

“Physicians and hospitals are better funded to admit a child with a near-fatal asthma attack to intensive care, than to prevent the attack before it starts. We know how to prevent serious and expensive complications of chronic disease, but we are not doing it.”

*Thomas Bodenheimer, MD, Professor of Family
and Community Medicine, UCSF*

“Our experience indicates that good asthma care management can prevent up to 99% of children's asthma hospitalizations and 95% of emergency visits. In children's asthma, it works better for everyone--and even costs less--to do the right thing, rather than do the wrong thing over and over and over again.”

*Guillermo Mendoza, MD, Chief, Dept of Allergy,
Kaiser Permanente Napa-Solano*

“With the evidence that has accumulated, we should no longer be focusing on ‘Should we implement this approach?’ Rather our discussions should center on the question, ‘How can we change our reimbursement system so that community-focused chronic care can go to scale as rapidly as possible?’ The conversation needs to shift from ‘Should we do it?’ to ‘Why have we not done this already?’”

*Kevin Grumbach, MD,
Chair of Family and Community Medicine, UCSF*

“No duty of society is paramount to the obligation to attack the removable causes of disease.”

*Herman Biggs, MD
NY State Commissioner of Health, 1913*