

MEditorial July 2013

“Taking care of the Poor and Uninsured”

The Supreme Court’s decision on the the Affordable Care Act (ACA) has spawned more silly political games as opposed to a deep thoughtfulness of just what should be done to provide some modicum of “health care” for all legal citizens of our country. Is [the “mandate”] a tax? Is it a fine? If it is a tax (since at least one person in a robe “said so”), does that mean that a pledge not to raise taxes on a certain segment of the population has been cast aside? Focusing on side shows and “footnotes” to the greater story is what all politicians and “talking heads” do best.

I, as one doctor, am not sure it’s bad public policy to compel all citizens to carry health insurance. Prospective smaller [insurance] payments are preferable to retrospective large health care costs--absorbed by other patients, doctors, and hospitals for uncompensated care. We cannot be so laissez-faire as a society to leave these choices so “open” that “the whole” suffers, just as do the individuals, by capricious decisions about personal economics. Health is different than consumer goods; even than food or housing.

The larger concerns to me are the ability of our healthcare system to absorb “new”/indigent and underinsured patients; the quality of care [“we want our healthcare”—what does that mean?]; the undercapitalization of the system to provide the high tech medicine we all seem to feel we deserve; prospective higher health insurance costs; and related to the latter, under compensation of doctors and other providers--with the tacit inference that we doctors have no “bottom” to what we will accept for our important/highly skilled services.

No one would argue against the notion that the healthcare market is separate from the economics of capitalism in general. We providers in the present dizzying system, cannot expect payment at the time of services; have to wait often months for a low post-facto reimbursement; have to deal with an immense faceless claims bureaucracy; and are forbidden more than any other class of workers or professionals from forming union-like associations to gain some leverage against those who make the rules and pay us. Our ability to stabilize falling incomes by investing in what we know best, e.g., health care facilities: laboratories, surgery centers and the like, is restrained by arcane laws against “self-referral”, the unstated purpose of which is to economical punish all for the greedy sins of some who came before us and others still amongst us. Along the notion that the healthcare marketplace is far from the capitalistic supply-and-demand model, would it then be socialistic to suggest that health insurance companies evolve to non-profit status for the sake of keeping healthcare dollars within the

actual delivery system, as opposed to the bank account of investors and a sundry of managers and CEO's?

What else, besides governmental programs and "mandates" to purchase health insurance could be tried so that all are covered? Undoubtedly the cost of care needs to be lowered to address more the sometimes insatiable "demand" side of health care. I doubt the ACA, as structured, would do so. We may have to try a more tiered system, which provides reasonable care to all as a baseline. We should "under" and not "over" promise! Human capital in this instance costs less than machines. More time spent listening to and examining the patient--and less emphasis on laboratory testing, high tech radiographic investigations, or multi-specialty referrals will dramatically cut costs and not necessarily reduce the quality of care. Rewards are needed to incentivize doctors who are experienced and good at this clinical paradigm. Punishments of doctors in terms of litigation for bad outcomes need to be reined in by malpractice reform to protect those who "did their job" by utilizing fewer resources--but nonetheless who practiced evidence-based-medicine and relied on statistical probabilities as opposed to "exceptions to the rule" to treat their patients.

When two treatments are available and similar in outcome, but one costs more than 2-3 times more to deliver than the other, why not go with the less expensive alternative? Take Urology as an example. Is it sacrilegious to suggest that advanced prostate cancer patients be treated with surgical as opposed to medical castration?—the latter, in terms of expensive hormonal drugs, is often given indefinitely, @ a cost surpassing that of a simple surgery after just several long-acting drug doses. How about the relative costs of open versus robotic radical prostatectomy for localized prostate cancer? Is the significantly higher cost of the high-tech latter justified by any major added benefits, in a society bankrupting itself on limitless healthcare, sometimes based more on perceptions than reality?

If we are going to provide health care for all citizens, I feel those who demand more have to pay more. He who goes to the ER and feels (against the advice of doctor) his headache warrants an MRI or urgent neurology consult should be ready to pay a higher percentage of the cost of care. Perhaps if he turns out to be the, let's say, the 1/10,000 whose life was actually saved by such patient-driven extra interventions, the system can reimburse him with interest.

How about some novel ideas, perhaps to be tested 1st on a pilot basis. Shelve pathetically paying programs for the indigent like Medi-Cal: very few doctors participate. Let any patient (including the poor and underinsured) see the doctor of their choosing, based on availability. Offer federal tax credits for all uncompensated or poorly compensated care—perhaps up to some arbitrary percentage of the doctor's tax burden. Poor or uninsured patient gets reasonable basic thoughtful no frills care; and the provider can "write off" the, e.g., unpaid \$100 office charge, dollar for dollar on his taxes. You can bet doctors would cooperate with this

type of “payment” and take such patients into their practice. Perhaps allow such indigent/non-paying patients to “have their day in court” if they feel harmed by medical negligence; but 1st have a panel of medical experts with some respected/rational lay persons allow to “pass through” only the most egregious examples of poor medical care. Consider a reverse service corps comprised of foreign medical school graduates who wish to practice here in the US. Increase their numbers-- and assuming they pass the usual entry exams-- have these physicians serve, salaried for 2 years, those who otherwise cannot be seen by doctors in the private sector. Those foreign doctors who serve and perform to a certain standard then are assimilated into the general medical community. Perhaps hospitalize uninsured patients in underutilized facilities, including, e.g. those under the auspices of the VA; in conjunction, reduce bureaucratic red tape that creates unreasonable autonomy of federal agencies. Is there anything wrong with both insuring good health care for returning veterans and covering health care for those less fortunate, under federally-based programs working together? (By the way, I favor the private sector solution).

Put aside newer schemes to shield the payors of health care (government and insurance companies) from risk. We doctors know all too well past such plans, e.g., capitated HMO's; as well as newly hatched plans (ACO's or accountable care organizations) to shift the risk and cost variance of taking care of patients from the payors to the providers. Shifting the financial risk correlates with shift of medicolegal risk. For example, an insurance company would prefer that a doctors' group (as opposed to the company itself) decide, on both medical and financial considerations, to deny a bone marrow transplant for an advanced cancer patient with a low chance of long-term survival. Transferring risk to the doctors only works with major tort reform.

In proceeding into the murky future of poorly written federal health legislation, let's be sure our hospitals are solvent and doctors are “happier”/adequately compensated for their demanding and tireless work; without that, any plan to guarantee “health care for all” in this country will undoubtedly implode.

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