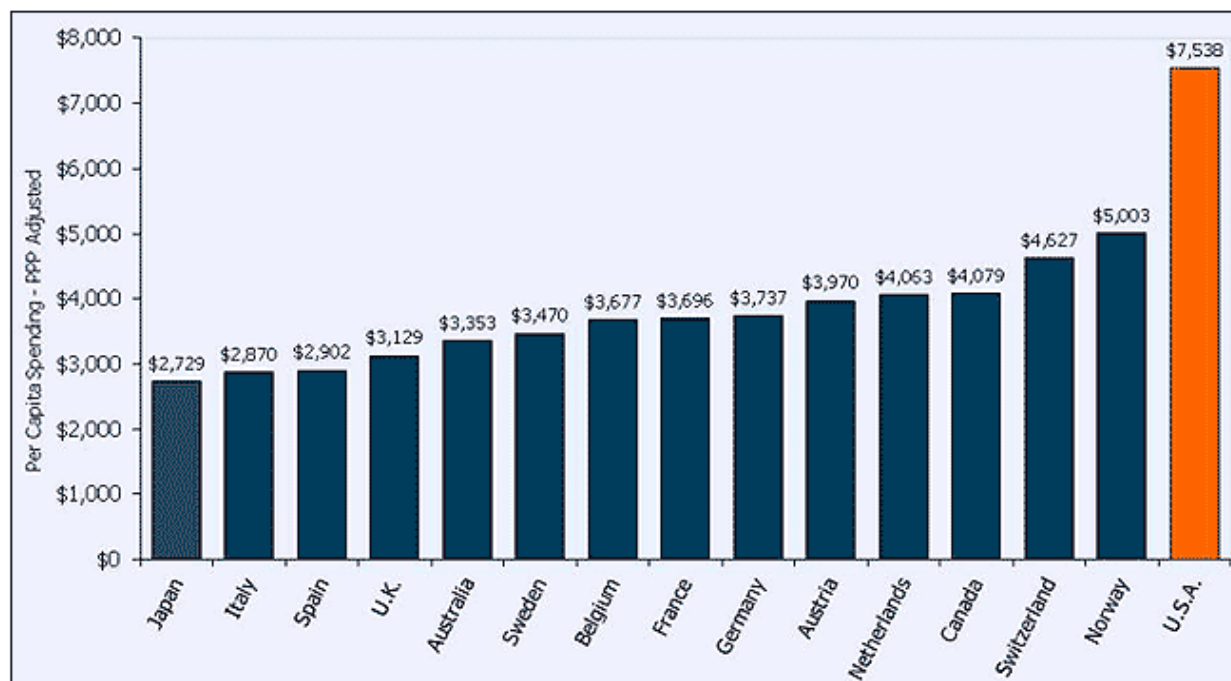
The difference between the spending in the United States and other countries should encourage people to take a further look into what people are getting for their

The fact the material is dated but still relevant tells me no one is making the changes we need.

healthcare dollar. In the United States, it isn't clearly seen. While in other countries, the results of what they pay for their healthcare can be clearly seen across the country.

We have done research that we will be sharing with you over the next 50 posts. We're laying the groundwork for our white paper that proposes real solutions that are not being talked about.

Exhibit 1
Total Health Expenditure per Capita, U.S. and Selected Countries, 2008



Source: Organisation for Economic Co-operation and Development (2010), "OECD Health Data", *OECD Health Statistics* (database). doi: 10.1787/data-00350-en (Accessed on 14 February 2011).

Notes: Data from Australia and Japan are 2007 data. Figures for Belgium, Canada, Netherlands, Norway and Switzerland, are OECD estimates. Numbers are PPP adjusted.

We Aren't Getting Our Bang for Our Buck

Post on August 6th, 2015 at DonWatza.com, A. Czostkowski

We spend twice as much and don't live as long.

Exhibit 1: U.S. ranks poorly in health system efficiency

Relative ranking	Australia	Canada	Germany	New Zealand	United Kingdom	United States
Life expectancy	1	2*	4	3	4	6*
Infant mortality rate (per 1000 live births)	2	2*	1	4	4	6*
Tobacco consumption	3	2	6	4	5	1
Obesity (%)	3*	2	1	4*	5	6*
Avoidable deaths (Per 100,000)*	1	2	3	4	5	6
Health expenditures per capita, 2005	\$3,128**	\$3,326	\$3,287	\$2,330	\$2,724	\$6,401

All information is taken from 2005 OECD data unless otherwise noted.

*2000, 2003-2005 World Health Organization Data. Avoidable deaths is defined as deaths caused by treatable conditions left undetected and/or untreated.

**2004 OECD data.

Source: Organization for Economic Cooperation and Development, World Health Organization, analysis by PricewaterhouseCoopers' Health Research Institute

Average Health Premiums

Post on August 12th, 2015 at DonWatza.com, D. Watza

It's no shock to many that insurance premiums have increased in the past several years. When is enough enough, when are you finally going to say, you've had enough? Now? Later? You've all been complaining about the increases.

Everyone in the industry is asking that question, it's the reason no one has an answer, it's the reason, absent any direction, we're going to get government run health care that none of us will want.

The trajectory is not sustainable, something will give.

Under government run healthcare, you will have rationing, maybe not for the wealthy, they will find private pay doctors. The rest of us will be subject to inferior health care because it's not about the money! It's about the process, that's what has our "system" stuck.

I'll show you in a short period of alternatives, some requiring public policy changes. Yes, we have to engage in politics to change our course. Yes, you'll have to roll up your sleeves and begin to adopt new strategies for your health. Dropping coverage and moving to 100% Obamacare will look attractive today.

If all of this frustrates you, it should.

Trumpcare is finance reform, this is what Obamacare was as well.

The industry looks after its self not you.

Medicare for all is the next "financial" rearranging and it won't fix healthcare.

Clinical Waste

Post on August 18th, 2015 at DonWatza.com, D. Watza

Directed at business owners and their teams of buyers of healthcare. This post pokes at them to say their current process in making decisions is broken.

Every actor in healthcare is stuck in their own silo. Just like business decisions to buy it, each actor makes decisions to protect their silo.

Sadly Healthcare economics is “wifm” decisions. What’s-in-it-for me.

The American public has no voice in this process.

Still not convinced? You’ve engaged employees, they have a stake three times in this game. Once for their share of premium, then their copays then finally, their actual physical health. We are living a mess because you’ve not stood up and done something bold.

Look, even your employees are saying, “we can see there’s a problem with the system.” 73 percent of employees have been saying increased demand by patients drives up costs. 66 percent of employees say overused diagnostic testing drives up costs. 65 percent of employees say that they have received excessive treatment.

This is all excess. Everyone agrees that there is waste in healthcare spending, now the problem comes with identifying what that waste is. Health industry leaders focus on what they can control, which is eliminating waste in their own organization (silo), but because of the nature of the healthcare industry, these efforts become counter-productive very quickly. To address the waste that the consumers are seeing, industry leaders, policymakers, and consumers must work together on their goals and incentives to address the waste that affects us all.

A Message - Rationing is Coming

Post on August 18th, 2015 at DonWatza.com, D. Watza

Consultants are another silo, they influence business buyers but they're only interested in their silo.

Owners handed over the keys to the "healthcare - car" to consultants, and there is no economic incentive for them to lower cost or improve health.

PwC, they're among the best in the world, this is the best thinking on healthcare we have, your consultant isn't any better or doesn't have better resources. Yet, what's happening and what they're telling us is the same old, same old.

This is what scares me and it should scare you. There is no, none, zilch, not'a, creative bone in these people's bodies. If there was, I wouldn't be the only one telling you this, you be reading this on the front page.

This truth coming to light is a wake up call for them. They will listen to you when you have your checkbook out. Try it.

If we don't do something now, neither you, nor I will want to be healed under the system that is coming. In the end, regulators will have no choice. There will be a budget and expenses that don't match. Economics is like gravity, the expenses will limit spending - that day is most assuredly coming. It will be rationing of care. The elite will be able to get private pay care but what about your kids, your mom, cousins, employees, favorite uncle, they all will be under the rationing system.

Consider that private pay care will not be as good as a unified system that I envision is possible and far superior to what we have now. This is where there's truly a fix. Consider a day where research means the consumer, us, knows what is the best solution to solve a problem we

Individual Americans, you, must demand something different.

It's about your health.

It's about the Cost.

It's about who makes decisions for you?

might have. We know because research is thoroughly vetted. That pros and cons of research is researched, new ideas are embraced and vetted, new therapies from around the globe are tested and embraced. If the apple is the best remedy, that's what you'll take, not necessarily a pharmaceutical drug.

We need a better framework, we need more openness and we need to embrace innovation from anywhere, and everywhere.



What Have We Tried?

Posts September, October and November 2015 at DonWatza.com

We have to admit that as long as my generation has been at it we have failed badly at improving the system. And our results of health are bad.

I frequently speak to people about their own health and how the System has failed them. That they intuitively know they can do better but the options they think should be available are not. The number of people finding their own healing is not a small number.

Story of self healing

Here's a short story. As I was putting this book together I spoke to a younger person, about 30, who suffers from lower abdominal ailments. Mostly undiagnosed or diagnosed incorrectly by their physician. As I explored how they managed to come to a very satisfactory outcome for themselves they explained how they had to find options on their own.

They stopped short of taking nexium or other pills because they wanted to search for a non-pill remedy; it made more sense. They searched and found a website and scientist suggesting they had found an alternative diet to help them. This person explored these options and tried a few things. Within a years time their symptoms subsided and what illness had been a daily interruption went away.

If you're a clinician your argument is this is not evidence based medicine and the person may be causing themselves more harm than good. This may be true but our System doesn't provide intuitive answers because there's no research to cure many ailments or find root cause and better health.

So, individuals are left searching for themselves what works. This is America where we want to be the best but we have a health blind spot. Our system is consumed with itself, each actor in its own silo, and so something as simple as self healing options aren't researched. Why?

In this section of the book the posts talk about the solutions to rising healthcare and includes a discussion about "**Pharma**". This discussion is intended to show how badly broken our System is in the area of science and research.

At the end of this section there's a video explaining what the "**system**" actually is. The point of defining the System is to cast a wide net to capture more broadly the scope of the problem.

From how owners buy insurance to science relied upon for health, the System is broken. The more we ignore the obvious problems the worse the problems we get.

If we don't navigate and innovate across all silos prices will rise more steeply and health will be ever more elusive.

The story of self-healing is not an isolated story, it is of course, **anecdotal** evidence of the system failure, but, individual stories taken collectively has a certain weight of its own, a truth about humanity that science ignores. We'll cover this as the pages and posts unfold.

If you have a story of success in finding your own healing outside conventional medicine please encourage others with your story on www.DonWatza.com.

A Message - Rationing is Coming

Post on September 9th, 2015 at DonWatza.com, A. Czostkowski

The organizations entrusted with healthcare are not capable of reforming themselves.

Here's a quiz, fill-in this quote Albert Einstein is quoted as saying:

"The definition of insanity is _____ and expecting different results."

What Have We Tried?

Decades of failed ideas.

In the 1960's, it was **Medicaid** and **Medicare** legislation. In the 1970's-80's **HMOs** and **PPOs**. In the 90's, **COBRA**, **HIPAA** and Cafeteria plans. In the 2000's, **HSA's** and **HRA's** and in the 2010's **Obamacare** and **Defined Contribution**.

From that list above, have any been a successful cost-saving solution? The answer to that is no. None of those options have worked to lower costs or improve health.

40 years worth of solutions from the brightest and best have not worked and these are the people proposing today's solutions that won't work either.

They use the same process of looking at costs and moving the shells to conceal, hide, and shift costs. None of this process will provide real innovation, none of it will reveal the problems.

It's an aspirin for a heart attack. It has some affect but it's not enough.

What Have We Tried?

Post on September 15th, 2015 at DonWatza.com, A. Czostkowski

Consultant-Carrier Idea deJour

Carriers - agents,
consultants and brokers
are part of the System and
offer solution deJour.

Their decades-long track
record have left us with
the results we have now.

But, employers keep hiring
them expecting different
results.

Pick which of these “carrier-driven-consultant-driven” directions has been successful at bending the trend as they have been telling you they will do.

The talk from insurance salesmen is always the same, for the 30 years I’ve been working with sales people, been one myself, provided analysis and underwriting and actuarial support for smart people, the message is always the same, this so-and-so slution is going to work, it will save you money and lower your costs, it will “bend the trend.”

Every new carrier and agent, consultant/broker brings with it the same solutions. I call it solution deJour. Whatever good idea is cooked up, it is pedaled to the buyers and the buyers are stuck, like it or not.

For instance, in the 90’s and up to today, buyers have been sold **CDHP**, HMO, PPO, **POS** and other plans. In the Kaiser 2012 survey of plans (KFF Employee health benefits survey, chart ref. pg 2), the price difference from lowest to highest is barely over 15%. If one solution was superior wouldn’t you expect it to be bending the trend by now and saving money?

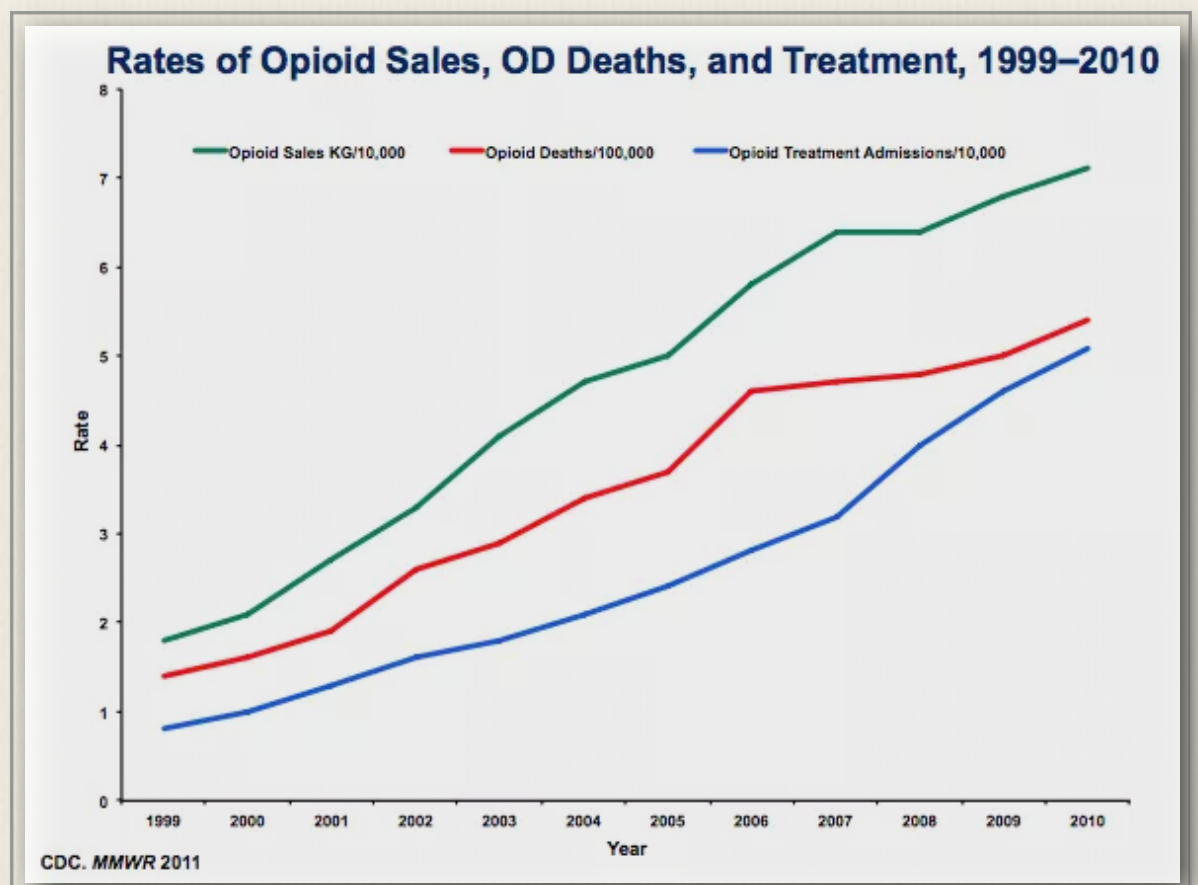
As a specialist in pricing of plans, I can say, there’s never going to be some special plan that is going to make

a difference unless we fundamentally agree the system needs changing.

No more plan dejour, career dejour, government dejour or consultant dejour. Roll up your sleeves and get messy!

The Opioid problem has existed for a longtime. Finally, there's discussion and relief.

This isn't the only situation like this, if you read for yourself you will see how badly broken our System is that you depend on for your health.



Did Pharma Lower Costs?

Post on September 23rd, 2015 at DonWatza.com, A. Czostkowski

Pharma Was Going To Reduce Hospital Costs; Tried It.

Presented to Congress in 2014 this report on opioid over prescribing is just one example of a broken healthcare system.

Commonly, in group analysis, 4 of the top 10 drugs are psychotropic- mental health, mind altering in some way, shape, or form. Yet, there are at least 22 veteran suicides a day?

Did you know that depression has a solution that is not pharma? Do you think that your doctor or your loved one's doctor is getting the best information? And if they aren't why might they be?

Three decades ago the pharma payment system at BCBSM was small, very small. Drugs were a small part of health insurance. The justification for spending more on Pharma was to lower hospital costs. Well, it turned out to be that both hospital and pharma increased over time, showing little savings.

Pharma tried to solve problems but didn't. Pharma is 30% of cost and much of the negative influence in healthcare today. Read this Senate report and think about how what's happened to opioids could be translated to other drugs?

Read it for yourself:

Andrew Kolodny statement to US Senate caucus on narcotics, May 2014.pdf

<https://www.donwatza.com/wp-content/uploads/2015/09/Andrew-Kolodny-statement-to-US-Senate-caucus-on-narcotics-entire-report-nps70-061014-04.pdf.pdf>

US senate Caucus report May 2014 nps70-061014-04 (1)

Is Pharma Helpful?

Post on September 29th, 2015 at DonWatza.com, A. Czostkowski



The Science Behind Pharma

Post on October 1st, 2015 at DonWatza.com, A. Czostkowski

More On What Have We Tried

Did anyone do a study on alternatives to Opioids? I'd like to find a doctor or scientist who has worked on this problem and found an alternative.

I won't be surprised to learn their efforts have been crowded out by a lack of funding.

We're inventive as a society but science takes support. We spend our resources on one major solution for health; pharma.



Dustin Moss, a writer for The Huffington Post, wrote an article about the current veteran suicide rate, which was found to be 22 per day. In this article, he said, "Suicide rates within the veteran population often were double and sometimes triple the civilian suicide rates in several states...Almost one out of every five suicides committed nationally is a veteran. These numbers are even more concerning when the fact that military veterans make up only about 10 percent of the adult population in the United States."

Read it:

**Evidence based medicine
that has pharma as its
goal will only have
evidence that pharma is
right.**

Is the 22-Veterans-Per-Day Suicide Rate Reliable?,
Huffington Post, Dustin DeMoss, 1/5/15

http://www.huffingtonpost.com/dustin-demoss/veteran-suicide-rate_b_6417182.html

Suicide Data Report, 2012 Department of Veterans
Affairs, Mental Health Services, Suicide Prevention Pro-
gram; Kemp, Basset; PDF

<http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>

**This leaves out other
inventive alternatives.**

Ending the Epidemic

Post on October 7th, 2015 at DonWatza.com, A. Czostkowski

Still More On “What Have We Tried.”

According to the CDC, we are in the midst of the worst drug addiction epidemic in United States history and more than 125,000 lives have been lost from OPR overdoses over the past decade. Our government is not set up to manage our pharmaceuticals, research, and testing. It set ground rules, and then left.



We were responding to an education campaign (funded by opioid manufacturers) that minimized risks, especially the risk of addiction, and exaggerated benefits of using opioids long-term for common problems. The public has been led to believe that the appropriate way to treat any complaint of pain is with an opioid prescription and we have been badly misinformed.

While the CDC is urging the medical community to reduce our prescribing of opioids, especially for patients with chronic non-cancer pain, the FDA continues to approve new, easily crushed, high dose opioids. Moreover, the FDA allows these drugs to be promoted for common problems like low back pain, where long-term use of opioids may be neither safe nor effective.

Wellness

Post on October 7th, 2015 at DonWatza.com, A. Czostkowski

Still More On What Have We Tried

If primary care doctors understood that the risks may outweigh the benefits when opioids are prescribed long-term for low back pain, headaches, and fibromyalgia, they might offer safer and more effective options. Imagine if dentists understood how similar OPRs are to heroin, I bet you that they probably would not be giving teenagers 30 tablets of Vicodin after getting their wisdom teeth removed.



In order to promote more cautious prescribing, clinicians must have an accurate appreciation of opioid risks and benefits. For this to happen, prescribers must have access to education and training programs that are free of the misinformation that has driven over prescribing.

We need to re-educate physicians to get them to understand the risks involved with getting heavily involved with pharma.

Wellness in the Workplace

Post on October 15th, 2015 at DonWatza.com, A. Czostkowski

We Have Tried Wellness; An 11% Adoption Rate

In a survey done by the Kaiser Family Foundation on 2013 Employer Health Benefits, they found that fifty-five percent of large firms (200 or more workers) and 26% of smaller firms offering health benefits report offering biometric screening to employees.

A biometric screening is a health examination that measures an employee's risk factors, such as body weight, cholesterol, blood pressure, stress, and nutrition.

Of the firms that do offer biometric screening to employees, 11% of large firms require employees to complete a biometric screening to enroll in the health plan; and 11% of large firms report that employees may be financially rewarded or penalized based in meeting biometric outcomes.

Biometric screening could be a valuable tool to get employees better coverage for lower prices. However, rarely do firms require them. Imagine if firms did require them, how much they would be able to save their employees in the long run.



We Tried Obamacare

Posts on October 27th through 2015 at DonWatza.com, A. Czostkowski

Tried it but it's not affecting cost. Why?

Wellness programs are believed to be effective in controlling costs, yet prices are still rising at levels “consistent with the last several years.”

Employers are finding it's working, but it's not affecting cost. Why?

The chronically ill are going to be ill and often times look for an exit strategy. It's why supplements for “diet” have gotten to be such a big problem. With all the research, we should have better evidence for and against exercise, diet-meaning specific foods- like organics, before or pre-pharmacy options. The “magic pill” should be tried after intensive therapy and diet.



We do have obesity issues, so having wellness is intuitively a good idea. But then why do plan documents not reward health? I mean, let's put in a walking program, running or other exercise before we do surgery or drugs. We know behavior modification comes with intensive personal visits. Let's not try pills and side effects first, let's try exercise, mental health, and diet coaching.

Government
Failure to Plan -
October 27th, 2015



The government has mis-managed healthcare on every level of government, from city all the way up to the presidency. The government does not have the solution.

It's a human issue, not a political one. Politics will not solve this.

In the 1980's, Conservatives ended health planning. Over many decades, we've had government mismanagement. Obamacare isn't going to fix it, in fact, it may intentionally have been planned to break what was working.

Setting the Stage for Obamacare - October 29th, 2015

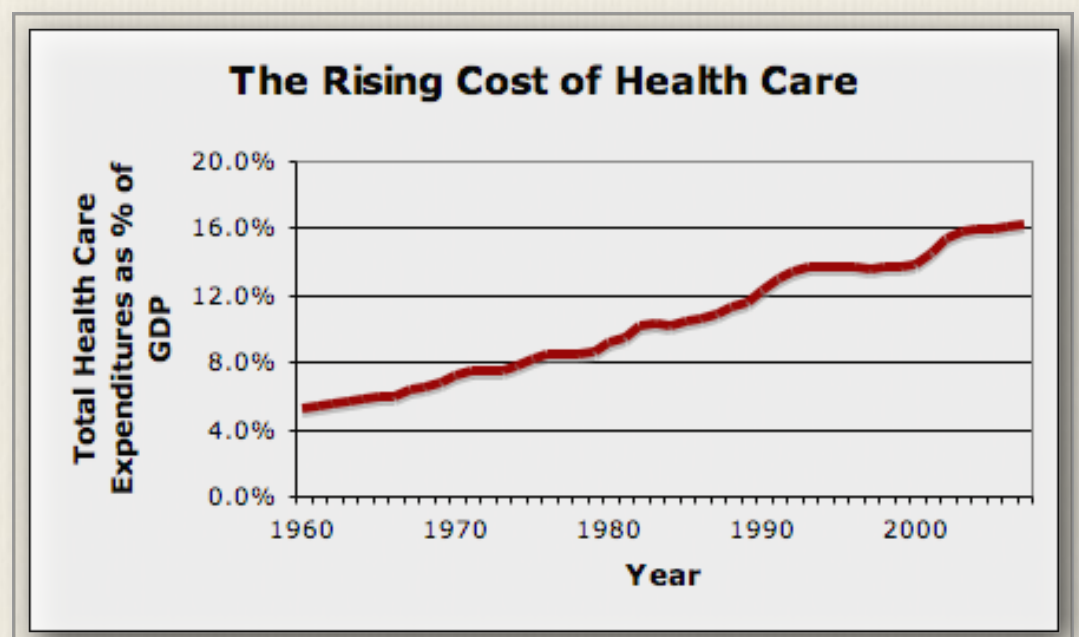
Providers were often restricted from trying new approaches to organizing and financing coverage and care, most consumers did not have the power to choose among real options, and failed price-control systems in massive federal programs persisted despite a proven inability to control costs. In sum, American healthcare before Obamacare was very far from a genuine marketplace.

Obamacare is not the only problem. Our healthcare system was broken before as well, Obamacare has merely exacerbated the problems.



Obamacare:

- INCREASING COSTS**
- UNDERMINING INNOVATION**
- REDUCING THE QUALITY OF CARE**



Obamacare, We Tried it - November 4th, 2015

Obamacare's substantial new subsidies for third-party insurance look likely to increase cost pressures, not decrease them. The spreading passivity among private doctors will undermine innovation and adaptation, and thus also hinder improvements in the quality of care for patients. Obamacare is increasing costs, undermining innovation, and reducing the quality of care for patients. These are all going to have an extremely negative effect on the health care system.



The Reality of Obamacare - November 10th, 2015

Clearly, Obamacare is not going to halt the trend of rising prices in healthcare. Obamacare is completely in shambles. Even those who supported it don't want to receive healthcare under it. Blame is being thrown all around. Obama is blaming the Republicans, and the Republicans are blaming him right back. This will NEVER result in lower costs. The end result, indeed the only possible result, will be rising prices and rationed medical care. **In this chapter we've listed what have we tried. Our brightest and best have failed to make a fix. Why?**

As I see it, and thought about it, I asked a root cause question. I believe underlying economics are not being addressed. There is a band-aid for silos that won't change. Think more broadly, let's try putting the patient, America, first.

Countervailing Effects of Obamacare - November 12th, 2015

Yep, Tried Government Run Obamacare. Didn't Work

The Affordable Care Act foresees the widespread implementation of payment reform focusing on value. Paying for value, bundled payments, incentives for population health in local communities, and accountable care organizations may all mute financial conflicts of interests. However, ACOs may sometimes produce countervailing effects: increases in local physician and hospital market power, increases in standardized “cookie-cutter” medicine, and decreases in learning as physicians become captive.

Final thoughts

I will leave you with a few last thoughts. There is always more to say but here's a few things notably left out.

If our health System is not broken consider watching Supersize Me. This is a movie from 2004. If the intuitive in this country can understand the link between this kind of diet but our System can not, what does that say about our System being broken?

Who is in charge of individual health? Well, individuals, of course. But, who is in charge of the System that makes it possible to be healthy? No one.

INTERACTIVE 3.1 Super-size Me - Trailer



YouTube link:

<https://www.youtube.com/watch?v=l1Lkyb6SU5U>

A gift to Pharma

Pharma was just given a **\$6,000,000,000 Christmas gift** from Obama, paid for by the American public. It is pharma cash disguised as research. Don't get the idea I'm against research, far from it. I think research should not begin and end with pharma in mind. Every solution is not pharma.

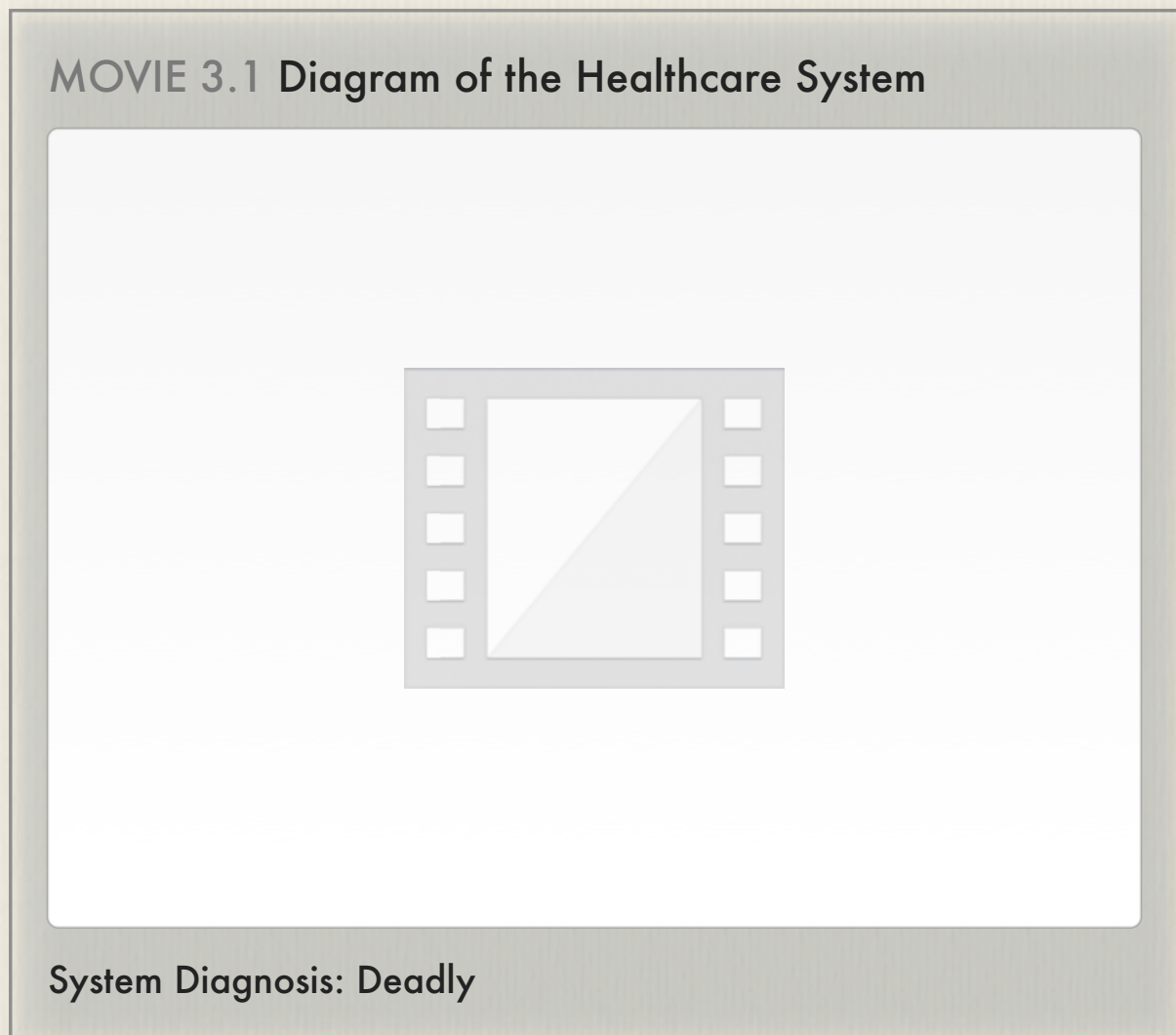
If you're going to do research, do it equally on food, not with the intent to regulate food, but with the intent to discover the free medicinal effects based on great nutritional research. Help Americans by teaching them what's true about what they eat.

What is next?

I've taken the time to write this while between jobs. This is a **passion of mine**. The best place to start is break down silo thinking and create pathways to better decisions across all silos.

We all need to take up this challenge and call-out the self serving. Those tied into the system who will not change. As I pointed out in my video, the two actors who carry the financial and poor health problem is the American public and businesses who pay for coverage.

Neither have a voice.



What does a voice say?

It sounds like a group of employers who are ready to advance pass the big house consultants, pass government agendas, ignore the next big idea from carriers and ignore anything that looks like the status-quo. It must be at a minimum two changes, both engaging the public in the solution and publi policy changes. I have many more ideas but one persons ideas are not enough. I'd propose every col-

lege student be involved in helping. They have the most to gain and no silo attachment. Students, let's talk.

We need government guidance not take-over.

It should not come as a surprise the posts you read here were created in 2014 and 2015. The basic ideas began early in my career. I'm convinced as I've watched this unfold that no one is taking charge. I don't think we want someone in charge like what we'd get by way of rationing if the government took healthcare over. But, we should provide more structure to the rules of goodness we should exhibit toward each other as fellow Americans.

In it's simplest form this is an appeal to individuals who feel an affinity for others. I'd suggest that the golden rule should be at work, the Hippocratic oath should return in splendor to guide the millions of daily decisions everyone in the system makes. The guidance we need is to curtail the greed that seemingly has taken over America's healthcare system.

Abortion is Not Evidence Based Medicine

Abortion is an incredibly powerful topic and one that ignites the fuse of social polarization. It does this more so than any other topic. I will make two points here about abortion. First, science has revealed so much more about the life the mother is carrying even since *Row v. Wade* in 1974. Over many centuries this is a or can be a barbaric practice whether you perform it “safely” in a physician or hospital setting or safely by allowing it to occur.

MOVIE 3.2 Gianna Jensen an Survivor of an Abortion attempt.



No matter what side you're on, this is only one of many conversations about abortion.

A million dollar baby or Aborted Child?

Second, I'd suggest a medical system that knows there is life inside the womb and who can see with great detail but deny's its existence needs to see this lack of respect paid to the most vulnerable is a lack of respect paid to others. An inconsistency like this causes financial problems too. You might say our immorality toward each other as this is an example costs us money in our healthcare.

I've paid or negotiated millions for a premature baby. The payments went to the same hospital where abortions were occurring with other babies. How does a hospital administrator or physician reconcile this in their mind?

To put an exclamation point on the topic, it is this same evidence based medicine system that we are to rely upon for our health. Have you wondered where a lack of respect shows up in your health? Politics I suppose gets the heat, but politicians only respect the peoples wishes.

REFERENCE MATERIAL AND LINKS

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Medicaid

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Chapter 3 - System, We've Tried?

Obamacare

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