

Commencement Address

University of Pennsylvania School of Dental Medicine

May 19, 2008

Thank you, Dean Jeffcoat, members of the faculty, administrators, parents, friends and members of the Class of 2008.

I am so very pleased to be here with you today and be part of this wonderful occasion. I would like to join your family and friends on congratulating you on your hard work and achievements both here at the University of Pennsylvania and the years prior. You have spent four long, hard years pursuing advanced study and developing your skills as a clinician. You did the work, but you did not do it alone. It is the people who are gathered here today who played key supporting roles. I would like to take a moment to identify three special groups.

First, take a moment to reflect on your professors. These men and women are more than just teachers and skilled practitioners and their influence extends beyond the classroom. The cutting edge techniques that you learned here at Penn will someday be replaced by the next generation of cutting edge techniques. The cycle of learning will continue, but if you are lucky, you will remember your professors for the rest of your lives.

We also need to take a moment to honor your classmates. They shared your happiness, and they shared your struggles. I am quite sure on more than one occasion, they shared your beer. It is hard to imagine what dental school would have been like without them. Many of these relationships will continue on in years to come. But by virtue of this shared experience, you will have a special bond with the members of the Class of 2008.

Finally, we come to your parents, friends and family. Many of these special people are here with us today while others are no doubt thinking about you from more distant locales. They have provided support, comfort, and upon occasion, considerable financial support. You all have your own unique stories about how your family and friends helped you get where you are today.

Let's take a moment and honor all three of these groups. [applause]

So today is a time of transition. You are losing Evans Hall, The Bridge Movie Theater, and a first name relationship with the barista at the Bucks County Coffee House. But do not be sad because you are about to gain a new pen pal. The Penn Dental Alumni Society will be writing you

tomorrow and forever tracking your progress as your career advances and “giving-potential” grows.

This ceremony is more than just a celebration of past accomplishments. It also time to pause for a moment and think about how the path you have chosen fits in with broader challenges facing society. I would like to talk today about the U.S. health care system and focus on the issues of access and quality. My remarks are not about dental medicine per se, but the more broadly defined health care system. These issues affect you as you are now part of the larger system.

The United States has the most expensive health care system in the world. International comparisons by the Henry J. Kaiser Family Foundation show that health spending per capita in the United States is much higher than in other countries – at least 24 percent higher than in the next highest spending countries, and over 90 percent higher than in many other countries that we would consider global competitors. Higher spending is not necessarily a problem if you are getting a good value for your money. The problem is we are *not* getting better outcomes on key health measures, including access to care.

Today 47 million Americans under the age of 65 have no health insurance coverage either in the form of private health insurance through an employer or a public program such as Medicaid or CHIP. That means just about one in six Americans have no reliable way to pay for health care. We should not be satisfied spending so much more for a system that fails to provide care for one in six of us.

Lack of health insurance affects more than just the poor. Publicly funded health care programs like Medicaid do a good job covering low income children. In fact, nearly half of the people enrolled in Medicaid in Pennsylvania are children. Another 171,000 Pennsylvania kids whose parents earn too much for Medicaid qualify for CHIP through our Cover All Kids program.

More and more, it is adults and working families that find themselves without health insurance. Nationwide, 82 percent of the uninsured are members of families with people in the workforce. 71 percent live in households with at least one full-time worker. It used to be that having a full time job meant having health insurance. That is no longer the case.

In fact, it is extremely likely that many of the graduates that we are honoring here today will soon be entering the ranks of the uninsured. Most of you have health insurance through your parents' policy or from insurance you purchased through Penn. Unfortunately, neither of these options will be available to you after you complete your program. Unlike your counterparts at Wharton or the Law School who will be taking jobs that include health benefits, those of you who are opening up your own practices will need to find your own health insurance – or take a chance that you will stay healthy and go without it.

The truth is that rising costs are putting health care coverage out of reach for more and more families. In less than 10 years, the average cost for premiums for family coverage in Pennsylvania through employer sponsored health care has more than doubled – going from \$4,859 in 1996 to \$11,416 in 2005. I am willing to guess that even your tuition bills did not go up this quickly. If current trends continue, in five years the cost to insure a family of four would be more than \$20,000 a year, representing as much as 30 percent of the median household income for that family.

I am not trying to lecture you about health insurance on today of all days. Instead, I just want to bring home the point that the patchwork system we have today makes it far too difficult for individuals who are not part of a larger group to purchase coverage. This is not just a problem of the poor. It is a problem that affects the people in this auditorium, our families, our friends, and our co-workers.

Those of you opening up your own practice are also taking on an additional role as employer. Whether you hire one worker or dozens, your workforce will look to you as their most likely source of affordable health insurance.

Most workers get their health care coverage through their employer.

American businesses provide health insurance coverage to 160 million workers and their dependents – which is nearly two-thirds of the population under the age of 65. We are the only country that has chosen this path and it clearly has its challenges, for workers and employers.

Governor Rendell recently testified before Congress on how tough it is for small business to provide health insurance. He noted that the smaller the business, the less likely employees will have employer-based coverage. In

2006, only 44.4 percent of employees in businesses with less than 10 employees have employer-based health care coverage. However, 77.5 percent of employers with 10-24 employees offer employer-based coverage.

Major employers are able to spread risk over a large number of workers. Unfortunately for small businesses, a single costly medical event can cause premiums to spike. If a worker receives a diagnosis of cancer or has a complex pregnancy, insurers are likely to raise rates for the entire company. As a result, many employers that used to be able to provide benefits at no cost to employees, are moving to higher deductibles or co-payments. And more employers are reluctantly deciding that they can no longer afford to offer health insurance to their workers.

Clearly the current system puts too heavy of a burden on small employers and puts too many working people at risk as a result. Those of you who build up your own practice will inevitably face the difficult question of how rich a health care package can you afford for your employees and how much employee contribution you will require. There are no easy answers to these questions.

Fortunately, significant efforts are underway to change the way the small group insurance market operates. Here in Pennsylvania, Governor Rendell has proposed a comprehensive package of health care and insurance reforms called *Prescription for Pennsylvania*. One common sense measure would require all health insurers to establish a standard basic health care package for individuals and small business with no exclusions for pre-existing conditions. Defining a standard package would let consumers know what they are buying and be able to make apples to apples comparisons. Another measure would require insurers to pay out at least 85 cents in medical claims for each dollar in small group premiums collected. This will help ensure premiums are going for health care, not excess profits. Legislation has already been introduced that would prohibit insurers from basing premiums on factors such as occupation or health status. All of these reforms will help small employers and individual consumers obtain quality, affordable coverage.

I want to move beyond the discussion of health insurance for a moment and focus on the real bottom line – namely, quality care and good health outcomes. Unfortunately, too many children and adults do not receive appropriate care. Elizabeth McGlynn, Distinguished Chair in Health Quality

of the Rand Corporation, found that Americans receive appropriate care only about 55 percent of the time. That is only slightly better than flipping a coin.

We find the same results in Pennsylvania. About a year ago, Pennsylvania Governor Ed Rendell signed an executive order creating a Chronic Care Commission. The Governor charged the Commission with developing and implementing ways that Pennsylvanians with chronic disease receive health care. The primary targets are diseases like diabetes, asthma, pulmonary disease, heart conditions and other recurring illnesses. These conditions are well known and affect a significant portion of the population. In fact, the Commission found that about half of all Pennsylvanians have at least one chronic condition.

One reason to focus on chronic care is that because these individuals consume a large share of health care resources. The Commission found that chronic disease patients account for 80 percent of all health care costs and hospitalizations, 76 percent of all physician visits and 91 percent of all filled prescriptions.

Dental conditions, especially gum disease, has been linked to many of these chronic conditions. Numerous studies have shown that individuals with gum infections are also at significant risk for diabetes, heart disease and respiratory disease. Persons with diabetes who also have gum infections tend to have a harder time controlling blood sugar levels, with potentially serious health consequences. Respiratory diseases such as pneumonia, bronchitis, emphysema and chronic obstructive pulmonary disease can also be worsened bacterial contaminants from the gums.

Periodontal disease can also increase risks associated with pregnancy including the risk of preterm births and babies with low birth weight. These findings have been validated right here at Penn by Dean Marjorie Jeffcoat who found that women with severe gum disease are up to seven times more likely to give birth prematurely than women with healthy gums. As a result of this research, we now instruct our Medicaid managed care plans to target periodontal disease for pregnant women as a way to improve birth outcomes in the Pennsylvania Medicaid program.

The dentists in the audience are already aware of these research findings. They know that dental medicine is about more than just teeth and gums and

are trained in the complex interconnections between dentistry and chronic conditions. The point is, quality health care depends on our ability to provide truly comprehensive health care, and that includes dental medicine.

Last month, the Henry J. Kaiser Foundation released a poll that found nearly three in 10 Americans report that they or their families have had a serious problem paying for health care and health insurance as a result of recent changes in the economy. Let me share with you a few other statistics:

- One in five adults said that in the past five years they have been contacted by a collection agency because of medical bills.
- 17 percent have used up all or most of their savings in the past five years because of medical bills.
- 3 percent of respondents report declaring bankruptcy due to extreme medical bills.
- Nearly a quarter said that within the past year, they or a member of their household have either taken a new job or stuck with their current job primarily because of better health benefits.

- And most surprising, 7 percent of adults who responded said that, in the past year, they or someone in their household decided to get married in order to have access to their spouse's health care benefits.

I do not want to rely too heavily on statistics to make my case. As former major league baseball player Bobby Bragan once said, "Say you were standing with one foot in the oven and one foot in an ice bucket. According to the percentage people, you should be perfectly comfortable."

Supreme Court Justice Louis Brandeis had another way of putting it. He said, "I abhor averages. I like the individual case. A man may have six meals one day and none the next, making an average of three meals per day, but that is not a good way to live."

I like the individual cases, too, and would like to shift gears to focus on you and the new roles you are about to assume.

At dental schools around the country, similar ceremonies are taking place. Some of you may go into research or academics. A few of you may pursue

opportunities in the private sector with larger health care organizations. Most of you will go into private practice.

As practitioners, you will profoundly and directly affect the well being of your patients.

As small business people, you will affect your employees and your communities. But also, as leaders in your field, you have the opportunity to shape the larger health care system.

The choices you make as you establish your practices are very important. They are important to you as business decisions that will affect your bottom line. But they are also important as they relate to the issues of access and equity. The way you practice will directly affect the availability and quality of care in your community.

Here are just a few of the questions you will need to answer in the next few months and years.

Where will you set up your practice? Will you choose to locate in an area that is already well served by other dentists or set up practice in an area of

greater need for services. The decision you make about location will have an effect on the overall availability of care.

You will also need to think about your willingness to give back to individuals and families with less ability to pay. As the state Medicaid director, I can tell you that we have a serious shortage of dentists in certain areas of the commonwealth. We also need for more dentists to serve special needs patients such as children with autism and other developmental disabilities. If every dentist made a small commitment, we could go a long way toward meeting these needs.

You also need to consider issues of diversity and equity. Many of the most medically-underserved areas have predominantly African-American or Hispanic populations. The level of diversity in your client base will in part depend on where you set up shop. But it will also depend on your willingness to reach out broadly and break down some barriers.

Another important issue is how you will incorporate dental hygienists and dental assistants in your practice – and your profession. We can improve the availability of care by making sure that all health practitioners can

practice to the full scope of their education and training. Think of how many more people can receive care if the 146 graduating dentists of the Class of 2008 partner with other dental professionals. Now multiply that by all of the other dentists that are graduating today.

Finally, will you offer private health insurance to your employees – and under what financial terms? There is no question that the system we have today puts a heavy burden on small employers. But the decisions you make about health insurance in your own practice will profoundly affect the lives of your co-workers and their families.

These are just some of the decisions you will have to make, and in some cases, make over and over again. You have all demonstrated a commitment to quality health care and excellence in dental medicine. You wouldn't be here today if you hadn't achieved a high measure of success in the classroom. At last, it is time to move beyond the classroom and replicate that success as you advance in your careers.

Based on the credential you are receiving today, I believe that you will provide outstanding care to hundreds – maybe thousands – of patients over

the course of your career. You will teach children about how to take care of their teeth and gums; you will relieve pain and suffering; and you will help your patients achieve better health outcomes.

That is a commendable list, but I would like to challenge you to go further.

You also have the ability to help improve the broader health care system.

Some of you may assume formal leadership roles in professional organizations or by serving on study commissions. Others may become more politically active and help pass the laws we need to achieve lasting reform. But each and every one of you has the potential to help make the system better by example and by how you build your practices.

Penn has given you the knowledge and the technical tools you need to be great dentists. Now it is up to you to go forward and define just what that means. I hope that you will take a broad view and use all of your considerable skills and talents to make our health care system just a little bit better.

Thank you.