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Healthy pitch

Case for universal care needs a new spin

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With 47 million people uninsured in the United States, a presidential election approaching and employers growing angrier at subsidizing much of their employees' health care bill, the time is again right to wish for health insurance for all citizens.

So let's consider three equally important wishes that, if granted, make the universal health insurance dream a better reality for all involved.

First, let's wish that someone controls the supply side of health care, instead of advocating only for an expansion of demand.

Our health care system loves insurance of any kind. It is the foundation upon which empires are built for hospitals, health insurers and medical practices in lucrative specialties like cardiology and orthopedics. With the present system, the money to fund universal health insurance would be pumped right into the belly of an overpriced, underperforming health care beast.

Annual health care spending in the United States consistently doubles the rate of inflation. The Centers for Medicaid and Medicare Services estimates that by 2016, approximately \$13,000 will be spent on health care each year for each U.S. resident. In 2006, that figure was \$7,000 and in 1979, it was less than \$1,000.

Where does all this money go? It goes to a health care system that prefers to wait until most people get sick to care for them, encourages seeking out the most expensive specialist for one's symptoms instead of a primary care doctor, allows many of its settings to make preventable medical errors with few penalties and pays providers extra for care that should be included in the initial sticker price of the service.

It goes to some physicians who make hundreds of thousands or millions of dollars a year, to insurance plans that spend disproportionately on administration and not enough on customer service, and to hospitals that rarely downsize, and only get bigger.

It goes for the thousands of prescription medications that could be avoided if we ate healthier and exercised (and someone in the system promoted these concepts to us in earnest), the unnecessary elective surgeries that allow us to keep running marathons and think we're 20 when we're 50, and for the cost of overused, expensive services, such as MRIs, CT scans and ultrasounds.

Next, let's wish for a primary care system that can support millions more individuals having health insurance. We sure don't have that system now.

A couple of years ago, Massachusetts passed a law requiring every resident to have health insurance. Last year, the state found it would likely have too few primary care providers to take care of this increased demand.

Having insurance is great, but actually using that insurance is better. The most important end game in giving uninsured individuals coverage is the enhanced prevention, continuous care and basic primary care they can receive to keep them from getting sick.

But these services have little fiscal value in a payment system that emphasizes quantity over quality and rewards acute care over preventive care.

The nation's primary care system is in a shambles, reduced in many places to overcrowded, impersonal offices where doctors see an assembly line of patients daily just to make half of what a typical cardiologist makes seeing fewer patients. Rural and inner city areas, where many uninsured people live, have too few primary care providers.

It is irresponsible from a societal perspective to give people insurance while inviting them into a primary care system that cannot take care of them in a timely, effective manner.

Third, let's rebrand universal health care in a less ideological way and instead make a more compelling case for why everyone benefits from it.

While the concept of giving everyone health insurance is noble and timeless, marketing of the idea has become stale and predictable. We need Madison Avenue to help us here.

Do we need more academics or ideologues telling us we're a bad country because we won't provide health insurance for all our residents? The reason we won't is not because we're bad. It's that every time the idea finds traction, health care industry lobbyists convince legislators the idea is not sound. In this regard, we need a political solution, not an ideological one.

Trying to sell universal health care on the basis of ideology won't work because reasonable people can have different ideologies. And when people turn away from ideology, they tend to reject sound ideas associated with it out of principle.

The ad campaign for universal health care must sell the idea to the insured middle and upper classes if it is to avoid the perception that it is socialized medicine, or simply another huge financial burden heaped on taxpayers.

A better case needs to be made that a universal health care system will save dollars in the end, improve quality and access overall, and not be a bureaucratic nightmare.

What we need is a fresh commercial for universal health care, a stronger primary care system, and bulletproof facts that show how it will produce lower costs and help all those needing care, instead of simply enriching the system's players at the expense of taxpayers.

Maybe then, we would actually get somewhere.