

00:00:02:02 - 00:00:10:25

Speaker 1

What do you want to hear when you jump in? That's what you hear now. Word.

00:00:10:28 - 00:00:34:07

Speaker 1

And word that I. That you're waiting and you're going to it. Okay, great. Thank you. On Monday, the first of our go on a major social media for. The first time and I. Should be honored to sit down. I was not very sensible. Okay. Targets. So just like. Yeah.

00:00:34:09 - 00:00:35:06

Speaker 2

Just rockstars.

00:00:35:12 - 00:00:43:22

Speaker 1

Great, great. If if the sound starts to fade, I expect people who were in front of frozen.

00:00:43:24 - 00:01:07:00

Speaker 1

I'd like to welcome to this panel session on the future.

00:01:07:03 - 00:01:33:23

Speaker 1

No. Is there anyone here from the hotel to come over for me? Okay, good. And that's the spoken word prompting each other. So the first opportunity to demonstrate the technical was looking for the speakers before we do everything. You work for order for you. When you have a discussion, I can speak as well as I can enter a chair.

00:01:33:25 - 00:02:00:02

Speaker 1

We have a very small town. We have three of the state's foremost leaders stand, assuring the stability of the safety net. And you should have an interesting discussion. Or I want to become very, somewhat, moment in the long history of safety yesterday. I want to put it very briefly, some historical perspective for you. Here we are in 1998.

00:02:00:02 - 00:02:29:04

Speaker 1

We're in the middle of a race for governor of California. Access to other cities to volunteer for uninsured is under assault or was facing obstacles in a range of arenas. There are funding cuts at the federal level. There is the competition and and conflict that occasionally can occur in a managed security department. There are the changes in immigration policy that affect access for certain groups.

00:02:29:06 - 00:02:56:20

Speaker 1

there are a number of things going on that, have put this issue of access under some stress. You also have this opportunity opportunity presented by the Healthy Families program, to reach new populations, bring children in. Yet that opportunity is not yet realized. And there are serious questions about to about how that will be implemented. And on top of all of that, the number of uninsured in the state continues to decline.

00:02:56:22 - 00:03:24:24

Speaker 1

it's at six and a half or 7 million now, depending upon the numbers that, that you might, look, look to cite in the study with reference, yet when health care reform is referenced in the current debate for, governor of California, the current contest for governor of California, the only health care issue that is typically mentioned is managed care reform and the impact on the typical health care consumer access issues.

00:03:24:24 - 00:04:02:25

Speaker 1

This year, in 1998, the face of all these factors are more or less an issue. Contrast that with 1994, when we had the failure of the Clinton health insurance plan, we had or failed this massive and historic national debate over access. Every one in the nation was momentarily given. There were 40 million uninsured Americans. And if this was a serious societal problem, then you go back to 1990, the

governor's race before that, when Pete Wilson and Dianne Feinstein both addressed the issue in their campaigns of access to care for for the uninsured.

00:04:02:28 - 00:04:42:04

Speaker 1

governor, you majored in his lame duck years. Governor actually formed the Alabama Commission to look at the issue of access. Wilson in Pakistan became an issue, to my knowledge, the first two major party candidates in any given to the internal race to elevate health insurance reform to a top ranked issue. So what was going on in 1990, again, 1998, a totally different environment, but with this issue, like all, similar contentious, controversial, complex social, economic issues, there's a cycle cycle written to the way they're being to raise the recovery state national thing.

00:04:42:06 - 00:05:11:00

Speaker 1

And this silence of saying that issues will not last, it will not last. The new governor, the new legislature, the new Congress will be forced to confront these issues in the form of helping families implementation. When the scorecard is in next year, the impact of our cuts on the public hospital system and surrounding safety net, the phased out of cost base reimbursement to HCC expansion managed care, the proliferation of county based health care reforms.

00:05:11:00 - 00:05:36:19

Speaker 1

All of that is going to force us back to the front burner, I think, within the next several months. So when that debate resumes, the next several months, question is where does it go? And then brings us to our panelists today, if you want to understand the future of the uninsured, you get some perspective on where the next round will be played out and how important in, in health care reform and the impact on uninsured.

00:05:36:22 - 00:05:55:19

Speaker 1

You need to understand how we got a point we're at today and the people best qualified to explain that to us and give us some sense of your future vision. Our three panelists today, all of whom play very important roles in shaping the current health care safety Act. Now we're going to have a to speak for a period of time.

00:05:55:22 - 00:06:22:11

Speaker 1

It's between speakers and one. If you or more has a compelling short question that lends itself to a short response, I'm going to give you an opportunity to ask that short question in the question. Self-assured. Responsible. Although, we will have time to be in hopefully 10 to 15 minutes for for general questioning. I also have as moderator one other rule, but very, very, very tough, very tough on for a whole range of reasons.

00:06:22:14 - 00:07:05:13

Speaker 1

No panelist today is going to be allowed to evade answering a question, but by proclaiming confusion as to which dictionary definition of a key word is intended, and I'm not going to budge from that. So be advised in advance. Now, let me let me begin with, Tim Bell shape, the widely respected director of Department of Health Services, one of Governor Wilson's most trusted advisors, actually played a key role in drafting and implementing the Wilson Prevention Agenda, a key driving force in the implementation of Medicaid managed care.

00:07:05:16 - 00:07:31:07

Speaker 1

she also has been instrumental in bringing to life and conceptualizing California's Healthy Families program on safety net issue. She's not only influential, but she's always extremely thoughtful and again, a very important voice for years now in California. Please welcome the director of the Department of Health Services, Kim Wilson.

00:07:31:09 - 00:07:38:26

Speaker 2

Thank you very much for, I guess I do. I need to hold this.

00:07:38:29 - 00:07:56:22

Speaker 2

Let people hear me. If I do the. We're we're. Jenny Martin and I were observing bird trying to get everyone's attention about five minutes or so ago, and I said, God, corporate trying to herd cats. And then he said, what do you mean, poor bird? How about for us at the end of the day? And I said, well, what about the poor?

00:07:56:22 - 00:08:35:13

Speaker 2

The audience has to listen to us. You all are, troupers for coming, at the end of the day, because I've looked at your, agenda. Participant seven on one of your afternoon sessions, you have had a long day. But this is a very, very important topic for many of the reasons, we're just spoke to. I thought I would talk a little bit about, some of the system's broad policy issues I see associated both retrospectively and prospectively, with the uninsured leaving to my, my colleagues on the panel, perhaps some more explicit discussion of issues, specific to safety net providers.

00:08:35:15 - 00:09:01:24

Speaker 2

I should first note that I find it remarkable that I'm even standing here. It was, eight years ago next month that I had the wonderful opportunity of coming to Sacramento, become involved in state government. And, when you when you see an administration, fast approaching its end, it's a time when you become somewhat, reflective and, one of my reflections is, I can't believe I'm still here, and in large part because I never thought I would stay this long.

00:09:01:26 - 00:09:24:19

Speaker 2

But a funny thing happened, during my tour of duty in the public sector, and that is that I discovered what I call the secret of public management, and that is that these are great jobs. These are heart wrenching jobs. These are jobs that give you tremendous headaches. But these are fabulous jobs. Sitting where I sit, sitting where you sit because it's the lucky person, my wife.

00:09:24:19 - 00:09:41:27

Speaker 2

You can say that what they do makes a difference. What they do matters. And I think all of us in this room proudly say that. And that has been one of the things probably the most telling me that this kept me doing what I do, notwithstanding what has been a very, very challenging environment over the course of the past eight years.

00:09:41:29 - 00:09:56:08

Speaker 2

And let me talk just a little bit about that, because the environment has a direct impact on how successful we have been. Can Candy and the health care arena. And I think many of the environmental factors which influence the health policy.

00:09:56:08 - 00:09:57:00

Speaker 1

Debate.

00:09:57:02 - 00:10:17:29

Speaker 2

Over the course of the Wilson administration will continue to be factors, regardless of who your next government. Let's talk for a moment about the challenges of the past ten years. The most obvious and paramount one has been the fiscal environment. It has been an extraordinary not just the first part of the administration, eight years of a president of fiscal challenges.

00:10:18:02 - 00:10:50:04

Speaker 2

At the same time, the demand for public programs has gone up disproportionate to the increase in our population. That is produced a tremendous pressure on government that has compelled policy makers to make some very, very difficult choices amongst competing priorities. And all of us have participated in what has been a very, very difficult discussion about those priorities, whether it be how do we allocate about 99 funds, whether or not in the early 90s we create a new children's health program number, check up the number reach.

00:10:50:06 - 00:11:17:01

Speaker 2

Well, that was a difficult thing for people to get supportive of to the extent of required reductions elsewhere. So even though strikes a very sensitive balance between competing health care priorities, and while our economic environment's better, it will continue to be an environment where the demands will exceed resources available and the next administration, the next legislature, once again will be compelled to make some tough choices in the political environment.

00:11:17:04 - 00:11:44:29

Speaker 2

It's been a very difficult, contextual issue for health care policymaking generally. We have had divided government, and by and large, for the past eight years, Democratic legislature and Republican governor and post-racial. And that has created, in my mind, generally speaking, a very healthy tension in terms of how we perceive certain issues. Sometimes it's been it's been a very partizan, a civic conversation about how we see the future of health care.

00:11:45:02 - 00:12:02:29

Speaker 2

But by and large, I think it's an important dialog to have. But it is a contextual issue that has a very good chance of continuing next year in terms of divided government. But in my mind, the bigger issue when we talk about the political environment is turbulence. Till I'm a terminal. This has had a profound impact on the world.

00:12:02:29 - 00:12:31:00

Speaker 2

We care about. At the very time that health care has become more complicated, more difficult, more challenging, we have lost some of the best and brightest from our legislature, who have brought tremendous credibility, expertise and interests and knowledge to these issues. And of course, Burghardt Golden is one of those. Kennedy Hat Johnson, Marianne Ferguson, the last group. These are folks who really made a difference in the public policy debate in health care in Sacramento.

00:12:31:03 - 00:12:56:02

Speaker 2

And I don't think we can really overestimate the loss of their capacity, the capacity they brought to the health care debate. And finally, the social. We've seen some real shifts in cultural or society's attitudes and values as voiced by the public in their support. A set of propositions 187 and 209 initiatives that pushes the public attitude that at times have been at odds with very core values.

00:12:56:02 - 00:12:58:24

Speaker 2

Principles of public health. Now more health care.

00:12:58:24 - 00:13:00:02

Speaker 1

Specific.

00:13:00:05 - 00:13:22:25

Speaker 2

Legislative and legislative matters. We've seen the public speak with two voices. On the one hand, via the polls. They tell us they support expanded insurance coverage. Yet when they've been given the opportunity to execute that vision through statewide ballot initiatives, whether they be employer mandates or, single payer public, the setting up so political.

00:13:22:25 - 00:13:24:06

Speaker 3

Environment, the fiscal environment.

00:13:24:06 - 00:13:55:28

Speaker 2

Or cultural environment, all of those have been very significant challenges over the course of the past eight years. I would say that will continue to be. But what happened over the course of the past eight years, notwithstanding that part of what we did, carve out some very important and significant reforms, and the small group of them Californians, really led the nation under the leadership in large part of the 30 mark goal to create a health insurance system for small businesses that is, in fact, more accessible, more affordable for small businesses, and really stands as a national model in many respects.

00:13:56:01 - 00:14:24:22

Speaker 2

But that model was hard fought. I mean, Wilson Burns to Sanford, you all know Lucian. Lucian had very dark black hair when he started that effort. It took many, many years to accomplish the same. Must use up. Well, yeah, it's not reform. That was no big deal. It was a big deal. Incremental expansions of coverage have been accomplished both in terms of priority populations as well as services of priority populations have been the focus pregnant women with and program children through the Healthy Families program.

00:14:24:24 - 00:14:56:02

Speaker 2



We've also seen expansions in service coverage. We've seen that family planning, for example, the Family Pact program, we see targeted efforts related to public holidays such as the Ada programs such as domestic violence, tuberculosis, immunization and screening for children. Very categorical, but important advances. We've also seen advancements in broad community health, such as our tobacco control efforts such as teen pregnancy prevention through the Partnership Responsible Parenting Effort for the administration, the legislature to take a broader.

00:14:56:02 - 00:14:56:29

Speaker 1

View of.

00:14:56:29 - 00:15:20:23

Speaker 2

Community health care to serve community health. Each and every one of these successes has come a considerable political expense. Again, we may view them as minimalist. We may view them as incremental. We think, you know, it's not terribly meaningful, when in fact, I would submit they are and they're the type of change, the type of progress that we really should anticipate prospectively.

00:15:20:25 - 00:15:50:10

Speaker 2

And in that regard, question, I guess, would be given the environment of the past eight years and the environment, which arguably prospectively will continue given the successes today, what what lessons can be drawn to inform policymaking in the health care plans and to promote responsible policymaking in health care arena and the future. First lesson I would draw is a really important one, an obvious one, and that is that governors and legislatures matter.

00:15:50:13 - 00:16:11:23

Speaker 2

They matter a great deal. And it matters that they're knowledgeable and others that they're engaged and they're educated. And so and so my encouragement to you, those of you who care deeply about advancing health care policy in the years ahead, is that you take the time to make the investment in strengthening the capacity of our policymakers in Sacramento.

00:16:11:26 - 00:16:37:17

Speaker 2

I think one of the wonderful stories in California is the concentration of philanthropic wealth in our state, particularly in health care. We're seeing a lot of that health traffic will be focused on our communities, giving community organizations, individuals resources to develop capacity to be effective advocates in Sacramento. CPCs is a good example of that. Simplicity has been the beneficiary of much of those resources.

00:16:37:20 - 00:16:58:06

Speaker 2

CDK, I can tell you from my years, has grown and matured considerably, I think in part because of the support it has received from many of these foundations. We need to be careful that the same time capacity is being developed in the community to advocate and see change at the state level, that that capacity is matched by our policymakers.

00:16:58:09 - 00:17:21:07

Speaker 2

And so we need to invest in educating and reaching out to both members and their staffs with information that is specific to their district, that is meaningful to them, that makes the points you all care about the very personal, district specific way. So educate investment or policy makers is number one. Number two, I would say the future is really the kind of public private partnership.

00:17:21:07 - 00:17:53:25

Speaker 2

You see two programs of Aim, such as Aim and Helping Families. I truly do believe that the future structure of expanded coverage in our state is not medical. It is the type of system of care that mirrors employer based coverage. And certainly healthy families is the latest example of that approach to expanding health care coverage. I think it's important that we look at healthy families over time and glean information to help inform additional incremental expansions.

00:17:53:27 - 00:18:22:23

Speaker 2

Healthy families is only three months old, but it's already telling us some really fascinating things, both about healthy families as well as about medical. I don't know if it was shared this morning, in Healthy Families panel, but I'll just share with you briefly when you look at the kids who are being found

ineligible for healthy families, who are enrolling, the healthy families of those children that are found ineligible, 60% are ineligible because they're eligible for No-Cost Medi-Cal 60%.

00:18:22:26 - 00:18:46:21

Speaker 2

An additional 9% are being ineligible for healthy families because they're already enrolled in no cost medical. They've got a card in their pocket. They're in many of orange counties are county organized health systems, and yet they're applying for healthy families. We need to look into that question very, very closely. Is it a question of applications too complicated? We actually call the families.

00:18:46:24 - 00:19:07:10

Speaker 2

It's a no. We actually we thought we were fully eligible for Medicare, but we wanted to buy healthy families. We wanted to be a part of that type of care. We need to look at this very closely again with an eye for two. What does that mean for the Healthy Families program, as well as for what it means for medical and how we can make Medi-Cal more sustainable, user friendly for families.

00:19:07:12 - 00:19:35:19

Speaker 2

So don't assume that the future from a beneficiary perspective or political perspective for Medicare. Instead, I consider that it's the public private approach to modify families. The third lesson, and this is a hard one for those of us who truly do embrace the vision of universal coverage. But the third lesson is what you've heard consistently embrace incrementalism. We are going to be successful in expanding coverage by doing it one population group at a time.

00:19:35:19 - 00:19:46:01

Speaker 2

Yes, the vision of universal coverage is a powerful vision, compelling vision. But it's not a realistic vision, at least in my mind for the foreseeable future. When you look at the battles.

00:19:46:01 - 00:19:47:00

Speaker 1

That we've waged to.

00:19:47:00 - 00:19:48:00

Speaker 3

Achieve the incremental.

00:19:48:00 - 00:20:23:24

Speaker 2

Steps that we have, you need to take that as a real really as a reality check. In helping families, in my mind, is a very telling example. Once again, about the opportunities and the challenges associated with incremental form reform of the state. On the positive side, and I do this very, very strong and healthy families, a partnership between the public sector and the private sector, as well as families successfully implemented, will be viewed, I believe, as a foundation for additional expansions.

00:20:23:26 - 00:20:57:06

Speaker 2

I think the next population thoroughly will be the parents of these children, and I think there will be a conversation within the next couple years as well, for other children as well as other populations to plan options. But the challenge, the challenge associated with an economic growth that looks at a program like Healthy Families as a foundation, is that to make incremental coverage for incremental expansions as successful as possible, we have to be careful that we don't do so at the expense of what is really a very narrow political consensus around the Healthy Families program.

00:20:57:09 - 00:21:16:26

Speaker 2

We are all asking about the opportunity of that program, about how much sense it makes terms of meeting the needs of children. But we need to remember that there were many critics in Sacramento who question whether or not government should even be involved in subsidized health insurance coverage. There were those in Sacramento who characterized public families as Clinton White.

00:21:16:28 - 00:21:44:19

Speaker 2

Remember, the stars aligned for healthy families in a way that doesn't happen often. You get a governor behind significant expansion with a credible conference, a proposal, the money on the table. A priority population ought to be targeted. A very responsive legislature or a wonderful conference committee.

Those stars don't align often. They did in this case. So I would encourage you to keep in mind your improvements to healthy families may be someone else's.

00:21:44:19 - 00:21:50:17

Unknown

Undoing of the program. So you need to be cautious about incremental expansions in of mind.

00:21:50:20 - 00:22:29:15

Speaker 2

And finally, I would note, just because given to the title of your your conference, Expanding Healthy Horizons, I really feel strongly that our community needs to look really beyond health insurance coverage and well-functioning health and medical care system. If our goal is, in fact, healthy communities, I think it's really incumbent upon all of us to appreciate, as I know you do, as the state health department does, that if our goal is to be maximally effective in improving the quality of health of the people, of our state, of our community, strongly, we really have to look at individual health in the context of community health.

00:22:29:17 - 00:22:52:28

Speaker 2

So I encourage the medical community to be a part of the effort we see growing around California through communities broadly, to promote a concept of health that goes beyond medical care system, to recognize the contribution to health that is made by food, education, by affordable Colorado, public safety, by the jobs, the community buildings effort that you're seeing throughout California.

00:22:53:00 - 00:23:18:11

Speaker 2

Important one is a powerful one in the medical care system generally, and clinics in particular needs to be a part of that effort without. Let me close by just saying that I think notwithstanding the challenges which you probably heard from me, I think there is opportunity for those who are organized, good data, that solid research and thoughtful advocacy, I think, conducted that testing.

00:23:18:12 - 00:23:45:19

Speaker 2

I urge you continue to make that test, and I think the opportunity exists as well, presented by the Healthy Families program to really offer, which really offers, in my mind, a foundation for expanding coverage to low income families. So I encourage you continue to think universally, but to act thoughtfully and to act quickly. Thank you very much.

00:23:45:22 - 00:23:50:14

Speaker 1

Do we have a question for the director that lends itself to a brief response?

00:23:50:14 - 00:24:06:22

Unknown

Yes or no? Good. I think I could say more credit for the point that we have an agency which are also public private partnerships in the state, and we have these administrative overhead costs and some of the other.

00:24:06:24 - 00:24:08:29

Speaker 2

So those are the.

00:24:08:29 - 00:24:17:10

Unknown

Same type of partnerships, and I love to see those expanded to the population. But in talking about them as other models that are working.

00:24:17:13 - 00:24:25:28

Speaker 2

I will take that as a statement, which I will validate and not as a question to respond to. Thank you very much.

00:24:26:01 - 00:25:05:04

Speaker 1

Our next speaker is Denise Martin, who was the CEO of the California Association of Public Hospitals. Public hospitals and health systems in California absolutely depend on Denny Martin's tenacity and expertise to protect the integrity of the safety net. funding is just one key example of that. Or special Medicaid funding for indigent care purposes. California has had to struggle over the years to maximize its, its dish allocation and get the federal dollars that it is legitimately entitled to working out accommodations required to make that happen.

00:25:05:04 - 00:25:37:29

Speaker 1

There's been no symbol on that area, and Denny has been in the forefront of leading that effort over the years and has absolutely been, tenacious about, attempting to assure that we get the federal dollars we need for our safety net in California. she also, I learned just today about Gilbert Rubio, in addition to years of having led the Association of Public Hospitals, he actually has experience as a clinical manager in the emergency room at Cook Memorial Hospital, has actually been on the frontline in the delivery of care.

00:25:38:06 - 00:25:51:24

Speaker 1

she combines that perspective with your leadership on public policy issues. Please welcome Danny Martin.

00:25:51:27 - 00:26:00:11

Speaker 3

00:26:00:14 - 00:26:11:24

Speaker 3

Can you all hear me? Yes.

00:26:11:26 - 00:26:34:23

Speaker 3

Go back up today not to talk about the dish fight. It's just refreshing to be able to address the audience and not talk about those issues. For one. let me also just begin by saying I'm really delighted to be able

to participate in your first in my first participation in your annual conference. that I've had the opportunity to sit in some of your sessions.

00:26:34:25 - 00:26:56:24

Speaker 3

And what's been really remarkable to me is that the amazing amount of commonality between your issues and the issues at the public hospital system space. I think we really do serve the same populations. We provide many of the same primary preventive care services. And of course, we developed a lot of the same kind of expertise that you all have in serving at risk populations.

00:26:56:26 - 00:27:19:05

Speaker 3

I also before I get started, I want to really add my words, congratulations to others before me, to the excellent work of, Carmela and the staff of Ctca. you all are very well represented, both in Sacramento and in Washington. she and her staff really fight the good fight on your behalf and on the behalf of the patients and the communities that you serve.

00:27:19:07 - 00:27:41:10

Speaker 3

So I really just wanted to highlight incredible with each of them. I am also delighted to be involved in a panel that actually does talk about the uninsured. And I am going to talk a little bit later in my remarks about my views on what incremental reforms mean. But I think, ever since the Clinton health care debacle, we've been really hard pressed not to put that agenda front and center stage.

00:27:41:10 - 00:28:02:13

Speaker 3

And I think it's really it's time we've come as firm as outlined in his remarks. and I'm sure most of you have seen that this issue is coming back into the center stage. the Census Bureau just recently did release another report that according to that official, organization, the number of entering California is no longer 6.5 million.

00:28:02:13 - 00:28:49:16

Speaker 3



It's now 7 million individuals. so but ironically, the numbers of the uninsured and growing at the same time, the pressures on the safety net of increases, at the time that we actually have an unprecedented economic recovery, why then should we begin to talk about these insured, including universal coverage? And I think the answer to that question is no, because of all the reasons that Kim outlined in terms of term limits, in terms of the political and economic roadblocks in California, to actually achieve universal coverage, then I think it's really important for us to educate legislators, to educate the public, to remind ourselves that in the absence of universal coverage, we

00:28:49:16 - 00:29:09:22

Speaker 3

really do need to talk very specifically about ways that we can improve on access to care in the public health care system, and how can we make sure that public health and safety net and have the funds it needs to fill in that vacuum after universal coverage? let me just make a transition here and talk to you just for a few minutes.

00:29:09:22 - 00:29:48:08

Speaker 3

I don't know if all of you really understand what the public hospital, I want to tell you a little bit about how we're doing it today. The environment. just for context, if you see the first slide there, just very quickly see MPH represent 19 county hospitals, 11 county, health care systems, three academic medical centers, UC Davis, UC San Diego, and one Irvine and one nonprofit hospital in Fresno who actually has the main contract to be the provider of emergency care within in the county, 60 70,085.

00:29:48:11 - 00:30:01:12

Speaker 3

So what they show, with this graph shows, is about 88% of the people in California actually live in a county that it has a mandate, a public hospital or provider, to serve as the state for public health education.

00:30:01:14 - 00:30:05:26

Unknown

So next slide.

00:30:05:28 - 00:30:26:16

Speaker 3

Just again, to give you a little sense of who we serve are the demographics of our of our populations, as you can see, they definitely reflect the demographics of California's very diverse population. While I don't know what the demographics are, the breakdown is for the clinics around the state, but my hunch would be that very similar to that.

00:30:26:18 - 00:30:41:06

Speaker 3

And I think what it shows is that your clinic and the public health care safety net really provide the bulk of care to low income African American, Latino and Asian populations, which I think is a very significant statement.

00:30:41:08 - 00:30:46:23

Unknown

And next slide.

00:30:46:26 - 00:31:15:22

Speaker 3

I just just very quickly, this slide really, highlights the broader role that the public health issues and plays in the community. While most of you think the public hospitals are there to serve the poor impact, our mission and mandate is actually quite hard for many of you don't realize that even the most well insured individual, the families that these complex many that require the kind of highly specialized experience available only through represent, for example, just about 10% of the state's beds.

00:31:15:22 - 00:31:28:12

Speaker 3

But we provide about 82% of the state level one trauma center. That's almost two thirds of them in our cities, as well as 61% of all Indian state services like these are very.