RELEASE IN PART B6

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From:	Neera Tanden	
Sent: To:	Sunday, April 5, 2009 10:52 PM H	
Cc:	Burns Strider	
Subject:	Re: and Health Care	
•		
I spoke with yesterday and he has a unique perspective with the public and private system; he has seen many innovations in the public system that have not been replicated with private payors (e.g., extensive use of IT which makes chronic care management easier to track, with better outcomes for patients). While he had an interest in serving on a federal health board, I explained that such an organization was definitely not going to be formed before health reform passes (if ever). I'll be meeting with him next time he's in town, which will be in a few weeks. He definitely has interesting, counterintuitive insights.		
Thanks for sending him along. I hope you're both well and hope you're getting at least a little rest Hillary.		
Neera	•	
110014		
From: H <hdr22@clintonemail.cc 12="" 2,="" 2009="" <="" and<="" april="" burns="" cc:="" fw:="" neera="" sent:="" strider="" subject:="" tanden="" th="" thursday,="" to:=""><th></th><th></th></hdr22@clintonemail.cc>		
NeeraPls see the following email from He is one of the most knowledgeable doctor/leaders about practical reform given both his military and civilian experience. He is now at the Will you pls call him to discuss his ideas and assess whether he could be useful to the		
efforts? Let me know. Thx. HOriginal Message		
From: Burns Strider <		
Date: Wed, 1 Apr 2009 16:25:20		
To: Secretary of State Hillary Clin Subject: and Health		
has provided the below letter since there is now key people leading the health care effort. He's hoping to be engaged Here's his letter:		
Our economic recovery requires t	hat we improve the cost efficiency and quality of health care.	
Example, in 2003 that triggered a	improve the situation, the US Institute of Medicine published a book, Lea a brief failed effort to upgrade direct Federal health care (with DoD and Va kample of success that would be easier and faster to implement than char inmercial health care.	A the major
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IOM's thesis remains valid, but as	s anyone who has dealt with the interagency process knows, the barriers t	The progress
there can be at least as frustrating as those of the commercial world. For the last 8 years of leadership failure we lacked		

UNCLASSIFIED U.S. Department of State Case No. F-2014-20439 Doc No. C05760703 Date: 02/29/2016

the vision to act on the IOM's conclusions.

The obstacles to health reform haven't changed much since 1993 and 2003, but with more astute leadership the capacity to generate meaningful improvement in Federal health care, with the catalytic effect that IOM said it could have on the whole enterprise, finally exists. I contend that in 2009 we need to seriously consider doing what the IOM recommended in 2003, as an essential step in kick-starting American health reform. Thanks

B6

Burns Strider

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