

Patient Centered Reform—Better Luck Next Time.

Suggesting the ills of the American health care system can be solved by replacing the free market plan with the government funded plan (or vice versa) is as ridiculous a notion as attempting to fix problems of public safety by replacing the police department with the fire department. Although both are under the umbrella of “public safety,” each plays a very different role. When responding to a house fire, police mark off the scene with yellow ribbon and control everything outside the taped-off “hot-zone.” Firefighters attempt to gain control of the hot zone and focus on everything inside the yellow tape perimeter. Allowing the two entities to function in this independent and collaborative manner has been a model for success for decades. The American health care system is no different.

The American medical system consists of two collaborative, but independent, segments: a government run and funded, single-payer system consisting of Medicaid, Medicare and the Veteran Affairs Hospitals and a free market system, which has been so heavily manipulated it no longer reacts to natural market forces. The concerns surrounding the American health care system are largely focused on funding—not care and value.

Virtually every attempt at reform has resulted in less care and greater cost. The corporate players in the healthcare industry are spending record amounts of money making sure new reforms will protect their interests, but once again will fail to address and protect the simple interaction of the patient/provider relationship. In short, because patients (read taxpayers) are not the primary focus of reform, they can expect to be disappointed.

Americans want, and deserve, health care that is patient centered, effective, efficient, safe, timely, equitable and cost-effective. Further, the costs must be transparent.

Americans spend more than enough money to subsidize care for the uninsured, but the funds are squandered on a few rather than appropriately on many.

Exactly how many people need coverage? Over the last 2 years the number 45.7 million keeps popping up. But as was pointed out last week in numerous sources, 10 million of those people are not U.S. citizens, another 14 million are eligible for existing benefits but are not enrolled, and another 9 million chose not to purchase insurance but could afford it. All told, the amount of uninsured is about 12 million people (4% of the U.S. population). It is not necessary to reconstruct the entire system to provide that 4% with benefits.

Consider the following scenario: A single payer patient presents to the hospital with a minor complaint. If triaged into the ER, Medicaid will be forced to pay about \$300 for the visit. If that same patient were directed to a resident-run clinic, the cost would be less than \$30. The remaining \$270 dollars could be used in 2 ways: First it could be used to provide visits for additional uninsured patients. Second it could be used to increase re-

imbursement to practitioners who see these patients making them more attractive to care for in the first place. How much would this plan save? Considering 85% of the complaints that present to every ER are non-emergent, it would save tens of millions per state.

Another important reform would be in the shape of recipient responsibility. According to the Centers for Disease Control, "smoking prevalence among Medicaid recipients is approximately 50% greater than that of the overall U.S. adult population...persons receiving Medicaid are affected disproportionately by tobacco-related disease and disability..." which leads to greater health care costs paid for by taxpayers. Patients who receive government-funded health care must be required to help control the costs of their care. We fight to prevent taxpaying citizens from smoking where they want but refuse to prevent recipients of tax dollar funded health care to help lower the costs.

And what about the majority of Americans who pay for their health benefits? Can the free market approach work to control their costs?

Definity Health, a venture-capital-backed business designed a policy that offered insurance for catastrophic health care expenses. Their policies were linked to a health savings account that could be used to pay for uninsured needs and 100% of preventative care. The average savings: about 40% cheaper than traditional plans. They were so effective they sold over 9 million policies before being bought out by United Health Group for about \$340 million in 2004.

Another for-profit venture known as eHealthInsurance Services, Inc., offered more than 5,000 health plans underwritten by more than 140 leading health insurance companies. In 2005, 25% of its customers earned less than \$35,000, and more than 40% of those who bought higher-deductible policies were uninsured previously.

Further, pricing must be transparent. In a 2006 hearing before the House Ways and Means Committee hospital and insurance representatives testified that transparency in medical billing (up front pricing) would confuse the public—Congress agreed. This makes it impossible to price compare and takes the market force of competition out of the equation. Shopping for healthcare today is like dining at a restaurant where there are no prices on the menu.

There are many solutions that will help bring better value to the majority of Americans who pay for their care, and there are cost saving measures that must be instituted to spread taxpayer dollars more appropriately allowing more people to receive the care they need.

To adequately address the problems of our over-priced medical care, reform must reduce the waste within the single payer system and return competition and value to the free market system. There is no need to complicate the process and combine the two segments of the health care system.

Those of us who actually lay hands on patients and take full responsibility for their well-being would ask legislators to ask one simple question as they consider each reform proposal: "Is this reform in the best interest of the patient?" This industry exists to serve the patient. This current reform package will solidify the inverse.

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