

HEALTH CARE REFORM

Last month, while vacationing in Cape Cod with my family, I happened upon a town hall meeting that inspired me to become more active on an issue that's been bothering me for years. "Health Care is a Human Right" featured Dr. Joycelyn Elders (former U.S. Surgeon General), Michael Dukakis (former governor of Massachusetts) and Dr. Nancy Snyderman (a head and neck surgeon who was a medical correspondent for ABC news and Good Morning America for years), among other people. I couldn't believe my luck (or divine intervention), walking by this town hall at the right time, in the right place, to see and hear two women in medicine whom I have admired for years.

I heard some shocking statistics that day. Did you know that the United States has been given a health care rating of 37th in the world by the World Health Organization? They take into account access of citizens to health care, quality of care, cost of care, and specific outcomes like infant mortality, teen pregnancy, prenatal care, hospitalization rates, immunization rates, nutrition, public health services, HIV treatment and prevention, etc. How is this possible in the richest, most powerful country in the world?

Despite our wealth, we have a crisis in health care on our hands. We spend twice as much on health care per person compared to any other industrialized nation. This works out to be over \$5000 annually per person. The experts at this meeting agreed that major changes will have to occur in the next few years, or our current system will completely fall apart. In the U.S. we have 42 million people who are uninsured. The number of uninsured children has decreased somewhat with the introduction of FAMIS (for uninsured children whose families make too much money to qualify for Medicaid). However, there are still over 1 million uninsured people in Virginia alone. On a positive note, as of March, Virginia had 78% of eligible uninsured children enrolled in FAMIS and Medicaid. But this leaves 91,500 eligible children in Virginia still uninsured.

Many of these people use Emergency Rooms as their primary health care. They tend to let things go to the point that major care is needed. This puts huge burdens on Emergency Rooms, and is much more expensive care. For example, a child who is uninsured gets strep throat. His parents never take him for care, until he gets swollen and painful joints making him unable to walk a month later. Now he goes to the ER. He is diagnosed with rheumatic fever and has permanent damage to his heart. He will need to see Cardiologists and take medication for the rest of his life, and probably need valve replacement (open heart surgery) as an adult. This was all preventable with a \$40 office visit and \$5 for antibiotics, but now will cost millions of dollars. While this scenario is extreme, there are many similar ones happening every day.

Is it fair that my patients with "better" insurance can see the best specialists and get whatever medication they recommend, while those with less desirable insurance have to drive hours to see a specialist, and can't afford the medication and treatment they

recommend, because it isn't a covered benefit? This is one thing that makes me really miss military medicine.

When I was on active duty as a Navy pediatrician, I always told knew that any prescription I wrote was free to the family, and the same care was available to all my patients, whether their moms and dads were admirals, generals, petty officers or privates. Unfortunately, military hospitals and clinics do not have enough staff to care for all members and their dependents, so many use Tricare insurance and are seen by civilian health care providers. This is another article on it's own, but Tricare's reimbursement is so poor that many providers have been forced to stop accepting military patients. Is this fair to families who have made the sacrifices required to defend our great country?

In the early days of the Clinton presidency, Hillary Rodham Clinton was put in charge of health care reform, and there was much in the press about converting to a single payer system, like that of Canada. The Canadian system got a lot of (undeserved) bad press, and the American Medical Association was against it. The U.S. was not ready for the idea, nor ready for Hillary, at that point in time. But times have changed, and health care reform is gaining momentum rapidly. This is taken from the Physicians for a National Health Program website: "Physicians in the U.S. face massive bureaucratic costs. The average office-based American doctor employs 1.5 clerical and managerial staff, spends 44% of gross income on overhead, and devotes 134 hours of his/her own time annually to billing. Canadian physicians employ 0.7 clerical/administrative staff, spend 34% of their gross income for overhead, and trivial amounts of time on billing (there's a single half page form for all patients, or a simple electronic system). According to U.S. Congress' General Accounting Office, administrative savings from a single payer reform would total about 10% of overall health spending. These administrative savings, about \$100 billion annually, are enough to cover all of the uninsured, and virtually eliminate co-payments, deductibles and exclusions for those who now have inadequate plans - without any increase in total health spending."

As Dr. Elders noted at the meeting, in the U.S. every criminal has the right to an attorney, but millions of hard-working citizens can't get a doctor. Is this the kind of society we want to be?

Before the next election, we all need to get educated about this (literally) life or death issue. For more information, check out these websites:

www.pnhp.org (Physicians for a National Health Program)

www.everybodyinnobodyout.org (links to state advocacy groups and news)

www.uhcan.org (Universal Health Care Action Network)

www.coveringtheuninsured.org (Covering the Uninsured gives guidelines for taking action, but does not advocate a specific solution to the problem)

Subj: **[Fwd: Feedback from a fredericksburg.com reader re: U.S. pays more, gets less care]**

Date: 10/7/2003 2:44:25 PM Eastern Daylight Time

From: [Jim Hall <jhall@freelancestar.com>](mailto:jhall@freelancestar.com)

To: Roxandben@aol.com

Sent from the Internet ([Details](#))

Let me know what you think of this request. It's OK with us if they reprint the piece as long as they give you and the paper credit. If you're uncomfortable for any reason, let me know and I will tell them no.

Jim

----- Original Message -----

Subject: Feedback from a fredericksburg.com reader re: U.S. pays more, gets less care

Date: Tue, 07 Oct 2003 12:57:16 -0400

From: <stormyw2000@yahoo.com>

To: jhall@freelancestar.com

Feedback from : Susan Huff

e-mail : stormyw2000@yahoo.com

Address: BlueCross BlueShield of MA, 401 Park Drive, Boston, MA

Phone: 617-246-4387

Comments:

Dear Dr. Allegretti;

I am the keeper of an intranet site for Blue Cross Blue Shield of Massachusetts employees to keep them up-to-date on the issues surrounding health care affordability. I read your story that was published on Sept 14, titled, "US Pays More, Gets Less Care". I've emailed the Free Lance-Star requesting reprint permission, but have not heard back. Are able to grant us permission to use your story?

I really enjoyed the article. I think you did a wonderful job of describing the consequences of being uninsured, both in terms of finance and health. Your example of an untreated strep was perfect. You may be interested in a report from the Oral Health Center of America published last month that describes the lack of dental care for seniors and the serious health problems and even death that result.

The way my site works, the article will be available online to our employees via our intranet (available internally only) site. The site is refreshed every two - three weeks and at that point a hard copy will be on file, should anyone request it.

I will be out of the office over the long weekend, so I provided my home email address above. I look forward to hearing back from you.

Sincerely,

Susan A Huff
Project Coordinator,
Internal Communications
Blue Cross Blue Shield of MA