

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Address; Phone Number; Personal (Partial) (1 page)	12/02/1994	P6/b(6)
001b. letter	Address (Partial) (1 page)	12/02/1994	P6/b(6)
001c. letter	Address (Partial) (1 page)	12/02/1994	P6/b(6)
002. letter	Address; Personal (Partial) (1 page)	12/02/1994	P6/b(6)
003a. letter	Address (Partial) (1 page)	12/05/1994	P6/b(6)
003b. letter	Address (Partial) (1 page)	12/02/1994	P6/b(6)
003c. letter	Address (Partial) (1 page)	11/14/1994	P6/b(6)
003d. letter	Address (Partial) (1 page)	09/02/1994	P6/b(6)
003e. letter	Address (Partial) (1 page)	11/28/1994	P6/b(6)
004a. letter	Address (Partial) (1 page)	02/07/1994	P6/b(6)
004b. letter	Address (Partial) (1 page)	02/07/1994	P6/b(6)
004c. letter	Address (Partial) (1 page)	02/11/1994	P6/b(6)
004d. letter	Address (Partial) (1 page)	02/11/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Karen Guss)
OA/Box Number: 5931

FOLDER TITLE:

Wayne Moore [2]

2012-0820-S

ms484

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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Wayne & Edna Moore

P6/b(6)

December 2, 1994

Ms. Karen Guss, First Lady Staff
Old Executive Office Bldg, Room 212
White House
Washington, D. C. 20500

[001a]

Subject: Health Care Reform - the Model-3 alternative

References: Your phone call to me, December 2, 1994 AM.

Dear Ms. Guss:

I very much appreciated your phone call, and the opportunity to provide you and Mrs. Clinton with additional information on Model-3 Health Care. Your question on my personal background is also appreciated. It offers an opportunity to explain why someone in retirement in a small town in California believes it possible for him to contribute to health care methodology for our entire nation, and to reassure those who might question his motives.

This letter is much more a transmittal vehicle than a stand alone discussion of Model-3, but it is proper to say that I am retired, have no commercial or investment connection with any organization of any sort. I have a history, in my working career, over the years and in various capacities, of telling others to solve their problems if they can, and if they cannot, bring them to me. I have done this in large organizations and on large projects and small with sufficient frequency to give me the self confidence to prepare Model-3 with a full and continuing belief in its eventual acceptance by our country.

My experience has been in electronics, and in very large governmental missile and rocket booster projects and have included recovering expensive schedule time and correcting technical failures created by the mistakes of others.

My only involvement in health care is entirely as a patient or a family member of a patient. Currently I am trying to prevent, for our country, some of the inadequacies built into our present doctor/patient relationships which cause doctors to consider "proper" medical practices more important than the case history experiences of their patients - and which currently are costing me the good health and energy reserves of just three years ago plus about  in medical supplies and medications to overcome the damage that has been done to my own personal health. I consider my time on Model-3 well spent.

I believe that Model-3 defines the unique combination of methods needed to put our health care and health care funding processes on the proper path to achieving the exact goals first outlined by President Clinton. I believe that careful and unbiased study of Model-3 will convince the First Lady that I am correct.

If my judgement is correct - that our goals are identical, and that the original ClintonCare methodology is no longer politically achievable - then the practicality and political expediency of Model-3 should be thoroughly studied by the First Lady and her staff.

I believe that this is a case where the combination of my own continuing Model-3 efforts and the First Lady's active support and participation can be greater than its two separate parts.

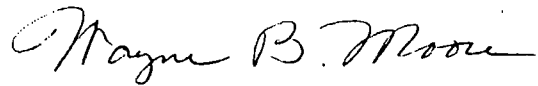
I believe that between December, 1994 and November, 1996 we can have a successful run at achieving ALL of the ClintonCare objectives with none of its politically damaging consequences.

Pages 3 and 4 of this letter discuss and list enclosures along with what are intended as time saving comments about some of them.

I am delaying a letter already prepared for mailing to Mr. Bentsen until your review of the enclosures makes it possible for you and I to continue our phone discussion of Model-3. An understanding of Mrs. Clinton's interest in Model-3 will contribute significantly to letters intended for both Mr. Panetta and Mr. Bentsen.

Please feel free to phone or write your questions to me regarding Model-3 at any time. The more confidence building discussions the better the final result. Technically, I believe Model-3 can only gain from close inspection, and personal, mutual confidence can only be increased by such contacts. I look forward with pleasure to our continued communications.

Sincerely,



Wayne B. Moore

cc: none

enclosures: pages 3 and 4

As you read the enclosures, please note one characteristic that contrasts Model-3 with ClintonCare. ClintonCare dealt with requirements and restrictions to be imposed on health care funding. Model-3 rejects any funding that specifies allowed and disallowed methods, and accepts only those funding sources that provide coverages to treat specified ills.

This exclusion of methods becomes possible **ONLY** because Model-3 has rigid competitive methods to compel providers to use effective and cost efficient methods or lose income AND patients. Model-3 deliberately makes it possible to increase these pressures until they are fully effective. Note particularly that Model-3 does not require a linear scale of pay adjustments. Bad doctors can be made to fall quickly off an economic cliff if their performance is bad enough. I don't expect this feature to be needed, but it is there.

Two funding limitations and requirements are needed. (a) Complete, Congressionally defined universal coverage at a minimum level and (b) complete prohibition of methods control.

ClintonCare and Model-3 have never contradicted each other. They combine the goals of ClintonCare with a new and unique Model-3 nationwide system of health care that can politically and economically achieve these goals. They are two parts of a single, desirable product. With Model-3 there are also ancillary cost and quality benefits of an actuarial nature that no system lacking fully unrestricted nationwide competition can possibly achieve.

You will note the difference between the two reform concepts most clearly by reading your copy of the cover letter to Mr. Gingrich that I included with his Private Sector Version Model-3 brochure (the same brochure you will find in this package to you) and the open letter to Mr. Gingrich found on the back side of the first sheet inside the cover sheet of the brochure.

Model-3 is directed to making method definition irrelevant. Patients soon identify and eliminate improper care. An oversight committee composed of competent and knowledgeable people - composition unspecified - will define competitive rules that can be draconian if need be. Doctors will soon learn that their customers know when they are and are not getting proper care.

It is essential that this committee **not** be representative of health care insurers and providers - or, most of all, **not be government bureaucrats.** This committee is the achilles heel of Model-3. It must be controlled properly, by knowledgeable people that represent **the buyers** of health insurance and health care. They can be found. Mrs Clinton should participate in defining the proper breadth of this committee, and would participate if I can have any control over Model-3 configuration. Look to labor, industry and colleges for experts.

You might want to scan the rest of the four open letters in the brochure.

The Model-3 Supplements brochure holds three separate articles that were prepared to answer various questions. The most significant thoughts from this brochure are also in the main brochure, pages 16 a,b,c and d.

Other enclosed items have thoughts that might be useful. Forgive me for marking some of them to save you the time of reading them all.

enclosures:

About Model-3 -

- . Private Sector Version, Model-3 Health Care brochure.
- . Gingrich December 2 cover letter. He and Chairpeople-to-be Archer, Kasick, Kassebaum and Packwood will receive the Private Sector Version, Model-3 Health Care brochure and identical cover letters.
- . Model-3 Supplements brochure - three unrelated sections.

History and background:

February 7, 1994 letter to:

Governor Romer (the only state contacted)
Vice President Gore

February 11, 1994 letter to:

Richard Gephardt
Paul Van de Water
Mrs. Clinton

February 18, 1994 letter to:

Dr. Murray
Senator Rockefeller

March 7, 1994 letter to Representative McDermott

March 8, 1994 letter to Governor Romer

April 4, 1994 letter to Representative Wyden

Comments and recommendations:

April 25, 1994 letter to Dr. Magaziner

September 2, 1994 letter to Mr. Coelho

September 12, 1994 letter to Mr. Bladen

November 14, 1994 letter to Mr. Panetta

November 28, 1994 letter to Mr. Bentsen

2 copies, page 1 and 2, this letter (for Mr. Panetta and Mr. Bentsen)

December 2, 1994 letter to Rep. Kasich

December 5, 1994 letter to Mr. Van de Water

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December 2, 1994

Ms. Guss -

[0016]

Just a personal note.

I hope that this information will be helpful. As you will note, I have included quite a variety of material. It seemed best to offer more rather than less. You can sort out what you find most useful.

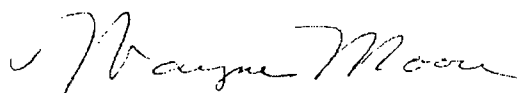
I'm a problem solver, not a writer. The enclosures were written over time and were of necessity put together with a minimum of rewrites. If they are incomplete or inconsistent or confusing give me a call while you are still reviewing them. I will try to answer questions rather than press you for comment. And your questions will help me adjust my statements to fit your needs. Others have used this process and it works.

I have had preliminary discussion with a competent free lance writer who has an established relationship with an excellent and prestigious national business magazine.

The writer is now reviewing Model-3 material and expects to submit a manuscript. (I will not mention our communications to this writer.) I mention the writer to you because if the Clinton Administration decides to support Model-3 it indicates my intent to use such opportunities rather than my own efforts to present Model-3 to the public. I am a forward-looking person. Model-3 must grow beyond my personal efforts, and I see this process occurring as you review the enclosures.

The enclosed letter to Mr. Coelho has not yet born fruit, but it is another of the suggestions that I will continue to make to compensate for my personal limitations. I am confident ⁱⁿ my physical ability to handle such an expansion if it can include some local clerical assistance. The nature of the Model-3 effort will of course be modified by the results of the election that occurred AFTER the Coelho letter was written.

I look forward to our future communications and hope that they may be between collaborators toward mutual goals.



Ms. Guss -

Copies for
Mr. Panetta and
Mr. Bentsen
ONLY if you wish

See Bentsen letter
in Looking ahead
group of letters
17/13m

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December 2, 1994

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[001c]

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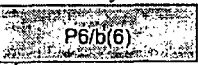
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Wayne R. Moore

P6/b(6)

December 2, 1994

Ms. Karen Guss, First Lady Staff
Old Executive Office Bldg, Room 212
White House
Washington, D. C. 20500

[002]

Subject: Health Care Reform - the Model-3 alternative

References: Your phone call to me, December 2, 1994 AM.

Dear Ms. Guss:

I very much appreciated your phone call, and the opportunity to provide you and Mrs. Clinton with additional information on Model-3 Health Care. Your question on my personal background is also appreciated. It offers an opportunity to explain why someone in retirement in a small town in California believes it possible for him to contribute to health care methodology for our entire nation, and to reassure those who might question his motives.

This letter is much more a transmittal vehicle than a stand alone discussion of Model-3, but it is proper to say that I am retired, have no commercial or investment connection with any organization of any sort. I have a history, in my working career, over the years and in various capacities, of telling others to solve their problems if they can, and if they cannot, bring them to me. I have done this in large organizations and on large projects and small with sufficient frequency to give me the self confidence to prepare Model-3 with a full and continuing belief in its eventual acceptance by our country.

My experience has been in electronics, and in very large governmental missile and rocket booster projects and have included recovering expensive schedule time and correcting technical failures created by the mistakes of others.

My only involvement in health care is entirely as a patient or a family member of a patient. Currently I am trying to prevent, for our country, some of the inadequacies built into our present doctor/patient relationships which cause doctors to consider "proper" medical practices more important than the case history experiences of their patients - and which currently are costing me the good health and energy reserves of just three years ago plus about  in medical supplies and medications to overcome the damage that has been done to my own personal health. I consider my time on Model-3 well spent.

I believe that Model-3 defines the unique combination of methods needed to put our health care and health care funding processes on the proper path to achieving the exact goals first outlined by President Clinton. I believe that careful and unbiased study of Model-3 will convince the First Lady that I am correct.

If my judgement is correct - that our goals are identical, and that the original ClintonCare methodology is no longer politically achievable - then the practicality and political expediency of Model-3 should be thoroughly studied by the First Lady and her staff.

I believe that this is a case where the combination of my own continuing Model-3 efforts and the First Lady's active support and participation can be greater than its two separate parts.

I believe that between December, 1994 and November, 1996 we can have a successful run at achieving ALL of the ClintonCare objectives with none of its politically damaging consequences.

Pages 3 and 4 of this letter discuss and list enclosures along with what are intended as time saving comments about some of them.

I am delaying a letter already prepared for mailing to Mr. Bentsen until your review of the enclosures makes it possible for you and I to continue our phone discussion of Model-3. An understanding of Mrs. Clinton's interest in Model-3 will contribute significantly to letters intended for both Mr. Panetta and Mr. Bentsen.

Please feel free to phone or write your questions to me regarding Model-3 at any time. The more confidence building discussions the better the final result. Technically, I believe Model-3 can only gain from close inspection, and personal, mutual confidence can only be increased by such contacts. I look forward with pleasure to our continued communications.

Sincerely,

Wayne B. Moore

cc: none

enclosures: pages 3 and 4

Ms. Guss -

Looking ahead.
MBM

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003a. letter	Address (Partial) (1 page)	12/05/1994	P6/b(6)

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2012-0820-S

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Wayne B. Moore

P6/b(6)

[003a]

December 5, 1994

Mr. Paul Van de Water
Deputy Assistant Director
Congressional Budget Office
2nd and D Streets, S. W.
Washington, D. C. 20515

Subject: Model-3 Health Care

Dear Mr. Van de Water:

Some months ago I sent you information on Model-3 Health Care.

I appreciated your response. It was one of the early encouragements that lead me to continue the Model-3 effort.

Since that time the Model-3 concept has been sent to quite a few individuals in and out of Government. For a one man effort the response has been gratifying. The most significant event has been the expressed interest of the only private corporation to receive Model-3 information - my original choice of a developer and operator of the Model-3 central system.

This corporation has adequate resources and ample computer background AND financial resources to undertake Model-3 development entirely in-house. We have been in intermittent communication over about a 3 month period. Their current interest has been dimmed by the election results - present congressional interest is an unknown quantity and federal legislation would be required to authorize Model-3. I am working on this problem.

The enclosed Private Sector Version of Model-3 Health Care is the result of their questions relating to the role private industry might play in creating a Model-3 system. Operationally it has no significant differences from the version described in the brochure you have already received.

The Federal budget for Private Sector Model-3 would simply disappear into the private sector.

In keeping with our previous communications, I will make the point that your reaction to Private Sector Model-3 is very properly out of bounds to me. I hope however that the CBO response will be available within the House of Representatives, and in particular to Chairman Kasich and his Budget committee.

I am sending duplicate brochures and identical cover letters to Representatives Gingrich, Dasich and Archer and to Senators Packwood and Kassebaum.

This letter will include the same Model-3 brochure and a copy of the cover letter to Chairman Kasich.

The Kasich package will include a copy of this letter.

Model-3 is getting attention that pleases me in the White House, and I hope that the brochures going to those mentioned above will receive favorable attention in the Congress.

Model-3 will be not only a boon to the Federal budget. It will also be a boon to the private sector economy.

Model-3 will fulfill its initial purpose - cost and quality improvements in the health care accorded to all of the American people. All will benefit. It should get careful attention.

I truly appreciate your earlier, and your continued interest in Model-3 Health Care.

Sincerely,

Wayne B. Moore

cc: Chairman Kasich

enclosures: Copy, Kasich cover letter to brochure
Private Sector Version Model-3 Health Care brochure

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December 2, 1994

Representative John R. Kasich
Chairman, House Budget Committee
House of Representatives
Washington, D. C. 20515

[0036]

Subject: **Budget saving reform** - Model-3 Health Care

Dear Chairman Kasich:

Model-3 Health Care is an **anti-government control** and **anti-special interest** means for assuring nationwide health care **cost and care improvements** through the private sector.

Favorable responses have been received from members of Congress, CBO and the White House Staff, the American College of Surgeons and Governor Romer of Colorado, the only State Governor yet contacted. It is **Republican**, not Democratic, in philosophy.

The open letters at the front of the enclosed Private Sector Model-3 Health Care brochure should encourage you to read the entire brochure. **It reduces the Federal budget .**

Model-3 requires Federal approval. Its development can be funded EITHER privately or by Government. The private sector version is enclosed. The private version can be put in place **without cost to the taxpayers.** The only large corporation contacted has responded with interest and extensive questions regarding details. Their current interest is held hostage by uncertainty regarding Republican responses from Congress.

Model-3 is designed to convert our government-rules-driven health care industry into a tightly controlled market-place competitive system.

The efficiency-improvement steps within Model-3 should be taken BEFORE changes are made in either the amount or source of health care funding. It works to improve our health care system itself. Model-3 is an operational cost saver, unaffected by the source(s) of health care funding. Funding laws can change while it is being installed.

**Operational Model-3 is so far off budget for Government that there is no budget .
Just Federally legislated authority to act. It will provide better health care with a much
lower share of our GDP for any and all methods of funding..**

It will help balance the budget. It deserves your attention.

Sincerely,

Wayne B. Moore

enclosure: Private Sector Version - Model-3 Health Care brochure
Copy, December 5, 1994 letter to Paul Van de Water, CBO

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003c. letter	Address (Partial) (1 page)	11/14/1994	P6/b(6)

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Wayne B. Moore

P6/b(6)

November 14, 1994

Mr. Leon Panetta
Chief of Staff
White House
Washington, D. C. 20500

[003c]

Subject: Health Care Reform - the **PRIVATE SECTOR** Model-3 alternative

Dear Mr. Panetta:

Thank you for your attention to Model-3 Health Care and for your encouraging October 27 response to my letters of September 2 and October 6, 1994.

The enclosed **Private Sector** Model-3 brochure was prepared in late October as the result of a thorough review of Model-3 by the corporation mentioned in my September 2 letter to Mr. Coelho (you were copied).

The primary interest of this corporation was the creation of a Model-3 that would operate within their own corporation. **NO FEDERAL BUDGET** would be required. There would be no up-front costs to be absorbed by tax payers and no need for budget bickering in Congress. The private sector developer would carry all developmental costs. The developing corporation would own the Model-3 operating system and function as a monopolistic utility.

After development, any operational Model-3 system will be a profit generator. Because it is more efficient, an operational Model-3 reduces the CPI share that health care consumed both in the private and in the public sector. Cash flowing through such a system would be the one trillion dollars which it would redistribute to health care providers annually. Annual net income from such a system would be one billion dollars if it only achieved a profit margin of one tenth of one percent of the money the system would handle. The corporation whose inquiry led to the enclosed brochure is among the very largest in the country. It could easily handle such a Model-3 both technically and financially. (Federal legislative action required.)

I suggested to them that they might not be able to handle it alone politically. (The public should see broader public ownership to be sure that Model-3 is **THE PEOPLE'S** system of health care.) A consortium might solve this problem.

Since then there has been an election.

The suggestions I offered in my letters to you and Mr. Coelho can all still apply to the changed situation in Congress. Republican philosophy is private sector oriented.

Private Sector Model-3 will please Dr. Rivlin. Not a developmental dime from the Federal budget. With Model-3 the budgetary demands of Medicare regulation will virtually disappear. All states, and the Federal Government, are free to control every funding source. With market place competitive cost controls, dollars will produce more care for more patients. Neither tax-based or insurance-based health care coverages will carry today's heavy loads of costly and unpopular governmental bureaucratic overhead.

The enclosed brochure is similar to the one you have already received except for the pages just preceeding the numbered page 1 and insert pages 16 a,b,c and d. Unless a few were missed, all references to Model-3 central operations, originally called "government" have been changed to "Model-3 systems" or "M3 systems". A few explanatory sentences have been added or modified. Otherwise it is the same as the governmental version brochure.

The enclosed copies are the first ones issued outside of the mentioned corporation.

I have no obligation to the corporation that inquired about the opportunity for a private sector Model-3. They have received the information they requested. Their last comment (by phone) "May be a bit big, but we are interested."

*Note - Since this was
Ms. Goss → written I have received a phone call
*** and a letter from this
corporation. When possible I
will send you a copy of the letter.*

POLITICS:

Health care reform is the largest and most emotional item on the political horizon that the Clinton Administration can claim as its own.

The ClintonCare government-oriented proposal of the past two years contained every wish of the American people. Its methodology was so soundly rejected that it became a large liability in the 1994 election.

Model-3 has always offered all of the benefits promised in ClintonCare.

It has always avoided all of the methodology now rejected by the voting public.

It is available as a Clinton sponsored project and is viable technically as either a public

or a private sector initiative. Decision between these versions are not forced at the time Model-3 would be selected by the administration. Public acclaim of Model-3 by the administration can also be postponed while public demand is being both tested and stimulated.

Health care decisions should be made very carefully. There is a second chance to capture the benefits of a popular health care reform plan. **There is no third opportunity between now and 1996.** Health Care will become either a political asset or remain a disaster.

Action to quietly build organized support for a new health care reform program should begin as quickly as a sound decision can be made. Once adopted, this effort needs time for public exposure - **and this action must have support - it cannot be allowed to fail.**

For seventeen months I have been quietly evaluating Model-3 along with each received response on its features. If there were uncorrectable flaws they certainly should have been found by someone. None have been suggested. Model-3 is flexible. Technical feasibility is certain. (See page 16 a,b,c,d inserts.) In operation it is fully self-correcting, including the market-place details of its core cost and cure improvement mechanisms. The major suggestion for change is covered in the enclosed brochure. It adds the private sector choice to the original governmental version. In today's political climate I would recommend the private sector without in any way criticizing the original version. There should be no difficulty in gaining private sector corporate interest in such an excellent business opportunity. More than one bid would certainly be offered for a properly explained and publicized Model-3.

I would strongly urge for every known reason - budgetary, social, economic and political - that the Clinton Administration support Model-3, and that it act on the suggestions that I have offered. A publicity campaign starting in California would be an ideal test of national acceptance of its features. I am looking for every possible suggestion to get it started.

I will be eager to discuss the subject of Model-3 in any way you suggest.

Sincerely,

Wayne B. Moore

cc: Vice President Al Gore, with enclosure
 Dr. Rivlin, with enclosure
 Mr. Coelho (via Mr Panetta). copy enclosed.
 enclosures: Private Sector Version, Model-3 Health Care brochure. (2 copies)

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[003d]

September 2, 1994

Mr. Tony Coelho
White House
Washington, D. C. 20500

Subject: Health Care reform

Dear Mr. Coelho:

The President should be angry. **He, Mrs Clinton - AND WE - have been taken.**

Bureaucrats have turned his "**AFFORDABLE** universal health care that cannot be taken away" into a monstrous power grab, using words like ban, fine, prison, etc. 1494 times.

Across the country, two thirds support for the Administration's unknown plan has dwindled into one third support of a partially known plan. The committee itself is now drawing political fire. Even Mrs. Clinton will find a new approach politically useful.

This President could be a great President, but you can't get there by aggrandizing bureaucrats at the expense of the voting public, or by creating deliberate budget inefficiencies within 1/7 of our GDP.

The political payoff for even a partial enactment of the remaining elements of ClintonCare will become, by 1996, a chant of "1494, what fools do you think we are?" CBO says ClintonCare will break the bank, largely because the system overhead will grow beyond our capacity to pay, due to its unresolved flaws. One third political support will shrink to one in ten.

The chant comment is not sarcasm. Out of 100,000,000 plus voters and quite a few political consultants, someone will start it and others will enjoy using it.

And I will regret that the health care reform opportunity is lost.

A year ago (August 5, 1993) I wrote Mrs Clinton, in effect saying "Back away. First designs can always be improved. There are always better ways."

During the period since June, 1993 I have chipped slowly away, month by month, toward what has become Model-3 Health Care. And my instinctive one man request to wait has become a much larger body of protest. The size of the swing away from only partly understood problems already surprises me.

Right now, there may be a window of opportunity. A fast switch from a pro-government to a pro-people stance, along with reiterating the continued Presidential position that "I have said all along that only my goals are etched in stone." is possible even at this late date. What will prove impossible is "camel's nose under the tent" legislation, followed by embarrassing repeal, followed by a credible campaign for a second term. Catastrophic insurance repeal proves that demand for repeal is not at all impossible.

I have been waiting for the proper time to suggest that a funded study of Model-3 would be fully justified by interest already expressed in it. This may be the time. I have suggested to one quite large and powerful industrial corporation that "The future of Model-3 can follow any of three paths. It may just fizzle. Alternatively it may be as badly managed as has been ClintonCare in its passage through Congress and end up an equal mess in legislation, or it can fulfill its potential to the success I believe that potential can offer. Much will depend on those who shape its future."

If Model-3 doesn't just fizzle, I wish to participate to assure that three things happen:

1. That Model-3's basic elements remain intact.
2. That software remains simple in the eyes of those operating the system's keyboards, screens and printers.
3. That legislation does not gut either Model-3 freedoms or the classic simplicity of its motivating forces.

I am tempted to suggest..... I will suggest - that Madera is just a few miles south of Merced, where I am sure you must still have contacts with old and trusted friends; that as you review Model-3 you will inevitably make a mental list of all of the reasons Model-3 would not survive serious review; and that I should be given the opportunity of rebuttal.

My suggestion is that a trusted friend drive the few miles from Merced to Madera to judge me in my home environment - which I assure you will not be overpoweringly impressive - and that we undertake a leisurely review of my defense of Model-3 in relation to a written list of

the reasons it will fail.

A challenge. Why not? We are talking about a trillion dollars a year - a trillion good American dollars annually - for health care. Model-3 should have at least a feasibility review and the author should participate. A small investment of time and money to reap a potentially large political and economic reward can be wise even against perceived high odds.

For such a venture the funding of a formal business plan and the identification of a small group of staff candidates would seem to be a sensible preliminary. I would also suggest that the field of candidates be obtained in consultation with such well known figures as Governor Romer of Colorado, Doctor McDermott of the House subcommittee, Senators Packwood, Boren and Breaux and Drs. Murray and Ebert of the American College of Surgeons (my preferred choices) to assure a proper mix of views. All in my opinion have shown excellent flexibility among the many who have publicly demonstrated opinions cast in stone.

The business plans should be prepared (and costed out) by a competent consultant and should describe in reasonable detail the way in which staff would work to rapidly identify and reconcile Model-3 details with the various concerns of members of Congress, in search of an intact Model-3 properly worded to accommodate these Congressional concerns. Methods would emphasize seeking and resolving criticisms - problem solving rather than salesmanship. Cooperative solutions are not ideally achieved through high pressure sales techniques.

I have no embarrassment in suggesting that the author of Model-3 select staff from the proposed candidate field, nor do I have qualms about leading a group whose primary qualification is that its collective and individual components have knowledge and experience superior to mine. It would not be a new experience.

Model-3 was designed to have a simplified basic structure. If you describe the sequence of money flow through the system relative to one encounter with one health care provider you have fully described the system. Even the complications of medical research and education can be melded financially into the system with full accountability. Model-3 avoids the many complications now disrupting the passage of health care reform legislation in Congress.

What Model-3 will offer to members of Congress has been designed from the beginning to gain quick acceptance from their constituents. Properly presented - and starting with a base fully supported by the Executive Branch - Model-3 will be improved rather than distorted by these quiet (the quieter the better) consultations with influential members of Congress. Success in this means intellectual acceptance - no arm twisting - and should pre-ordain passage of sound

legislation. Ideal ? Ideal solutions are never achieved unless they are sought.

Such a low profile process as that suggested above can be conducted based on any funding source, will retain denial opportunities for its sponsors if it fails - and allow loud acclaim for its success if it passes its obvious hurdles. The optimal funding would be initiated from within the Presidential staff, assuring full and direct two way flow of information to upper echelon members of the Executive Branch. Politically, it should be directed as an "outside of Washington" activity that can be either denied or acclaimed as appropriate.

It would be a criminal assault on our country's citizens if Model-3 were not given full opportunity to prove itself, and a true political coup for its sponsors if it succeeded. Given success, formal feasibility studies and preliminary design studies should follow - all low key and guided by the initial coordination staff until publicity became advantageous, legislation was an accomplished fact and major development of software became appropriate. An initially high risk of failure but still economically justified gamble with negligible risk of political capital.

Please read the enclosures carefully. There ARE alternatives to the present form of ClintonCare that will be affordable, effective and palatable to the electorate. These three words spell political success. A decision with no loss but very high gain potential.

I hope that you will be able to accept this proposal.

Sincerely,

Wayne B. Moore

enclosures: Copy of this letter for Mr. Panetta
Copy of the Panetta letter for Mr. Coelho

(one copy only in this package)

Model-3 Health Care brochure (unstapled sheets for convenient copying)

Brochure containing 3 separate items (also unstapled sheets)

Model-3 Fact Sheets

Model-3 systemwide Advantages

Community Ratings ala Model-3

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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I am holding up my promised
second letter to Mr. Bentsen. I could
explain why by sending him (and Mr. Panetta)
a copy of my letter to you. I think that
this would breach confidentiality and I
won't do it. On the other hand, if you
sent Mr. Bentsen and Mr. Panetta the
extra letter copies I am enclosing they
would possibly appreciate
your thoughtfulness and it
would not breach my obligation
to you. (Suggested only if you
have no objection)

November 28, 1994

Mr. Lloyd Bentsen, Secretary
United States Treasury Department
The White House
1600 Pennsylvania Avenue, N. W.
Washington, D. C. 20500

Subject: Model-3 Health Care

Dear Mr. Bentsen:

If Model-3 Health Care has had serious consideration within the White House I am sure you are already familiar with its features. My first letter about Model-3 went to Mrs. Clinton August 5, 1993, with an enclosure essentially the same as pages 17 to 38 of the enclosed brochure. (M3 or Model-3 systems was called "Government", as in governmental sponsorship.)

There have been a number of White House replies to later letters, dated between January, 1994 from Gene Sperling and October 27, 1994 from Mr. Panetta.

Inside the front cover of the enclosed brochure is a dedication page which mentions "a corporation fully capable of developing and operating Model-3". I could have added "without any outside funding of its entire development".

I have kept the name of this corporation confidential, but have just mailed them a request to use their name in correspondence with "a very few, including the White House". If the recipient offers no objection I will give the name to both you and Mr. Panetta, probably by next Monday or shortly after.

This corporation raised the question of private sector funding of the Model-3 concepts.

No variations to Model-3 would be involved other than nomenclature and funding of the development phase - and of course the possibility of proprietary rights. The enclosed brochure reflects the nomenclature changes, and adds detail to clarify the original textual material.

Also in this brochure are just-written open letters to Mr. Gingrich, Senators Kassebaum and Packwood, and Dr Rivlin which you might find politically interesting.

If Model-3 receives the attention I believe it deserves and may already be receiving in the White House, the question of proprietary rights might become important. ClintonCare was turned into mincemeat during the unsuccessful Congressional efforts to implement it. If Model-3 received the same treatment there could be a similar disaster. Once is enough. Whatever value Model-3 has could be destroyed in Congress by either configuration changes or an improper developer.

I can lay claim to a good batting average in solving difficult non-business problems, but I have neither talent or experience in the business world. Based only on the most general forms of knowledge, I believe that there could be some parallel between derivative movie rights for the authors of a novel and the implementation of what could properly be called a plot or sequence of publicly performed acts utilizing unique and original interactions of people in the real world such as would be involved in the implementation of Model-3. (Reference the chart just before page 1 if the enclosed brochure.)

There is also the example of the "look and feel" of software, which I believe has strengthened the rights of a copyright owner, and might in some manner be extended to Model-3.

Belief not based on sound knowledge can be very misleading.

Of course, only if the Administration is interested in Model-3 would you or the Administration be interested in this question. If there is such an interest, a hand-hold on proprietary rights might be useful to the Administration in keeping Congress in line. I need to know whether I can help. Model-3 itself is right in line with the Republican advertised intent to free our people from governmental controls. Administration sponsorship plus my configuration control (if any) of a stable Model-3 design would have a very positive impact on private sector attitudes toward financing the developmental phases of Model-3. That and a strong private sector advertising budget could help send a clean cut Model-3 sailing through Congress.

This may be too much for a first letter. Although health care now has a lower political profile, its size and budget impact will soon return it to the spotlight. It would be well to attack any visible problems on a fast track if Model-3 is to be a part of Administration strategy - as I strongly believe it should. Configuration control could be one of these problems.

When I am free to identify the corporation in question I will contact you on this subject. If the Administration is interested in Model-3 there should be mutual benefits in working together.

Sincerely,

Wayne B. Moore

cc: Mr. Panetta

enclosures: November 14 letter to Mr. Panetta
Private Sector Version Model-3 Health Care brochure.

Ms. Guss-

History-letters.

MBM

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. letter	Address (Partial) (1 page)	02/07/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Karen Guss)
OA/Box Number: 5931

FOLDER TITLE:

Wayne Moore [2]

2012-0820-S

ms484

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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Wayne B. Moore

P6/b(6)

February 7, 1994

Governor Roemer
Denver, Colorado 80203

[004a]

Subject: Health Care

Dear Governor Roemer:

After listening to you (January 30th) on Late Edition I could believe you might have written the enclosed presentation. Our goals seem to be very similar.

Until health care delivery is stripped of every unnecessary supervisory and money flow inefficiency and from the dominance of insurers and bureaucrats, reforms will not produce the results this country needs. Further, until this is accomplished funding reform will distort the problems of health care rather than reduce them.

Model-3 Health Care establishes this base and this sequence of action.

Information on Model-3 Health Care has received promising though limited attention from recipients in the White House, Congress and the CBO even though previous material was preliminary and incomplete. I have waited to send you a copy until a better package was ready.

Model-3 is a facility and a process, not a program. It is, specifically, a framework which ensures the dominance of market place competitions in shaping our future health care system, with patient care and cost efficiencies the prime governing factors.

It is constructed to drive up quality and drive down costs through strong financial motivation for competition between health care providers, and provides a solid barrier between insurers and providers. Although it concentrates on health care delivery it holds promise for improvement of the funding process as well once it is fully implemented.

I hope you will find in Model-3 Health Care concepts that you can actively support.

Sincerely,

Wayne B. Moore

enclosed: MODEL-3 HEALTH CARE

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004b. letter	Address (Partial) (1 page)	02/07/1994	P6/b(6)

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Wayne B. Moore

P6/b(6)

February 7, 1994

Vice President Al Gore
Office of the Vice President
White House
1600 Pennsylvania Ave., N. W.
Washington, D. C. 20500

[0046]

Subject: Model-3 Health Care

Dear Mr. Gore:

Preliminary material on Model-3 Health Care has gone to a few Members of Congress, the Congressional Budget office and responsible officials in the Executive Branch.

The response has been sufficient to justify this letter to you.

Model-3 is not a health care program. It is a facility and a process - a platform which assures the efficiency of private sector health care providers and adequate control of health care insurers.

The efficiencies created by Model-3 should substantially increase the amount of health care that can be provided within our financial limitations.

The diversion of attention from insurers and funding will calm the waters of dissent that is now threatening to make mincemeat of the thought of universal and adequate care.

I hope you will review the enclosure and that, hopefully, you will relay your views to the President. I think Model-3 fits your concept of government sufficiently that your views will be favorable.

Sincerely,

Wayne B. Moore

enclosure: MODEL-3 HEALTH CARE

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004c. letter	Address (Partial) (1 page)	02/11/1994	P6/b(6)

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Wayne B. Moore

P6/b(6)

February 11, 1994

Richard Gephardt, Majority Leader

U. S. House of Representatives

Washington, D. C.

20515

Subject: Health Care Reform.

[004c]

Dear Sir:

Don't let it happen. The 250 million citizens who should receive health care can be the judges of what they need - their services are free. CBO-described 11% + 2% alliance/insurer costs plus still more bureaucratic oversight is unnecessary overhead. Nationwide private sector competition can replace alliance bidding wars and bureaucratic decisions about who our doctors must be and what methods they can use. Please read the enclosure.

Model-3 Health Care has received attention in both the CBO and the Executive Branch.

Model-3 operations use NOT ONE DIME of taxpayer money.

MODEL-3:

Requires close peer supervision of medical methods and penalizes neglect.

Requires patients to verify each treatment and outcome.

Rewards health care providers for good results and penalizes for bad.

On a fee basis, provides an accounting system for all providers.

On a fee basis with recourse, reinsures every insurer that offers:

Clearly defined benefits

Proper actuarial tabulations

Acceptable overhead costs

Acceptable profit maximums

Provides community rating type service on a national scale.

Model-3 is Government supervised. It can operate as a government unit or as a private sector corporation. It is self supporting. It performs and charges for Services. Startup costs can be amortized and paid by users. Not one dime is needed from Taxes by Model-3.

The nature of Model-3 requires wide dissemination of oversight decisions - these are specific numeric variables that are fed into the Model-3 Automated Evaluation System and published as guide lines to various authorized insurers, all of whom are required to reinsure through Model-3, creating a single pool of funds from which all health care providers are paid.

Model-3 receives direction described by the enabling legislation and precise operating standards from a single National Oversight Committee, presumably within the Health and Human Services Department, which should be reviewed by a Congressional Oversight Committee.

The Reischauer-described front end costs of 12-14% for alliance/insurance/oversight simply disappear when the Model-3 automated accounting system replaces today's high cost, fragmented, paper-loaded insurance accounting overhead of health care providers with a lower cost accounting system. An immediate front end cost reduction instead of the immediate 12+-% added overhead to our health care system if the alliance/insurance/oversight method is used.

And Model-3 accomplishes the same functions ! Plus the benefits of intense national competition between care providers. Any of the proposed insurance plans can use it.

We simply cannot afford costly overhead methods. It will permanently kill our opportunity for affordable, high quality health care.

Model-3 will substantially reduce our nation's cost of health care. It has many political benefits beyond simply freeing very substantial amounts of presently unproductive funds for direct application to health care delivery. Its concepts are not proprietary. It installs easily.

Sincerely,

Wayne B. Moore

enclosure: MODEL-3 HEALTH CARE

cc: Congressional Budget Office
 Presidential Staff
 Mrs. Hillary Rodham Clinton (with enclosure)
 Senator Arlen Specter
 Senator Moynihan
 Representative Cooper (with enclosure)

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004d. letter	Address (Partial) (1 page)	02/11/1994	P6/b(6)

COLLECTION:

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2012-0820-S

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Wayne B. Moore

P6/b(6)

February 11, 1994

Mr. Paul Van de Water
Deputy Assistant Director
Congressional Budget Office
2nd and D Streets, S. W.
Washington, D. C.

[004d]

Subject: Model-3 Health Care, enclosed letter.

Dear Mr. Van de Water:

The enclosed letter to Mr. Gephardt emphasises my concern about the inefficiencies of alliance dependent methods of controlling our planned Health Care system. I thought you might want a copy.

The on budget, off budget problem that confronts Congress also raises concern about its inefficiencies.

In the attached letter I mention that Model-3 is user compensated and therefore uses no tax monies. I base this opinion (it is just opinion) on the parallel of paying for accounting services in the private sector and paying points and/or interest differentials when dealing with a bank on matters such as mortgages.

I hope I am right. A great deal may ride on this question if Model-3 is given any serious consideration either in Congress or in the Executive Branch.

I would hope that Model-3 will be seriously studied by CBO. It would be nice to know, but I suspect that everyone concerned would call this an internal matter. Your letter to me was helpfull as well as an encouragement. I will remember it.

Sincerely,

Wayne B. Moore

enclosure: Copy Gephardt letter dated February 11, 1994

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004e. letter	Address (Partial) (1 page)	02/11/1994	P6/b(6)

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[004e]

February 11, 1994

Mrs. Hillary Rodham Clinton
White House
1600 Pennsylvania Ave., N.W.
Washington, D. C. 20500

Subject: Health Care Reform - removing high overhead.

Dear Mrs. Clinton:

I favor universal, adequate and efficient health care and admire your tenacity in its pursuit.

This country cannot afford a sell out to interests that place the profits of insurers and preference of bureaucrats above free choice of doctors or that prescribe the treatment methods these chosen doctors use.

You have done a magnificent job of cataloging today's health care and insurance problems. The method chosen to fix them unfortunately places intolerable costs and unacceptable road blocks on innovative ways to improve health care delivery.

Using the most knowledgeable people and the best study methods is not always conducive to finding the best solution to any problem, complex or simple.

I have spent a lifetime watching the two processes. A different thinking process is needed for these two undertakings. Usually different types of people are required - people who can honor and respect the research process while remaining flexible in pursuit of the simplest and best solutions. You need a second team.

Please accept my contribution in the way it is intended. Our present flawed system of health care delivery is preferable to the mandatory overheads and behavioral restrictions your analytical team would use to cure them.

Model-3 is not the only way to overcome today's flaws, but it will give this country a shot

at good universal health care. It is affordable, efficient and puts a great deal of pressure toward ever better treatment and delivery methods, along with the freedoms to implement them.

It harnesses 250 million judges and 650,000 smart motivated minds in the search of steady and continuing health care and delivery improvements, for years to come - with Government still setting the evaluation criteria and the severity of reward/penalty motivations.

see note
Government is equally in control of the competitive climate that governs various insurers and evaluates their insurance contracts in competition for access to Model-3. This sets single-payer on its head. Model-3 becomes the only vehicle by which insurers can complete their commitments to purchasers of their insurance.

In health care Model-3 is a single payer. In health insurance Model-3, operating under legislatively set competitive guide lines, is the only available buyer.

Providers must satisfy only their patients - at a competitive cost efficiency within their own profession. Insurers must devise methods to make their products competitive in terms of value versus cost - with no sales and advertising hype. The results must inevitably be an effective and constantly improving private-enterprise-designed health care system. It should be light years ahead of any statically-designed-by-legislation system, however wise, that might be specified in advance of actual implementation.

This country was built on such individual freedom to think, judge and innovate.

It is a great country. We should be proud of it. We should use its greatest resources to the fullest.

Sincerely,

Wayne B. Moore

enclosures: MODEL-3 HEALTH CARE presentation
Copy, letter to Gephardt dated Feb. 11, 1994

cc: Majority Leader Gephardt
Presidential Staff

*Note -
In Private Sector
Model-3 "Government" would
NOT be bureaucrats. The
oversight of competitive
rules would have a different
class of experts.
WRM*

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004f. letter	Address (Partial) (1 page)	02/18/1994	P6/b(6)

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February 18, 1994

[004f]

Dr. David Murray, Chairman
Board of Regents
American College of Surgeons
55 East Erie Street
Chicago, Illinois

60611

Subject: Single Payer Health Care - Model-3 variation.

Dear Dr Murray:

Duplicate this letter
in Feb 11 letter to
Mrs. Clinton -
but see notes on
page 2

Properly done, single payer can be the best health care system, but I have a point to make. Single-payer health care can be easily strangled by bureaucracy - as can managed care.

Mrs. Clinton's task force has done a magnificent job of cataloging today's health care and insurance problems. Doctors - especially doctors - whether members of the College of Surgeons or members of the AMA, should know that understanding problems is far different than knowing the best answers.

Mrs Clinton needs a second team - one trained in innovation, rather than one steeped in dogma or possessing a vast reserve of experience in today's procedures, be they faulty or not.

Not all, or even a majority of today's doctors - perhaps not even one percent - are likely to find the answers Mrs. Clinton should apply to our problems. Less than 1% of 650,000 would still be 6499 doctors. 6499 doctors with good answers could transform the entire medical care industry. We should not stifle them with bureaucratic controls. Better, we should even restrict the size of health care organizations to reduce their entrenched bureaucracy and guarantee these doctors freedom for independent thought. Properly motivated they may go directly to (or stumble toward) the changes in delivery methods that will best cut costs and still improve the health care our citizens receive.

I hope you can use the arguments in the enclosures to persuade your own organization, the AMA, the American College of Physicians - and Congressman McDermott - to consider the alternatives. I am sending copies of this letter to others, hoping that they too will get the point I have just made.

Model-3 harnesses 250 million judges and 650,000 smart motivated minds in the search of steady and continuing health care and delivery improvements, for years to come - with Government in constant control of the evaluation criteria and the severity of motivations.

↓
In Model-3, Government is equally in control of the competitive climate that governs various insurers. Model-3 evaluates their insurance contracts as they compete with each other for access to Model-3. Only the best values should survive. This sets single-payer on its head. Model-3 becomes the only vehicle by which insurers can complete their commitments to purchasers of their insurance. In health care Model-3 is single-payer. While dealing with insurers Model-3, operating under legislative guide lines, is the only available buyer. Selling to one buyer is far different than selling to 250 million buyers. Ask Wal-mart suppliers. X

↑

If it is decided that taxes are preferred to premiums, Model-3 can accommodate the change - at any time, now or future. While an abrupt change would damage the economy, such a change would simply eliminate the Model-3 clerical and negotiating costs of dealing with insurers. It would not affect the doctor/patient/government relationships of Model-3.

Health care providers must satisfy only their patients - at a competitive cost efficiency within their own profession. Insurers must devise methods to make their products competitive in terms of value versus cost - with no sales and advertising hype. Fast, responsive evolution, not edicts. The results in both cases must inevitably be an effective and constantly improving private-enterprise-designed health care system. It should be light years ahead of any locked-in legislative design, however wise, that might be specified in advance of actual use.

This country was built on exactly this freedom of individuals to think, judge and innovate.

It is a great country. We should be proud of it.

People, including doctors, have a right to freedom of action - "in pursuit of happiness". Good health care is happiness. Such freedom need not abrogate guidance by Government.

Your comments would be helpful. (Model-3 is not proprietary.)

Sincerely,

Wayne B. Moore

enclosures: MODEL-3 HEALTH CARE presentation
Copy, letter to Gephardt dated Feb. 11, 1994

↓ I am private sector
Model-3 every possible
effort to use my copyright
notice to gain derivative
control of Model-3 should
be used before contracting
with any corporation to
operate Model-3. You have
access to legal opinions
on this possibility. I don't.
Help! WBM

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2012-0820-S
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Wayne B. Moore

P6/b(6)

[0049]

February 18, 1994

Senator John D. Rockefeller
U. S. Senate
Washington, D. C. , 20510

Subject: Health Care Reform

Dear Senator:

I heard your impassioned denunciation of the insurance industry while listening to C-SPAN recently. I agree with your denunciation. But I would use Jujitsu - as you know, use your opponent's weight to your benefit. The weight is truly there, so use it to OUR advantage. Please don't create another massive bureaucracy that will impose THEIR will on our citizens.

Please read the enclosures. Allow 250 million people the courtesy of participation in this, the most important issue of today's society. You are dealing with their destiny.

Model-3 is different from single payer - yet it assembles money from all sources into a single pool for efficient distribution to care providers. Call it pseudo single-payer. It opens avenues not available to either single payer or managed care and will resolve many of today's arguments between these two systems.

I will be truly grateful for your comments, particularly if they pinpoint negatives. All plans have negatives. Only frozen minds refuse to fix them.

Wayne B. Moore

Sincerely,

Wayne B. Moore

enclosures: Model-3 Health Care
Letter to Dr. David Murray

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[004h]

March 7, 1994

Representative McDermott
U. S. House of Representatives
Washington, D. C.

20515

See page 2
↑

Subject: Model-3 Health Care - update information

Reference: your February 27 reply to my letter dated January 4, 1994

Dear Dr. McDermott:

Thank you for your reply to my previous letter and its Model-3 enclosures.

Replies regarding Model-3 have come to me from the White House (Presidential Deputy Assistant Gene Sperling, who indicated enough interest to justify circulating preliminary material similar to the enclosures you received) and the Congressional Budget Office (Deputy Assistant Paul Van de Water, who found the material of sufficient interest to justify careful reading, but who referred to the CBO's inability to do more except on request from Congress).

Although there have been no negatives, your letter is the most positive response yet received from a member of Congress. I appreciate your generous comments.

Your interest significantly increases the prospect that Model-3 ideas will receive adequate attention in Congressional debates. Hopefully these ideas will on their merit be included in future legislation. The ability of the private sector to function efficiently, given proper motivation, must surely far exceed the ability of Government to define "correct behavior" in the private sector. Motivation will prove far more effective than dictation - and be more readily sold to the American public, in spite of current efforts to the contrary.

The Model-3 Health Care enclosure is a better packaged version of the material you have already received. Aside from minor changes in wording and headings, and the addition of pages preceding page 4, this is identical to the material already received. It should be more easily handled and therefore more readily circulated should you wish to do so. The binding will enable easy disassembly should you wish to make copies. Removal of the plastic back strip will disclose readily removable clips.

Also enclosed is a small brochure containing copies of several letters that have been mailed to others. You may - or may not - find it useful...

Model-3 can be thought of as a modernization of the Canadian single-payer system, without the Canadian limitations in defining, accepting and controlling an almost unlimited variety of funding sources.

This freedom in the funding process must inevitably translate into a wider array of special interests that would not be destroyed by the reform process. These interests can then become allies rather than opponents. Their enterprises, on both the provider and the insurer sides, would simply be required to perform adequately and efficiently to remain participants. Neither set of interests would be summarily destroyed.

→ In modifying 14% of a trillion dollar economy one does not set out to intentionally destroy any major element of the involved industries. Such actions would potentially destroy the rest of the economy as well. Judicial use of the taxation alternative can always remain in abeyance as a less costly and a more easily managed alternative should insurers fail to function with adequate efficiency. Once the system is in place a gradual transition to taxation could be absorbed with fewer economic (and political) consequences. The option remains open. Its timing becomes a matter of strategy and judgemental evaluation, not principle. ~~~~~

Thank you for your sensitivity to these considerations. ←

Sincerely,

Wayne B. Moore

enclosures: MODEL-3 HEALTH CARE (repackaged)

Brochure containing most significant prior correspondence. (outgoing only)

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[004:]

March 8, 1994

Governor Roy Romer
136 State Capitol
Denver, Colorado 80203-1792

Subject: Model-3 Health Care

Reference: Your March 1 reply to my previous letter, same subject

Dear Governor Romer:

Thank you for your reply to my previous letter, and for forwarding the Model-3 Health Care material to your Health Care Reform Initiative Staff.

→ Note - paragraphs removed to save reading time. See marked lines

[Model-3 is designed entirely around the belief that a National base for medical care delivery is the most efficient possible method of organizing our health care system. To that end, I have hope that you might carry any positive conclusions your staff reaches to those in other states and in the federal government that might be receptive to your thoughts on the subject.

[Contrary to health care delivery, it may well be that funding sources that are essentially within the boundaries of one or more individual states will be more directly beneficial to citizens within the areas of coverage than would more broadly based sources. In this event I firmly believe that such funding entities will benefit more from Model-3 health care delivery methods than from other more intrusive and costly government control oriented proposals that are now under public discussion. In Model-3 the costs of organizing, preparing and evaluating competitive bids are removed from the overheads of both the providers and the insurers. There is in fact no bidding in Model-3. In Model-3 many normal sales costs are prohibited and others are minimized to the greatest possible extent. No provider is permitted to sell its services exclusively or otherwise to any insurer. Patients can freely choose ANY provider. In fact they are helped by Model-3 to make these decisions even when far from their home territory.

→ In other proposals, each bid loser that is removed from the roster of available health care
~~~~~  
~~~~~

↓ providers as the result of bidding wars will decrease the number of available providers and thus create both less future competition and a potential rationing of health care.

This has three rather frightening long term effects:

- a. A quasi monopoly is gradually created for winning providers, thus making less severe pressure on providers to deliver low bids for their services - and inviting price controls.
- b. A smaller group of providers in each area practically assures eventual rationing of health care. This means that needed services cannot be delivered in timely fashion and is an inevitable guarantee that the average severity of health care problems is greater than necessary - therefore the per patient cost of health care is also inevitably driven upward from this cause.
- c. Higher per capita health care costs from these two causes will also reduce the available funds in relation to each treatable illness (there will be more illnesses) and need will be created to narrow the range of affordable coverages.

↑ Such predatory competition is not less destructive simply because it is government sponsored.

[For this reason, Model-3 Health Care has only national competition. There is no local area pricing competition - only collaboration for better facility utilization. Deliberate shrinkage of the size and diversity of our competitive base is not conducive to lowering the cost of quality health care - nor is the present profit motivated private sector drive to create huge health care networks via mega-mergers. In fact the Federal Justice Department should remain alert to anti-competitive situations created by such activities. Large organizations, whether insurers, health care providers or car manufacturers, tend toward bloated administrative overhead. If this were not true General Motors would not use subcontractors.

Much of the bloat in large organization overheads is typically for financial and sales oversight purposes. These overheads are augmented by elaborate bidding exercises in other proposals.

Model-3 performs both of these functions with below even normal overhead due to its fully automated evaluation and financial accounting system. Since these functions include most

sales costs and are entirely computerized there is no need for large groups of administrative personnel within Model-3. Even the oversight committee should be extremely small, has only guidance via rate adjustment authority, no supervisory responsibility and is completely outside of the Model-3 organizational structure.

Model-3 is constructed as a low overhead, non profit, independent body that could be equally effective in either the public or private sector. In effect Model-3 health care becomes a fully autonomous, low overhead subcontracting control network that accepts funds electronically from any available source and receives and implements a periodically adjusted single set of pay level instructions from a single oversight committee. Optimally even the through-the-mail patient evaluation reports could be so designed that their handling would also be fully mechanized. From the viewpoint of each provider the cost of billing, evaluation of operations, acquisition of patients and most other normal overhead costs of revenue received becomes, per billing statement, almost negligible.

The system is, operationally and literally, zero cost to government and very low cost to both providers and insurers. State participation would be in the organization and control of in-state funding and supplemental in-state coverage definition and in the authorizing and licensing of both insuring and providing sides of the health care system. Aside from the integration of money flow and the nationally competitive rate control mechanisms the entire control of in-state health care would be a state-by-state function, supplemented by whatever federal funding might be provided by Congress.

I am enclosing copies of a few cover letters that have been sent out with Model-3 enclosures. They may be useful to your staff should they wish to contact others already familiar with Model-3 Health Care.

Thank you again for your interest in Model-3 health care concepts.

Sincerely,

Wayne B. Moore

enclosures: copies of letters to Representatives Richard Gephardt and McDermott, U. S. Congress, and to Mrs. Hillary Rodham Clinton.

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April 4, 1994

[004j]

Representative Ron Wyden
U. S. House of representatives
Washington D. C. 20515

Subject: Subcommittee hearings - Medicare problems

Dear Representative Wyden:

Your subcommittee hearings regarding Medicare problems (aired on CSPAN) were very revealing.

Irrelevant Paragraphs removed

The subject of your hearings, and in particular the expertise and interests of your witnesses - as well as your own knowledge of this specific subject - would be particularly valuable in both evaluating and guiding one very important aspect of this third proposal, described as elements 3, 4, 5 and 6 below.



Model-3 Health Care prohibits any governmental direction of medical methods, and thus eliminates ANY authorization that would allow insurance companies to approve or disapprove procedures specified by the doctor treating any patient served by the national health care system

This oversight function is replaced by direct-from-patient reports, with problem followup of cost and other inefficiencies by qualified and financially motivated professionals - at their own expense.

The basic elements of the system are:

1. The pooling of all monies, either tax or premium generated, into a single "bank" from which all care providers will be paid (except out of pocket cash required of patients on a per visit basis - if any.)
2. Electronic billing to that bank of ALL charges for medical services.
3. 100% patient evaluation of all billable services (required before provider checks are mailed).

4 The creation of a (hopefully small, high level) oversight committee whose sole responsibility is to generate criteria for rate adjustments and define the patient evaluation form on which rate adjustments are to be based.

5 A nationally uniform schedule of pay adjustments for every health care provider based on the three statistical elements of effectiveness of:

1. treatment versus cost
2. inherent treatment effectiveness
3. subjective patient satisfaction based on services performed.

The effects of these rate adjustments, and the forms used to obtain patient evaluation data are subject to revision at any time to achieve their intended results. Initial rate changes must be minimal, with increased impact until the desired competitive impact is obtained. They can and should be designed to affect every aspect of provider behavior - to force overhead cost reductions, eradicate ineffective or destructive medical treatments or any other non-productive detail of health care.

6 Organization of local peer groupings of doctors who have the obligation to monitor medical AND business practices of peer group members and also share in the rewards and penalties of every member of the group. MOTIVATED, INFORMED OVERSIGHT.

Paragraphs removed

The expertise of very knowledgeable people is essential to generate the details of an evaluation process that has the potential of making or breaking the entire proposal. What questions can a patient answer very directly that will properly relate cost of treatment to results achieved? What will be the best way to compare the statistical successes and failures of a doctor in Tampa with one in San Diego? Is the process possible, is it practical? The brochure touches on these subjects. Most recipients will not have the detailed knowledge to evaluate them or to define a plan for implementation.

This process is central to the success or failure of Model-3 operations. The work your subcommittee is now doing could for this reason dominate the evaluation of the entire proposal. I hope that after reading the full brochure you will find it a worthwhile endeavor for your subcommittee. Your contributions and that of your expert witnesses could be the dominant factors in the acceptance or rejection of the Model-3 design for our future national health care delivery system. The author believes that Model-3 will merit your informed support.

Sincerely,

Note: Rep Wyden's ~~exp~~personal experience would be invaluable on the oversight committee. WBN

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Wayne B. Moore



Ms. Karen Guss
Old Executive Office Bldg.
Room 212
White House
Washington 20500
D.C.

[005]

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December 15, 1994

Ms. Karen Guss -

Just a personal note. I must thank you for your call. I appreciated it.

You have probably received my December 12 letter by now. It is important. I will enclose a copy, just as backup. As stated on the phone, no copies of that letter were mailed.

This will be a long note, covering details that I would not want in formally filed correspondence. Your judgement will determine its value, proper use and handling.

Model-3 should **never** use White House political capital. The White House should offer only encouragement and support. Work should be done and capital expended in the private sector. With trillion dollar cash flow, billion dollar profits would not be usurious. Model-3 is not anti-business. Business should be glad to participate in its development.

With good fortune, configuration control may also be possible using some kind of derivative (ala movie rights from novels or the look and feel of software ???) from copyright privileges inherent in the past history of Model-3. We can work together to see that this control, if available, is properly used. Ample legal council is available to the Clinton Administration to evaluate this possibility.

I do appreciate your call. Time is short. Such calls are useful guides and will give proper focus to my own efforts. With diligence, mutual goals - the Clinton goals - can be met.

Pages 2, 3 and 4 offer what I hope will be time-saving suggestions for evaluating Model-3, based on my own examination of its details over nearly 18 months of study.

White House evaluations of Model-3 will be most useful. I will continue my other activities while I wait for your future comments. Interim questions and comments will be most welcome.

Wayne Moore

Aggressive investigation of Model-3 potential will shorten the time required for Model-3 success - and may be invaluable as Model-3 is intensely scrutinized in 1996. It can be done while internal support for Model-3 is being garnered. Without expending political capital. Understand problems early. Solve them at your leisure. Credit then comes with success.

MODEL-3 HAS SEVERAL FACETS. Each has its own purpose and its own characteristics. In evaluating Model-3 it will be very useful to separate these facets. They each will benefit by individual and different evaluation techniques. Don't overly divide the effort with small assignments, don't take too much time and don't use too many people. It is a high level problem and should be solved expeditiously at the highest levels.

MRS. CLINTON can be a prime source in studying Model-3 evaluation methods - the functions of the oversight committee that determine the competitive environment and the patient benefits from each treatment encounter. Her knowledge of the problem areas in today's system will be invaluable in understanding the competitive **and the actuarial value** of evaluation data. Once burned, twice shy. The Model-3 evaluation system should be subjected to her most severe criticism. It should survive the test. When she is satisfied that Model-3 evaluations are feasible attention should move to the next evolutionary step.

She will immediately see the benefit and the likely problems in patient responses to a properly designed questionnaire. Her **personal** analysis will be by far the most important in correctly assessing items 1 and 2, page 2 of the enclosed December 15 letter with regard to the competitive rules coordinators.

She may want to get corroborating opinions from Dr. Koop on Model-3 actuarial possibilities and separately on the psychological reactions of peer groups in dealing with various performance related behavior patterns that they must oversee.

Secretary Bentsen or possibly Peter Drucker will be good sources for her in studying the likely effect of Model-3 methods of competition. Secretary Reisch might also have good views on the subject. The features themselves are quite simple and quickly explained. All of these views should come quite quickly and easily from the mentioned individuals. Model-3 evaluations deal with a very wide range of behavioral situations and will benefit from a broad list of backgrounds among those who can be consulted on its features. In each consultation the first reactions may very well be the best - in fact, too much delving into detail can well block better conceptual solutions to problems as the system evolves later in the developmental process. In other words, **PLEASE DON'T SOLVE PROBLEMS TOO SOON.** Let the private sector solve them. Let solutions come naturally during the developmental process. Problem solving is a natural part of any development. Problems come and problems go.

THE OPERATIONAL ELEMENTS OF MODEL-3 have been, and must continue to be very carefully - and thoroughly - separated from the evaluation section of Model-3 system design. These are truly the apples versus the oranges of the Model-3 system. They need separate and different evaluation and in operational Model-3, must be under separate management. They should be analysed by persons with broad business experiences. Please use your influence to suggest that totally different teams and different leaders be assigned to evaluate Model-3 operations and the competition rules coordination and evaluations portions of Model-3.

I hope that Secretary Bentsen can be persuaded to join the Model-3 effort. His knowledge, experience, clarity of thought and persuasiveness will make success out of possible failure of Model-3 operations. He is uniquely qualified to decide what is and what is not a valid analysis of this part of the Model-3 system. Apples and oranges need vastly different processing. The assignment need not be extremely taxing for one who wants to enjoy freedom of action. His judgmental abilities, not man hours, are needed. Mrs. Clinton should accept his evaluations above those of any other present member of the President's staff - if I may be so brash, including those of herself and the President. He has the right background. It makes a difference. Ideally Mr. Bentsen should call on corporations suitable to be Model-3 sponsors to do the details of this evaluation. It requires reviewing the specific types of computer hardware and software needed to implement Model-3. It requires cost analyses of the type used in operating large **private sector** enterprises. These detailed analyses will be best done by individuals with little if any experience in either law or government. They can best be done in increasing detail throughout the developmental process. If a problem looks solvable, allow it to remain. Some problems will be eliminated by other changes, others will be solved in better ways as other details emerge and provide simpler solutions. Model-3 feedback loops will remove still others during Model-3 operations. Development is problem solving.

OVER EACH OF THESE ANALYSES, and in their integration into one system, there is the very important fact that business judgment **MUST** be used in choosing the various managements that will best develop and operate Model-3. It is not an assignment for novices.

Model-3 will have three constraints governing its success. (a) There must be as yet unknown limitations to its innate ability to reach its intended goals. Analysis should ferret these out and correct them. (b) There are limitations inherent in individuals that are otherwise qualified to design and implement systems such as Model-3. These also must be

ferreted out. Individuals should be selectively placed where they can function adequately.

(c) The cultures of sponsoring corporations must also be recognized as restraining influences. There is a great deal of money involved in Model-3. To be most blunt, greed can destroy any organization. The integrity of those who legislate the Model-3 charter, and who finance its evolution into an operational success must have the proper moral and ethical attitudes. Model-3 must become a servant of our citizens, both buyers and sellers of health care and health care insurance. Once created and operational a culture will be established. That culture will reflect the attitudes of those shaping its creation. Choose well. (c) is idealistic, but idealism has its place. It is the right place to start any enterprise.

NONE OF THE ABOVE ANALYSES need alter the configuration of Model-3 or its ultimate costs and benefits to our society, nor should they. Awareness of each thought product produced by such analyses will contribute to both the speed of Model-3 development and the effectiveness of the finished product - an efficient, effective, **constantly evolving and constantly improving** future health care system for our country. (Feedback loops work.)

ALL OF THE ABOVE THOUGHTS can themselves evolve as the system follows the developmental sequence described in my December 12 letter. Analysis and progress are not sequential. They should be concurrent. And **must** evolve within the confines that already form Model-3. The framework cannot be modified without destroying its basic virtues.

EACH OF THE ABOVE CONCEPTS will grow best if they evolve as a part of Model-3 evolution, by the private sector in collaboration with a central mentor who will insist on exposing each detail to the right test **while and before** it is introduced into the system, not as a corrective afterthought. What we are talking about is the creation of a functional system simultaneously with creation of its operational organization. This country has grown great on this type of challenge.

LISTEN TO CRITICISM. The bureaucratic losers of 1994 will **know** why everything else will fail. Some of their concerns will be valid. List them. Critics can be a resource. Make sure that every concern is addressed during subsequent system development.

DON'T BE INTIMIDATED. Buildings are built a brick at a time. Model-3 can grow as did Hewlett Packard, Microsoft and NASA - **FROM SCRATCH.** And rapidly. And be as successful. Model-3 can be built in its proper sequence. It is inherently simpler than any of the listed examples. Lets convince the right people to participate. The rest will become successful history.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007a. letter	Address; Phone Number (Partial) (1 page)	12/15/1994	P6/b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Domestic Policy Council (Karen Guss)
OA/Box Number: 5931

FOLDER TITLE:

Wayne Moore [2]

2012-0820-S
ms484

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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Wayne & Edna Moore

December 15, 1994

Ms Karen Guss, First Lady Staff
Old Executive Office Bldg., Room 212
White House
Washington, D. C. 20500

P6/b(6)

[007a]

Subject: Model-3 Health Care.

Dear Ms. Guss:

I was pleased that you called me so soon after receiving the Model-3 Health Care information that you requested. Two years is a short time to act on any project relating to health care reform.

I fully agree that decisions should not be made in haste on such an important and complex subject. Decisions on Model-3 need not be made hastily. However, evaluations to support such decisions can and should be made promptly. Total schedule time is limited.

Before the November 8 election, when it was obvious that such decisions would be necessary, I started advocating a low key effort to lay the foundations for private sector Model-3. Now that the election results are in, this option seems to be even more urgent.

My letter to you dated December 12, 1994 (extra copy enclosed with its enclosures) has details of such an effort, which would set the wheels in motion for a Clinton supported Private Sector Model-3: There are no significant costs to the Federal budget. The Administration would **quietly instigate, recommend, approve, encourage, monitor and eventually help to publicize, the private-sector creation of Model-3.** **Bully pulpit persuasion backed by a potential billion dollars or more in annual profits should be an easy sale to a few carefully selected corporate sponsors.** When appropriate President Clinton could publically announce the history of Administration Model-3 support. Public pressures, not administrative lobbying, would motivate Congress to pass **proper** enabling legislation. No wasted political capital. No lobbying games with Congress. Full credit in 1996. Just help the people get what they want.

The best of all worlds. I would not expect the Administration to act on the above suggestion **until it is convinced** that Model-3 deserves the support I propose.

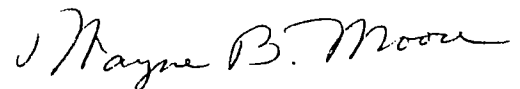
Earlier I sent a list of the hurdles Model-3 should pass - and the enclosed Model-3 Health Care chart - to the aforementioned corporation. Remember, the list was for private corporations. Now the lighter and initial elements can be done concurrently by the Administration. The list approximated the following:

1. Understand Model-3 fully. Ask questions. Evaluate proprietary needs and opportunities. Assume that Model-3 can be implemented. (It can.)
2. **Then decide.** Properly implemented will Model-3 be good for our citizens - **including buyers AND sellers of health care and health care insurance ?**
3. Arrange for more detailed evaluations and feasibility studies as needed.
4. **Jointly with or following the lead of private sector corporations** go public with your evaluated Model-3 proposal.
5. **Use public opinion pressures** - obtain legal approvals from Congress.
6. Spend the **private sector** money needed for full development and operation of the Model-3.

There will be no copies of this letter. December 12 letter copies were not mailed.

I do appreciate your phone call. Don't hesitate to ask at any time if there is any way I can be of help to you.

Sincerely,



Wayne B. Moore

enclosure: Model-3 Health Care Chart
Copy my December 12 letter to you, including its enclosures

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007b. paper	Address (Partial) (1 page)	ca. 1994	P6/b(6)

COLLECTION:

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2012-0820-S

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RESTRICTION CODES

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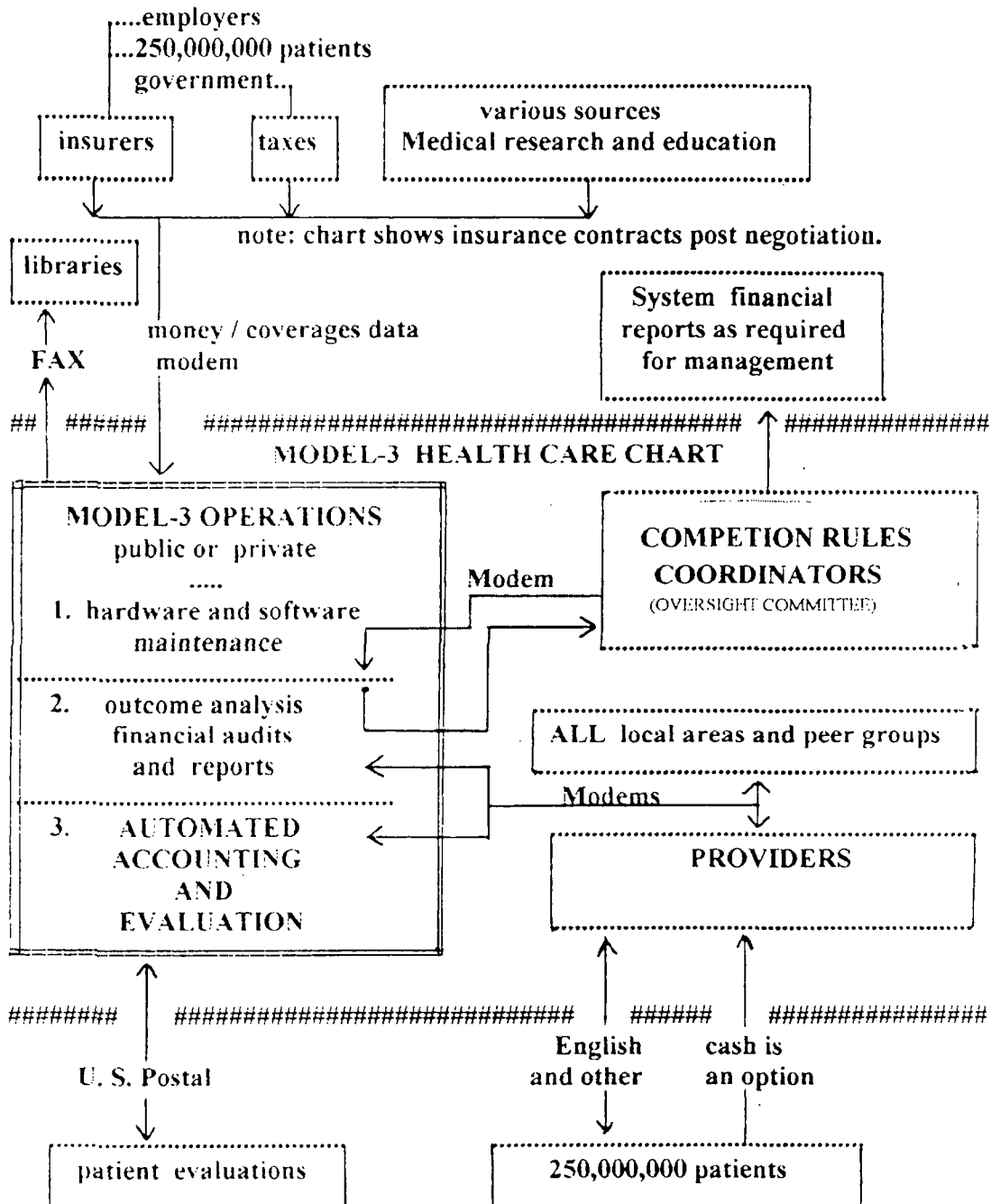
RR. Document will be reviewed upon request.

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[007b]

FEDERAL & STATE - Model-3 obeys all legal requirements.



MODEL-3 --- A NATIONAL HEALTH CARE UTILITY
(one trillion dollars annually)

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008a. letter	Address (Partial) (1 page)	12/12/1994	P6/b(6)

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Wayne B. Moore

P6/b(6)

December 12, 1994

Ms. Karen Guss, First Lady Staff
Old Executive Office Bldg., Room 212
White House
Washington, D. C. 20500

[008a]

Subject: Model-3 Health Care Reform - December 9 letter to Mr. Bentsen

Dear Ms. Guss:

You have barely received my December 2 letter with its numerous enclosures.

This is not a follow up. I thought you - and Mrs. Clinton - should receive copies of the enclosures.

Secretary Bentsen is the type of leader this country respects and appreciates. He doesn't deal in hype. Model-3 must stand on its own, without loud promotion. The Private Sector version needs a carefully assembled support cadre of large corporations with strong internal interest in group health care insurance and large group health care budgets to create self interest in the benefits Model-3 will bring them and their employees.

These corporations are not aware of Model-3. They need information **and** persuasion. Mr. Bentsen could initiate this process with a few top level phone calls. Economic Council personnel could follow up with top level educational conferences. Once persuaded, the corporations could enlarge the process by high level phone calls and lower level meetings with other corporations until the circle of supporters reached a ubiquitous level.

Extremely well funded public educational campaigns could then begin and be effective - with relatively minor individual expenditures by this assembly of corporate supporters and their labor unions. A health care buyers equivalent of last year's health care insurance sellers promotional campaign, **but with factual rather than emotional based presentations.** Just sell the public what the public already wants. It is all available in Model-3.

The White House - and the Democratic Party - have the infrastructure of party workers to support such efforts. Aggressive efforts centered in the White House would be the ideal

expediting force. There are no losers in Model-3. Insurance companies and providers can be helped by a Model-3 lead by strong individuals who favor industrial efficiencies rather than profit pressures - individuals who are in no way either anti-business or antagonistic toward individual voter freedoms of choice. There is room for **both** good profits and lower gross revenues in industries such as health care, where total lack of proper competition has created excess billing in every facet of every operating unit. Not only is downsizing possible. Innovative processes and procedures will be found throughout the entire trillion dollar health care budget. Profit, quality improvement and gross cost reductions can co-exist. Broader coverages should follow, not precede, these changes and their expected double-digit savings.

Model-3 benefits to buyers and users of health care services are obvious. Once Model-3 is understood it will be overwhelmingly popular.

Internal White House support by Mrs. Clinton - even support by Dr. Shalalla - would be most useful.

If Secretary Bentsen can be persuaded to help as a private citizen all will gain. I hope Mrs. Clinton will find an opportunity to encourage his participation. I hope you can encourage her to do so.

Only two years are available. Health Care reform must either be revisited or history will record it as a failure. A very big failure. And our country will have gained no benefit from Mrs Clinton's enormous efforts. This health care initiative can be revived with close to zero expenditure of Administration political capital. Just encourage and support - and eventually take credit for a successful Model-3. Health Care Reform success may even make another four years available to expand its impact.

Thank you for the phone call that made this letter possible. It will be a pleasure to again hear from you. I believe in Model-3. I also believe in the political **and personal** value Model-3 can have for Mrs. Clinton.

Sincerely,

Wayne B. Moore

cc: One only - in confidence to a "large corporation". Your name and position removed. I know this letter can reach Mrs. Clinton.
enclosures: December 9 letter to Mr. Bentsen, December 12 letter to Mr. Panetta

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008b. letter	Address (Partial) (1 page)	12/09/1994	P6/b(6)

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Domestic Policy Council (Karen Guss)
OA/Box Number: 5931

FOLDER TITLE:

Wayne Moore [2]

2012-0820-S

ms484

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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[0086]

December 9, 1994

Mr. Lloyd Bentsen, Secretary
United States Treasury Department
White House, Washington, D. C. 20500

Subject: Model-3 Health Care

Dear Mr. Bentsen:

None of us want to see you "rust out".

This follow up letter on Model-3 is different than I expected to write.

If White House interest in Model-3, including your own interest, is favorable you may find my thoughts worth considering.

My background, abilities - **and my physical capacity** - are not suitable to guiding the final creation of Model-3 Health Care. I strongly believe in Model-3 and am convinced that Model-3 should be a part of this country's future. Model-3 will become either nothing (possible but I hope not probable) **or it will be THE dominant factor** in our country's health care future. To help it succeed and to guide its future would not demean even one with an illustrious career such as yours surely has been. A successful Model-3 will control 1/7 th of our country's economy and safeguard its citizen's future health. A trillion dollar annual cash flow to be used for the health of this nation. A permanent legacy requiring wise leadership.

Such a task should be a good rust preventative, but sadly pro bono publico as the saying goes. As I see it and based on White House support of Model-3, private sector Model-3 should be created by convincing a well balanced group of large companies - diverse sectors of the economy representative of health care buyers but **not** health insurers or providers - to form a for-profit corporation that in the opinion of a non-businessman would be the proper base for funding the full development of Private Sector Model-3 after they seek and obtain legislative authorization. Model-3 would then be developed into an operational system. In Time, either the original stock or new stock issues would be - **very profitably** - sold to the public.

Ideally the White House could start this process by gathering a carefully selected group of corporations in a conference to discuss their possible roles in such a consortium. These corporations AND THEIR LABOR UNIONS would mount the campaign to explain Model-3 to the public, present the results of their efforts to the Congress, and **only then fully**

commit major funds to develop and implement Model-3. A totally private sector action, initiated and then quietly supported by the Administration.

This concept came from "large corporation" questions regarding the possibilities for a private sector Model-3. **You should talk to them. I will provide copies of a November dated exchange of letters on request.**

Initial efforts would surely not be all consuming for any one individual. Hand holding to form the core should lead to a gravity driven down hill roll for the snowball. As operational status approached it would need leadership whose character gradually shifted from technical to include the business and financial capabilities suitable for an organization with cash inputs and outputs totaling a trillion dollars a year. My thought is that you might choose to provide that leadership, or not, depending on its appeal at the time. Otherwise stock ownership and/or deep satisfaction might be the chief or only rewards.

A very long shot? One must try. One must ask.

Obviously I am not in a position to offer anything beyond my belief in you as the best possible person to carry Model-3 beyond its present state, if and as your appraisal of Model-3 and its prospects are favorable. I cannot sell you this thought. You will be better informed than I on the political support that Model-3 might possibly acquire. You will have a better opportunity than I to obtain a detailed technical appraisal of the Model-3 potential from the corporation that has reviewed Model-3. I have not asked for such an appraisal, which I believe should be favorable. They may need persuasion. Their actions when politics become favorable will speak much louder than words. They were offered an opportunity to investigate. I hope - and believe - that they can be important to Model-3's future.

What I am suggesting to you is in the same vein - an opportunity to guide the shape of our country's future health care - or a waste of time - depending on your interests and your appraisal of Model-3.

Whether it includes Model-3 or not, I wish you a happy, prosperous and rust free future.

Sincerely,

Wayne B. Moore

cc: This is an offer to help our country. Perhaps a very few copies in the White House or Congress to spread the thought. All will know that you can say no - or suggest someone else.
enclosures: Brochure, letters to Rubin, Kasich, Van de Water

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008c. letter	Address (Partial) (1 page)	12/12/1994	P6/b(6)

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Wayne Moore [2]

2012-0820-S
ms484

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[008c]

December 12, 1994

Mr. Leon Panetta
Chief of Staff
White House
Washington, D. C. 20500

Subject: Model-3 Health Care Reform - December 9 letter to Secretary Bentsen

Dear Mr. Panetta:

Please read the enclosed letter to Secretary Bentsen.

The success of Model-3 Health Care is as much dependent on its leadership as on the benefits its features can bring to this country's future. It will be shaped as it grows.

Secretary Bentsen, I believe, is most highly respected for his integrity as well as his copious and varied abilities **by those who know him best.**

This is a high tribute that many prominent citizens have never earned.

Model-3 without appropriate leadership would never reach the high goals set for it. This past August I contacted the corporation that I thought would best carry Model-3 through its technical development. They listened. And asked many questions. I have no assurance that this corporation will undertake the task I had in mind. Time will tell, as will circumstances.

Now is the time to find new leadership to carry Model-3 through the quiet political and promotional steps that must occur **BEFORE** full technical development can be contemplated. For Model-3 this should not involve cold turkey efforts to force legislation through even a willing Congress. In 1994 an obviously unprepared Congress first tried to make the

ClintonCare horse into its own unique version of a camel, ultimately destroying all versions they considered. Congress must be prepared. But more. Model-3 also must be prepared. Its features must be vetted by knowledgeable members of the private sector, then **sold to the public by these private sector advocates, not by government.** For Private Sector Model-3 a strong private sector base must exist, not just be talked about.

Simply being Model-3 is not enough. Being a successful Model-3 is the only acceptable goal. Two years to do it. Two years to create a legacy or wallow in failure. To hold a dead albatross or celebrate a victory. There is work to do - fast. Lets do it.

I hope your encouragement can support a decision by Mr. Bentsen that is favorable to the to the goals that President Clinton originally set for this country's future health care..

Sincerely,

Wayne B. Moore

cc: Mrs. Clinton, with December 9 letter to Mr. Bentsen

enclosures: December 9 letters to Mr. Bentsen and Mr. Rubin
December 2 and 5 letters to Mr. Kasich and Mr Van de Water

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Wayne & Edna Moore

[009]



December 26, 1994

Ms. Karen Guss, First Lady Staff
Old Executive Office Bldg., Room 212
White House
Washington, D. C. 20500

Subject: Model-3 Health Care - response to the HHS letter of December 13, 1994

Dear Ms. Guss:

The enclosed response to Mr. Bladen, HHS, might be relevant to the Model-3 review the First Lady Staff is making. HHS has a logical and appropriate need to justify its defeated plans for health care reform. A critique of Model-3 may help them adjust their thinking to the reality of defeat - and their critical efforts may convert them to concurrence with Model-3.

Such criticisms will be helpful to Model-3 by producing lists of potential problems and TENTATIVE solutions for consideration during software development.

I am encouraged that the review process may already be under way within the First Lady Staff and hopefully elsewhere in the Executive Branch. I appreciate your personal interest.

Again, let me help in any way that I can. Since time is short we should move into planning stages as soon as there is sufficient probability of need. The First Lady Staff may be the right place to start this process.

Congressional copies of the enclosed letter to HHS are intended to keep the pump primed for Model-3 without indicating White House interest. You can rely on my respect for confidentiality requirements and I will attempt to be less wordy in our next phone conversation.

My apologies for drifting from the subject during your December 15 call to me.

Sincerely,

Wayne B. Moore

enclosure: December 26 reply to Bladen (HHS) December 13, 1994 letter
" " letter to Representative Kasich (same letter goes to Gingrich,
Archer, Packwood and Kassebaum and Gore with Bladen letter)

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010. letter	Address; Phone Number (Partial) (1 page)	12/26/1994	P6/b(6)

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OA/Box Number: 5931

FOLDER TITLE:

Wayne Moore [2]

2012-0820-S

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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Wayne B. Moore

P6/b(6)

[010]

December 26, 1994

Mr. Christopher Bladen
Deputy to the Deputy Assistant
Secretary for Health Policy
Office of the Secretary
Department of Health and Human Services
Washington, D. C. 20201

Subject: Health Care Reform - Model-3 Health Care

Dear Mr. Bladen:

Thank you for your courteous December 13, 1994 response to my quite critical letter of September 12, 1994 on the subject of health care reform.

Model-3 Health Care and the Health Security Act that your letter defends both strive to meet exactly the same goals - the excellent goals that President Clinton defined in his original statements on the goals of his administration. **We have much in common.** Your letter lists these goals properly and in some detail. I agree with your letter.

Although Model-3 provides several important advantages **not** in the Health Security Act (access to any doctor (nationwide), enormously better, lower cost, more accessible **and better controlled** actuarial data by which to improve our health care delivery system and help insurers price their products more accurately, etc., as well as other double-digit cost saving features) we are in complete agreement that your benefit list should be included in our future health care.

What is avoided in your letter is any discussion regarding the means by which these good things might be achieved.

Congress did not reject the goals of the Health Security Act, nor does Model-3 reject them. Actually, Model-3 insists that Congress provide each of these good things (and more).

Congress found cost related objections to the Health Security Act. **And the public objected vehemently to the 1494 repressive regulations by which these good things would be achieved.** The public has thoroughly - and, as time will prove, **PERMANENTLY** - rejected the methods employed by the politically damaging Health Security Act.

I am enclosing the latest brochure on Model-3 Health Care. You may find the added explanations of Model-3 methods useful. I suggest that you go through the brochure carefully, looking for **anything** that is objectionable, as did the private sector corporation chosen to receive the brochure. I will respond to each of your comments. This process has proven effective.

Please note in your review that Congress should enact every goal of the Health Security Act that you mention in your letter and add them all (as they individually become financially achievable) to the mechanisms defined by Model-3. (Model-3 spells out cost saving and patient friendly methods to achieve Health Security Act goals but leaves detailed definitions of these goals to Congress. Look at the open letter to Senator Kassebaum among the open letters at the beginning of the enclosed brochure for a renewal of this request to Congress.)

It would be an honor for me to attempt to find ways by which your specific objections to Model-3 could be met. I will gladly review them in any required detail.

Model-3 is not, in my mind, dogma to be defended or preserved against any type of objection that may be raised. On the contrary it embodies corrective "feedback" techniques that in themselves recognize that **no** statically defined methodology is immune to deficiencies. Model-3 specifies a very simple set of functional relationships by which 650,000 very interested medical professionals will constantly be **forced** to seek out solutions to correct any shortcomings in the entire health care delivery system of our country. Model-3 deliberately encourages **(rather than rejects)** criticisms such as those requested of you above. **Criticisms by the public will become the life blood of dynamic growth for Model-3.** We welcome them all

The Health Security Act was rejected. The power obsessed politicians are gone . Model-3 can still take the health care issue from its abject 1994 defeat to victory by 1996.

Why not participate ?

Sincerely,

Wayne B. Moore

cc: Vice President Gore, Senator Packwood, Congressmen Archer and Kasich

enclosures: Private Sector Version, Model-3 Health Care brochure

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2012-0820-S

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Wayne B. Moore

P6/b(6)

December 26, 1994

[011]

Representative John R. Kasich
Chairman, House Budget Committee
House of Representatives
Washington, D. C. 20515

Subject: **Health Care reform** - Model-3 Health Care - HMOs

Dear Chairman Kasich:

Model-3 Health Care has an obscure, very interesting characteristic pertinent to HMO cash reserves. If you have reviewed the Model-3 Health Care brochure mailed to you 12/2/94 you should also read the **12/21/94 Wall Street Journal front page article on HMOs**.

Model-3 never mentions HMO reserves, or measures HMO results. Model-3 measures DOCTOR performance and adjusts each doctor's compensation accordingly. **Siphoned off HMO profits** and excessive overhead **will reduce revenues**. **If cost/cure ratios go up, income goes down**. Call it cruel, but large or small, every provider must compete on the value of their services. **No threats**. Any form of cost run-up is automatically penalized.

Even corporate buyers will pay much lower premiums for better health care.

One man private practices will have a level playing field with the best HMO practice - with none of the overhead common to any large organization. Just one of the un-noticed, almost un-noticable, features of Model-3 that drive the health care industry toward whatever health care system - one man or HMO - has the best **PATIENT CARE to PATIENT COST LEVEL**.

Patients and doctors make ALL of the decisions and get ALL of the advantages.

Our offer to response to criticism is open to all. **Model-3 adopts, adapts and improves**. **New information improves Model-3 even during its operational future**.

Sincerely,

Wayne B. Moore

enclosure: December 26, 1994 letter to Mr. Bladen, HHS

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[012]

Wayne B. Moore



Ms. Karen Guss
First Lady Staff
Old Executive Office Bldg.
Room 212
White House
Washington 20500
D.C.

Ms. Guss - —

I don't want to
overload you with
paper - but I
would like to keep
you informed.

M.B.M.

—

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013a. letter	Address; Phone Number (Partial) (1 page)	01/03/1995	P6/b(6)

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Wayne & Edna Moore



January 3, 1995

Ms. Karen Guss, First Lady Staff
Old Executive Office Bldg., Room 212
White House
Washington, D. C. 20500

[013a]

Subject: Model-3 Health Care - information - letter to Mr. Gingrich and note to writer.

Dear Ms. Guss:

The legislative clock is now ticking. Soon decisions must be made and a schedule of action must start. I see no benefits in half-way measures.

Last year's ClintonCare, if not counteracted between now and 1996, will label the administration with insensitivity to public concerns and inability to create an acceptable solution to the health care status that the Administration has so decisively identified as unsatisfactory.

Luke-warm advocacy of an acceptable type of health care reform would be even worse. Either would produce a fatally flawed campaign for re-election. There are no penalties for starting too soon or for overkill in presenting a successful Model-3. Clinton should lead.

Pending an understanding of the White House decision on health care reform I will assume a decision favorable to Model-3 because I see no other path to Clinton re-election.

The enclosures are aimed at achieving the most favorable environment possible for national acceptance of such a Clinton decision. Any support that is obtained, from any quarter, will be helpful toward my own personal goal to bring the best possible method for meeting the ClintonCare goals **plus the additional Model-3 freedom goals** to full operational status in the shortest possible time. Any source of support that leads to this goal will satisfy my objectives. Joint efforts would be the most certain and would lead to the best legislation.

It should soon be useful to understand the Clinton decisions so that conflicting or self defeating actions can be avoided. Taking a strong lead would best serve the Administration.

Sincerely,

Wayne B. Moore

enclosures: January 3, 1995 letter to Gingrich and note to a journalist.

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013b. letter	Address; Phone Number (Partial) (1 page)	01/03/1995	P6/b(6)

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Wayne B. Moore

P6/b(6)

January 3, 1995

[0136]

Speaker Newt. Gingrich
House of Representatives
Washington, D. C. 20515

Subject: Health Care Reform - **Model-3 Health Care**

Dear Speaker Gingrich:

You and Mrs. Gingrich are **personal friends of Alvin and Heidi Toffler.**

Could you, please, get the enclosures to them ?

Model-3 is an information age solution to this country's health care dilemma. It provides the immediate functional health care portions of our health care system with a nationwide information system that pulls every facet of our national health care into a single efficient but unobtrusive unit that is available to every single one of our health care providers.

Model-3 establishes a unique scenario to enable health care to achieve the downsizing benefits that already increase profits and lower costs for our best run private corporations.

The Tofflers should like Model-3. I believe its pressures and freedoms to constantly improve our health care will intrigue them. Model-3, even in its operational period, adopts, adapts and improves its services through **the magic of its nationwide information feedback.**

They may urge you to consider the Model-3 benefits very favorably when health care again enters the public consciousness.

Please tell them that I enjoyed their time on C-SPAN.

Sincerely,

Wayne B. Moore

enclosures: Model-3 Health Care brochure
Copies, my Dec. 2 letter to you and my Jan. 3 letter to Mr. and Mrs. Toffler

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013c. letter	Address; Phone Number (Partial) (1 page)	01/03/1995	P6/b(6)

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Wayne B. Moore

P6/b(6)

January 3, , 1995

Dear Journalist:

[013c]

Just a note about Model-3 Health Care.

I have not had the opportunity of reading the article (I believe a feature article) that appeared in the magazine you mentioned to me. Given the prestige of the magazine I presume that it included interviews with either Mrs. Clinton or other responsible persons involved with ClintonCare.

Since we talked I have had the opportunity of two phone conversations with White House personnel. You are aware of my opinion. There is no way to reclaim public approval for health care reform without a complete change of its original methodology. And I know of no viable alternative to these methods that could even approach the patient and public-friendly benefits - let alone the very large national economic gains - obtainable through Model-3. I am looking forward to our scheduled discussion on the subject.

I hope that the White House current review of Model-3 will convince the Clinton Administration to support Model-3. Mr. Clinton was the first to propose the very excellent goals that led to the first ClintonCare proposal. It would be appropriate that the Clinton Administration be the leader to carry these goals to victory between now and November, 1996.

As it now stands, the White House might be interested (not verified) in being interviewed on this subject and the details of Model-3 methods. Give participation by the White House the corporation (that I have not yet identified to you) might also be interested in being interviewed for the same article.

I am hoping that the prestige of the person who might present the White House views for such an article would convince the CEO of the corporation to personally present its corporate view in the same article. This CEO has national name recognition as well as full knowledge of Model-3 available to him at the present time. The magazine we have discussed - that you have worked for and with during the past three years - would be an excellent choice to describe Model-3 and present their views of its potential for our future health care system.

I am writing this note in part because it may be suitable for mailing both to my contacts in the White House and to the corporation that originally suggested that Model-3 be presented as a private sector endeavor. The article that I visualize should have both private sector support and governmental support, preferably from the White House based on their ongoing review, or alternatively (or jointly) from the new Republican Congress. I would hope that publication scheduling could be closely timed to coincide with increased health care reform interest as it inevitably occurs after the now famous first legislative 100 days.

The clock is indeed ticking.

The plan for public introduction of Model-3 concepts that I have proposed to both the White House and the private corporation that reviewed Model-3 includes support from a consortium of private corporations who would finance a multi-sourced Model-3 publicity campaign as part of their participation in developing Model-3 itself. Such a campaign would be most effective in the time frame following the 100 day legislative push planned by Congress. The article we are discussing should be an ideal kick-off introduction for this campaign. The magazine that published the article would be in good position for follow up articles as public awareness of Model-3 expanded. I am hoping that the White House will look favorably on this method of introducing Model-3 (and on Model-3 itself) when their review is complete.

I will update these notes to recipients of this note as soon as appropriate.

Wayne B. Moore

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[014]

Wayne B. Moore



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