PNHP Personal Speaking Tips-Gordy Schiff

A. Slides

-Be Selective
Weed and re-weed the slides. And the night before take out another 5–10. Much better to cover fewer topics richly and in depth, grabbing the audience to be engaged by the ideas/data you are presenting than quickly flashing scores of slides they'll little absorb.

-Transitions are Key
Can make the difference between slide show that is easy to follow and logically flows from one convincing idea to the next vs. one that is constantly "losing" the audience. Ideally, each slide and discussion is seamlessly preparing transition to the next. Never works out quite this perfectly but worth trying to perfect.

-Keep it Fresh
Vary slides, order. Always add a new slide or two or more each time to keep it interesting and fresh for you, and timely for your audience (see below for tips on this). So they and you don't feel like you're giving a canned talk.

-Grab Attention
Use stories that are engaging, interesting. Dig up examples about local hospitals, managed care firms. Magazine covers, dramatic patient stories, headlines, etc.

-Quote "Them"
Use their own literature, ads, journals to quote "their" language, crassness, profit goals, etc. I love reading Business and Health, Medical Economics

-Don't use slides as script
Don't stand with your back to the audience "reading" your slides. Keeps you from facing audience, keeping the talk engaging. (fine to use pointer and refer back and forth, tho beware of shaky hands) . If using LCD, set up your laptop on podium high enough to position just right so you can see slides from the computer screen. I bought/bring an extra 25- or 50-foot VGA cable extension cord so I am "liberated" to place my laptop wherever I want to stand (rather than tied to where the projector is located; don't forget a power cord extension cord as well).

-Beware of and be Prepared for Equipment, Software, Power, Failure
Assume you'll have to give talk sometimes when you least expect projector will not work (projector breaks, bulb blows, computer failures, room too bright etc, etc). Get there early to do everything possible to overcome/prevent. (I won't even get into the VGA screen size screen settings, output toggle on/off issues—you need to be familiar w/ your own computer on this)

B. Content

-Emphasize 2-3 key points
Doesn't have to be all you talk about, but know the key takeaway points and make certain you convey and re-convey, that no one leaves without understanding them and being able to make these points themselves.

-Know more than your slides
Be armed with additional info to supplement your slides. Timely clippings from papers, quotes, being ready with pre-prepared material makes you come off like a pro during the Q & A.

-Say things audience is interested in learning
Don't dwell on what they already know and agree. Take them higher/farther.

-Keep Bin to Collect/Prepare for Next Talk
Keep a folder/file where you toss/cut&paste any article/clipping from newspaper, PNHP mailing, quote from a meeting, etc. In this way, your next talk will be continuously incubating. Pile is ready for perusal when you are about to give talk. You'll be amazed at how many of the article/points you'd have otherwise forgotten.

-Make talk timely/learning for You
Talks are for you as much as your audience. Giving a talk is your opportunity to get caught up on latest stuff, force yourself to read/master that stack in your above bin. Check NY Times, NEJM, local paper, AMA News, Commonwealth or Kaiser websites, etc. for 3 days prior to talk. It's uncanny but they'll always have a relevant article.

-Overprepare rather than under-prepare
There's only one Quentin Young in PNHP-who can give a great talk off top of head. For the rest of us, good talks are not born, they're perspiration and preparation. Make preparations cumulative. (keep notes, computerize, etc.)

-Reverse Outline
Though we learn in high school to make an outline and then write paper, I do it just the opposite. I shovel bits of information, ideas, onto paper/computer, then later organize, sort into the key points to make. Thus the outline comes later, rather than first. (but think about what works best for you, as we each work differently).

-Don't Assume Audience Has Heard
Just because you've given the same/similar talk a dozen times, for the audience (even the few who've heard you) it's all new. Don't let yourself be inhibited from repeating, refining, re-presenting.

-Don't Talk Down: Always Err on the Side of Overestimating Audience

People are intelligent, and it doesn't take much to connect with their understanding of health care situation. Don't assume they know about details of what you know, but they are intelligent and will easily catch on if explained well.

-Inspire by our Own Commitment/Enthusiasm

Each of us should take pride in being an inspiring clinician, model of a dedicated physician, nurse, etc. Modestly play off of this by conveying what we do with our work, to help audience connect to us as colleagues to appreciate where we're coming from.

-Learn Opponents' Arguments; Know them Better than they Do

Become an expert on "their" arguments to better refute. No need to introduce them yourself (though sometimes even this is useful) but be ready, anticipate, catch em as they are being pitched—even rephrase them more articulately than opponents. And then hit your home run with your carefully planned responses.

-Use both Rational and Emotional Appeal

Need both data as well as moving anecdotes/stories; mix freely.

C. General Tips

-Cheat sheet of Key Sound bites

Whether doing a debate or radio/TV interview (where especially important) or just a standard talk/presentation, make a 1-2 page sheet of key points, data #s, bullets, quotes, ready for immediate citing, and to help remind you to cover each of your main ideas.

-Hecklers/Opponents

Don't get thrown off by them. Keep cool, listen to points so can rephrase and refute. Don't get defensive. Don't respond to/as personal attacks. Shield self with many of above weapons, especially drawing on your own personal commitment and experience. Use each as a learning/surveillance opportunity to be better prepared for next time.

-Don't Fear Debate

The best and the brightest for the other side are no match for the truth and data on ours. I recall going into a series of debates with national managed care medical directors (for which I prepared my "12 points" article that was reprinted in ACP Observer), terrified. At one of them, ready to hear a strong rebuttal blow back, my opponent got up and said "I pretty much agree with what Dr. Schiff said."

-Don't Need to Pretend to be All-knowing Expert
It's fine to acknowledge what you don't know, no reason audience expects you to be otherwise (you're just a doc like them). Just talk about what your understanding is and what makes sense to you (and let them do the same) .

-Humor. Modesty to Win Over Audience
So many of our opponents are arrogant, uncaring, thoughtless, nonclinical. Often makes it easy/important to distinguish ourselves from them.

-Visual Props
Use props (hat advertising American HMO, entirely foreign owned plan marketing to poor people on Chicago's westside where they've no providers), hospital bills, health security cards.

-Know Audience/Organization You're Speaking to: their Values. Needs, Issues.
Have good conversation before (with person arranging, at reception before event, from group's literature). One highly effective practice is to come early, listen to their issues at their (i.e. business or residency) meeting and refer back to these issues in your talk.

-Self Criticism
Criticize our own failings (strategic mistakes, Canada weaknesses). You gain, don't lose points. Note this is not same as being apologetic. Nothing worse than speaker who begins apologizing and keeps doing so throughout talk. Don't apologize for speaking flaws/setups and certainly don't need to be apologetic for bold ideas-put them forward clearly and forcefully.

-Be on Time (i.e early)
No better way to have a frazzed talk than to arrive at the last minute. Get good directions/map. Stay after to organize (below)

-Organize
Make sure you sign people up, get literature in their hands, take names, cards, phone #s. Take business cards/requests to get specific requested info back. It's amazing how gains just slip through hands like water otherwise. Solicit other speaking engagements. Write a description of each person's interest for those who gives you a card. Follow these contacts in a timely way.

-Go in Pairs
Bring a partner. If you are more experienced, bring someone new to help you and learn from you. If newer, go along with someone else, and take notes on their tricks and audience responses. Share criticisms and self criticisms when you debrief each other.

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The "United States National Health Insurance Act" ("Expanded & Improved Medicare For All Bill") H.R. 676

Introduced by Reps. John Conyers, Jim McDermott, Dennis Kucinich, and Donna Christensen
Co-sponsored by 92 other Members of Congress

Brief Summary of Legislation

- The **United States National Health Insurance Act** would establish an American single payer health insurance system.

- It would create a publicly-financed, privately-delivered health care system building on the existing Medicare program by improving and expanding it to provide access to medical care for all U.S. residents.

- The legislation would ensure that all Americans would have access to high quality, cost-effective health care, regardless of employment, income, or health status.

Who is Eligible

- Every person living in the United States and the U.S. Territories would be automatically enrolled and would receive a United States National Health Insurance Card.

Benefits

- The program would cover all medically necessary services including primary and preventive care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients would have free choice of physicians and other clinicians, hospitals, and other inpatient care facilities.
- No co-pays or deductibles are permissible under this act.

- Private health insurers are prohibited from selling coverage that duplicates the benefits of the USNHI program. They are not prohibited from covering any additional benefits not covered by this Act, such as cosmetic surgery and other medically unnecessary treatments.

Cost Containment Provisions/ Reimbursement

- Congress would establish annual funding outlays for the program.

- The program would annually negotiate reimbursement rates for physicians and other health care providers and would negotiate prescription drug prices.

- Payment methods for health care providers would include fee-for-service payments,

capitation payments for primary care facilities, and global (annual) budgets for hospitals.

Conversion To A Non-Profit Health Care System

- Investor-owned health care facilities would be converted to non-profit institutions over a 15-year period through the sale of U.S. treasury bonds. Payment would be made only for real estate, buildings, and equipment, not for loss of business profits.

- Those employees who are displaced as a result of the transition would be the first to be hired and retrained under the Act. Those not rehired would receive two years unemployment benefits and retraining.

Funding USNHI Program

- Nearly two dozen studies conducted since 1991 have shown that such a program could be operated, covering all those who are currently uninsured as well as the insured, without spending any more than this country is now spending.

- It is estimated that there would be administrative savings of at least $300 billion each year. These funds would be used to provide additional health services for those who are currently uninsured and underinsured.

- Funding for the program would come from a variety of sources and would be placed into a dedicated USNHI Trust Fund:
    - Federal and state funding for existing health care programs would be maintained.
    - A payroll tax would be paid by all employers and employees.
    - A surtax would be paid by top income earners.
    - A tax would be paid on stock and bond transactions.

- There are a number of ways of funding the system, beyond using current public funds. Dean Baker of the Center for Economic Research and Policy has proposed the following scheme:
    - Payroll tax: 3.3% on employers and employees
    - Tax surcharge: 5% of richest 5% of taxpayers, 10% on richest 1%
    - Stock transfer tax: 0.25% on sellers and buyers
    - Reduce corporate tax loopholes
    - Reverse 2001 and 2002 tax cuts

- Another approach suggested by the Lewin Group in its study of the proposed California single payer plan is:
    - Payroll tax: 8% on employers, 4% on employees ($7000 floor and $200,000 ceiling)
    - Self-employment income tax: 12%
    - Tax surcharge: 1% on incomes above $200,000
    - Investment income tax: 4%

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Rep. Dennis Kucinich

July 15, 2009

Health Care: Change the Debate

In mid-May, in an effort to reach consensus, President Obama secured a deal with the health insurance companies to trim 1.5 percent of their costs each year for 10 years, saving a total of $2 trillion, which would be reprogrammed into health care. Just two days after the announcement at the White House, the insurance companies reneged on the deal that was designed to protect and increase their revenue at least 35 percent.

The insurance companies reneged on the deal because they refuse any restraint on increasing premiums, co-pays and deductibles—core to their profits. No wonder a recent USA Today poll found that only 4 percent of Americans trust insurance companies. This is within the margin of error, which means it is possible that *no one trusts* insurance companies.

Then why does Congress trust the insurance companies? Recently, HR 3200 "America's Affordable Health Choices Act," a 1,000-page bill, was delivered to members. The title of the bill raises a question: "Affordable" for whom?

Of $2.4 trillion spent annually for health care in America, fully $800 billion goes for the activities of the for-profit insurer-based system. This means one of every three health care dollars is siphoned off for corporate profits, stock options, executive salaries, advertising, marketing and the cost of paperwork (which can be anywhere between 15 and 35 percent in the private sector as compared to Medicare, the single payer plan which has only 3 percent administrative costs).

Fifty million Americans are uninsured and another 50 million are underinsured while for-profit insurance companies divert precious health care dollars to non-health care purposes. Eliminate the for-profit health care system and its extraordinary overhead, put the money into health care and everyone will be covered, everyone will be able to afford health care.

On Monday, three committees will begin marking up and amending HR 3200. In this, one of the most momentous public policy debates in the past 70 years, single payer—the only viable "public option," the one that makes sound business sense, controls costs and covers everyone—was taken off the table.

In contrast to HR 3200, HR 676 calls for a universal single-payer health care system in the United States, Medicare for All. It has over 85 co-sponsors in Congress with the support of millions of Americans and countless physicians and nurses. How does HR 676 control costs and cover everyone? It cuts out the for-profit middle men and delivers care directly to consumers, while Medicare acts as the single payer of bills. It also recognizes that under the current system, for-profit insurance companies make money by *not* providing health care. This is the time to break the hold that the insurance companies have on our political process. Tell Congress to stand up to the insurance companies. Ask members to sign on to the only real public option, HR 676, a single-payer health care system.

Hundreds of local labor unions, thousands of physicians and millions of Americans are standing behind us. it is up to each and every one of us to organize and rally for the cause of single-payer health care. Change the debate. Now is the time.

Dennis Kucinich

Washington, Jul 15, 2009

Opening Statement on America's Affordable Health Choices Act

Medicine in the U.S. is a profit driven market commodity distributed according to the ability to pay rather than a basic human right distributed as a public service according medical need. No wonder that the United States ranks 47th in life expectancy and 23rd in infant mortality. In this profit driven, private insurance-based system there are over 1400 manage care organizations and 5000 health insurance plans. We have the most expensive health care system in the world – over 16% of our GDP. Two point four trillion dollars a year goes to health spending and 1 out of every 3 dollars go to the activities of the for-profit system- for corporate profits, stock options, executive salaries, advertising, marketing, and the cost of paperwork. Yet 47 million people remain uninsured and another 50 million are underinsured. I submit that there is a direct relationship between the for-profit health care system and the uninsured and the underinsured.

We can no longer look the other way as the uninsured and underinsured continue to grow their ranks. We cannot ignore the growing share of all bankruptcies that is attributable to medical bills – now over 60%. We can no longer live with a system that is, by most indications, among the lowest quality in the developed world. And we can't afford the rising costs.

Indeed, rising costs are the essence of the problem. Health care stakeholders are sinking more and more money into efforts designed to make someone else pay the bill. It is profitable to do so. Insurance companies, doctors, hospitals and patients are all fighting over who pays. But the insurance companies are winning while they focus on the stock market value, on their financial profits, on their investments in tobacco, on their strategies to restrict or deny service – which increases their profit.

They have set up massive, redundant and highly profitable bureaucracies that deny care. When we buy their services, we don't just pay for their infrastructure' we also pay for a second infrastructure which results in doctors having to hire more staff to fight with insurance companies just to protect themselves.

Consider that the growth in the number of professionals who actually deliver health care since the 1970s is under 300%. But the increase in the administrators- those who do not deliver care – is upwards of 2400%. The insurance companies have wedged themselves between the doctor and the patient. It is easy to see why our costs have spiraled out of control and the health insurance industry is consistently shown in polls to be one of the least trusted industries in America.

There are many models of health care reform from which to choose around the world – the vast majority of which perform far better than ours. The one that has been the most tested here and abroad is single payer. Under a single payer system everyone in the U.S. would get a card that would allow access to any doctor at virtually any hospital. Doctors and hospitals would continue to be privately run, but the insurance payments would be in the public hands.

By getting rid of the for-profit insurance companies, we can save $400 billion per year and provide coverage for all medically necessary services for everyone in the U.S. It would cost no more than we are currently paying for health care. This is the consistent conclusion in reports by the Government Accountability Office, the Congressional Budget Office, and several independent analyst organizations like the Lewin Group.

Cost is just one of the reasons that support for single payer is growing so quickly. HR 676, The United States National Health Care Act, now boasts 85 cosponsors. It has been endorsed by over 550 union organizations, the U.S. Conference of Mayors, the League of Women Voters, Consumer's Union and deans of prominent medical schools. 59% of doctors support it, as do 60% of Americans.

The bill we are considering today, I regret to say, is not a single payer bill. It further entrenches the existing for-profit, insurance-based system by handing even more money over to the insurance industry. It will leave 17 million Americans uninsured. It is silent on the great state experimentation, at the state level, with single payer.

Cardinal Bernardin of Chicago once wrote, "Health care is an essential safeguard of human life and dignity and it is an obligation of society to ensure that every person has the opportunity to realize that right." We can do better than protecting an insurance based, for-profit system that will continue to exclude millions of Americans."