

ANALYSIS: Change may be good for health care

Colin Read: Everybody's Business

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— Whatever side you are on, these are monumental times.

We are on the verge of some significant changes in the provision of health care.

It is claimed that almost 50 million U.S. residents are without a health-care plan. These individuals fall in the gap between those who are well covered because their employers offer them good benefits and those who are well covered because they qualify for some form of social assistance. In between are the working poor, or those that are yet to establish themselves in a viable career but are nonetheless employed.

Some of these individuals simply go without health care except when circumstances become extreme. Others receive health care by relying on the ethic that no sick individual will be denied stabilizing care at an emergency room.

In both cases, the public ultimately picks up the tab.

Let us look first at those who receive free health care through emergency wards. Hospital representatives will confirm that this mode of health-care delivery is one of the most expensive available. They should know. They are typically left picking up the tab for their benevolence. But because they cannot maintain a perennial loss and stay in business, they ultimately pass those costs on to you and me, and to the other category of the uninsured. That escalates costs for all of us. The growing number of uninsured is a big reason for dramatic health-care inflation.

The other category of the uninsured are those who have done the benefit/cost analysis and have decided that food, housing and the like are more immediate and pressing than preventative health care. They are income constrained, and unfortunately they place health care at a lower than optimal priority. They reason that they are young, mostly, and in good health. So they will spring for health care only if a condition becomes sufficiently dire that it becomes more immediate than their other pressing concerns.

The problem, though, is that, by then, they have missed days of work, their condition has taken a toll on their health, and they may have infected others.

In other words, their problem, once again, has become our problem. The economy as a whole pays for their missed work days, lower productivity and spread of conditions as simple as the influenza or the common cold. Just as certainly as we all pay when the uninsured use the emergency room as their clinic, we also all pay when others do not get the preventative or early medical treatment they need to remain productive and healthy.

The income realities of the working poor force them into this Faustian choice. They know failure to obtain health care is not good for them in the long run, just as it is not good for the rest of us. Perhaps too they

neglect maintaining their vehicles or their homes. However, these neglects do not cost the rest of us. Health care is a unique discretionary choice precisely because of its effect on other unassociated individuals and on the economy overall.

If we recognize our common stake in the health care of those staffing our factories and our institutions, and our common stake in the health of those who share our public spaces, we could simply insist they obtain the care they need. This solution is quite impossible because we cannot watch over all 50 million uninsured, and because we would be just as troubled if it really came down to an imposed but unaffordable health-care expense.

So we instead quietly pay for expensive, suboptimal and last-resort health care for the uninsured, even if the costs are not as readily apparent as a bill at the end of each month.

If we accept the premise that we all have a stake in this most unique of personal decisions, the next issue to unravel is how to pay for it. The fact is that it does not much matter. Any method that will get treatment to the uninsured will surely save all of us billions in the long run. And it will save us even more if we can find a mechanism to simultaneously contain health-care costs that rise at a rate far greater than the rate of inflation.

Some take offense to a national health care plan because they recognize that government does not necessarily provide services very efficiently. I sympathize with that general premise.

It is true that managers are much more effective when they have a financial stake in the performance of their employees. Managers of government agencies and departments in large companies too often find it easier to secure a larger budget for their department than squeeze needed efficiencies out of their enterprise. They often even measure their success not on cost containment, but in budget growth. This creates a preference for private enterprise, and the small-is-beautiful movement, because these organizations are seen as more efficient and responsive to change.

However, almost no one argues the government should directly deliver health care. Instead, they argue for the government to administer a plan for some of the uninsured, just as they do, reasonably successfully, for Medicare. This plan may already be the world's largest single-payer health insurance plan, covering only that most expensive of all demographic categories — the elderly.

If we can accept that all of us are ultimately paying for the current state of health care in this country, we can perhaps devote a bit less time over quarreling over who pays how much for what, and a bit more time discussing how we can ensure more people are more productive and healthy. I am sure the discussion will be interesting. I hope that unenlightened self interest does not get in the way of the ultimate goal of cost containment and more effective health care for more people.

All the while, we must innovate. Our local hospital, CVPH Medical Center, and our local primary-care physicians are already collaborating to create new methods to deliver even better health care more efficiently. While the devil is in the details, I certainly appreciate the leadership our local health-care providers offer our community and our country.

And I am sure there is one thing on which we can all agree. Whatever the outcome, the landscape for health care in this country will be altered significantly. And that might not be a bad thing.

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