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**Broad Alliance of Health Groups Releases Plan to Lower Costs, Improve Care**

*New NCHC Plan Would Trim Deficit and Enhance Health Care Affordability*

The [National Coalition on Health Care](#) (NCHC), a broad national alliance of consumers, providers and payers, released a plan for health and fiscal policy at the National Press Club in Washington today. The plan pairs nearly \$500 billion in spending reductions and health-related revenues with longer-term policy changes designed to make health care affordable in the public and private sectors.

“As America moves from the campaign season to actual governance, we offer a path forward, drawn from the best ideas of both parties, that can both reduce the deficit and make health care more affordable” said [John Rother](#), NCHC’s President and Chief Executive Officer. “More than a budgetary challenge, the question we face is a moral one—whether we can act to keep health care affordable today and for future generations.”

The 50-page plan, entitled [Curbing Costs, Improving Care: The Path to an Affordable Health Care Future](#), outlines a seven-part strategy to dramatically increase the value Americans get for their health care dollars:

1. Change provider incentives to reward value, not volume;
2. Encourage patient and consumer engagement;
3. Use market competition to increase value;
4. Ensure that the highest-cost patients receive high-value, coordinated care;
5. Bolster the primary care workforce;
6. Reduce errors, fraud, and administrative overhead; and
7. Invest in prevention and population health.

Today’s event also included representatives from some of the stakeholder groups that helped shape NCHC’s approach: [George Diehr](#), Vice President, CalPERS Board of Administration and NCHC Board Chair; [Jack Lewin](#), MD, consultant and former medical society executive; and Debra Whitman, Executive Vice President, Policy and International for AARP.

The event’s speakers distinguished the NCHC plan from other proposals that are driven more by budget calculations than health policy. According to Diehr, “Just picking a budget number and slashing federal programs to reach it only shifts costs to the private sectors, states, or the most vulnerable.”

NCHC's recommendations do include \$220.97 billion in reduced federal spending and \$276 billion in health-related revenue. However, NCHC proposes pairing these identified budget savings with broader systemic reforms.

“Ten-year budget savings have to be coupled with strategies for long-term sustainability: transitioning from fee-for-service, engaging consumers in their care and coverage choices, investing in our non-physician workforce as well as doctors, and crafting a medical liability system that supports patient safety,” said Former U.S. Senator [David Durenberger](#), past chair of the Senate Finance Committee's Subcommittee on Health and a member of NCHC's Board of Directors.

NCHC's plan developed from a year of bimonthly, off-the-record discussions with key health experts and a diverse range of stakeholder groups. According to Rother, “We learned that curbing costs while improving care is possible if consumers, payers, and providers alike are ready to embrace changes in how our health system operates.”

For a summary of the report, click [here](#).

For a full copy of the report, click [here](#).

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*The National Coalition on Health Care, the oldest and most diverse group working to achieve comprehensive health system reform, is a 501(c)(3) organization representing more than 80 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers and groups representing consumers, patients women, minorities and persons with disabilities. Member organizations collectively represent – as employees, members, or congregants – over 100 million Americans.*

*Some members of the National Coalition Health Care (NCHC) do not, or cannot, take positions either on specific legislation, strategies or on any policies outside their respective mission areas. However, all that can, do endorse broad policy positions in support of comprehensive health system change.*