

President's Page

How can we help health care?

Health care has been a major topic of discussion for many years. It has become the main war cry in the political world. In the middle of all of these fights are our patients.

What can we do to help improve health care? Nobody has all the answers to this question. In a way, the United States is trying to imitate some European countries and other countries in North America, while some of those countries are trying to imitate the United States. But I would like to bring forward some simple concepts in reference to our current healthcare system.

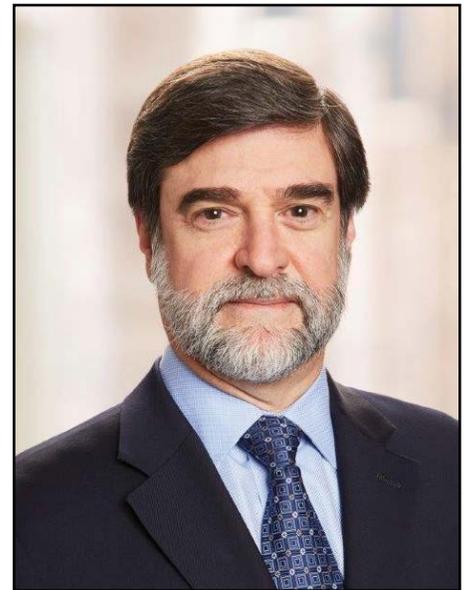
The first concept is to have all the right people at the table from the beginning. A good idea that is well-implemented and proposed at the right time can become a beautiful reality. But a good idea that is not well thought out and is brought in at the wrong time or in the wrong way can become catastrophic. Past suggestions presented as solutions to our healthcare dilemmas have fallen in the middle of these two different approaches. Most of the changes that have been implemented over the last 10 years have usually been proposed without having the correct groups at the table from Day 1. Let me be clear — I don't believe that anyone offering ideas wants to cause harm, but it makes sense that you will make a good decision if you do this

together, with the right people at the table from the beginning. To prevent unintended consequences, it would be ideal to have patients, physicians, nurses, and payors in the discussion from the beginning.

"Repeal and replace" has become a common saying, instead of using phrases such as "improve our current health care." Let's build on what is working today. To do this from the outset, we need patients, physician leaders, nursing leaders, and other healthcare workers at the table with our government officials. Good things can happen. Political differences should not be part of this discussion. Unintended harm could come from ignorance. Let us avoid this at all costs.

The second concept is again very simple: Let's all play by the same rules.

In recent conversations with two patients who have chronic diseases, we talked about how they would like to change the current healthcare system. The first thing one patient said was to make the navigation through the system easier and more transparent. The second patient expressed his concern about how the current healthcare system almost destroyed his life, costing him his job and his home. He has now been able to recover from this. It is clear that however we want to improve health



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care must be a community effort.

I see the provision of health care as a team sport. We all have to play our positions for the team to do well. In the middle of the team is our patient.

As an example, there is a reason we can play soccer all over the world. The reason is simple: Soccer uses the same rules of the game no matter in what country it is being played.

Health care does not have that simple rule. Hospitals, physician practices and other service providers have to play under different rules, depending on the payors. This has fractionated our healthcare system, with varying restrictions on services, coverage, medications,



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and treatments. Physician practices waste valuable time navigating all potential coverage restrictions for our patients. Simplifying insurance coverage and restrictions that apply to all the players in the healthcare system would lead to fewer patient and physician administrative hurdles, and better coverage.

Evidence is showing that billing and other administrative hurdles cost billions of dollars annually. Some of these hurdles are unnecessary and irrelevant, serving only to increase the cost of health care in the United States. Some European countries already ensure that all players adhere to the same set of rules. But let me be clear — this is not a single-payer system. Government could take the leadership role in controlling the rules of health care for everyone, not only for Medicare patients. This would include control over regulations, deductibles, copayments, and coverage restrictions. This would also help stabilize the insurance markets. The free market could still play an important role.

This third concept may be more challenging and has recently been discussed in Congress. This has to do with better price control for prescription medications. The medical profession has been on a strict diet related to reimbursement, while suffering under added regulatory burdens. But the costs of other healthcare services, particularly drugs, have continually increased. It is disconcerting when you can buy the same prescription medication in other countries for a fraction of the cost in the United States. Our leaders in Congress understand this is a problem, but there has been little agreement about the best way to fix it. One suggestion is to allow Medicare to directly negotiate the price of prescription drugs.

The fourth concept should be a mandate. We should continue to expand access to care for our vulnerable population. This is the responsibility of everyone, including the state and federal government. To do this we have to stabilize the

healthcare systems and the insurance markets.

The final concept is the issue of transparency in the system. As physicians, we strive for the best quality care and always seek improvement. At times we do not have all the information available to do this, particularly the practice-specific information that the government or the payors' systems may have on all of us. Many times this information is available too late to be useful. Having more transparency with all of this information, including financial information, can help us improve our delivery of health care.

All these concepts can lead to improved value and decreased cost and spending in health care. We need to start somewhere if we want to change the direction of this large ship. We are also vigilant in observing the potential impact of the elimination of the individual mandate for patients to have insurance, which could add millions of Americans to the number of uninsured. **DMJ**