

No reform is the scariest choice of all

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AUG. 21, 2009 -- For years, hospital leaders have been telling policymakers and consumers that the health care system is broken and cannot continue to operate under the status quo much longer. The message has fallen mostly on deaf ears.



Today Americans are debating the need for health care reform and how best to achieve it. This is a healthy discussion until uninformed people show up at town halls instructed to shut down the debate. Some days, the loudest voices seem to be those who only want to protect the status quo. Their aim is to scare Americans into opposing health care reform. In many cases their arguments are seriously flawed and even dangerous. In truth, doing nothing to reform our health care system is the scariest choice of all.

Stalvey

We have to get the cost of appropriate care down for every patient, and this must be a major goal of reform. According to PricewaterhouseCoopers, more than \$1 trillion spent each year on health care in America is wasted. Preventable medical errors, inefficient use of information technology and poor management of chronic diseases are often cited as problems that must be addressed. And they must. However, another target should be a practice known as "defensive medicine" in which doctors order tests to avoid the threat of malpractice lawsuits. Tort reform or changing our malpractice laws could save Americans an estimated \$210 billion each year in unnecessary services, including CT scans, MRIs, cardiac testing and hospital admissions.

Choice great when real

We hear a great deal about the need for consumer choice in health care. Consumer choice is great when there truly is a choice in whether and what you purchase. For instance, if you make a half a million a year then you can pretty much buy any car you want. If you make \$30,000 a year then you can buy pretty much any car you can afford! But there is no choice for someone with a life threatening condition. When a seriously ill or injured patient arrives at the hospital emergency room, the treatment he receives is determined by his condition, not his wallet. No one is going to ask the patient who is bleeding to death if he prefers to buy surgery or a large band aid. We can't choose health care like we choose a car. Cancer does not discriminate based on one's ability to pay for treatment. There isn't a Chevy-priced model versus a Cadillac-priced model that will get you where you need to go.

And who do you think pays for the care received by someone who can't afford to pay? The hospital? No way. Hospitals must generate revenue from patients to pay all of the costs that they incur. So hospitals have to pass unpaid costs on to those who do pay. And what about Medicare and Medicaid patients? Yes, hospitals get reimbursed for most of the cost of caring for these patients, but not all of it. On average, Medicare pays South Carolina hospitals 14.3 percent less than the actual costs incurred by the hospital. Medicaid pays about 30 percent less than cost of care received by its beneficiaries. Those losses are also passed on to those who have private insurance.

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Although Americans continue to debate whether health care is a right, that debate is bogus. Hospitals, and many other healthcare providers, regardless of any legal obligation placed on them, feel a moral obligation to care for any person with a medical emergency, regardless of age, income, race, and even residency status in the United States. This reliance on hospitals as America's safety net is what allows many opponents of reform to claim that everyone in America has access to care. What they don't

understand is that the safety net is in jeopardy of splitting in two if we fail to pass meaningful health care reform this time.

Rationing already exists

Opponents say reform will bring rationing. Bad news. Rationing already exists. If you doubt that, call for an appointment with a dermatologist to have a suspicious mole checked out or call a primary care physician's office, as a new patient, to get an appointment. Be prepared to wait months before you can see the doctor. There is a growing shortage of primary care physicians because there is no financial incentive to choose that specialty. Although primary care doctors are the backbone of our medical system, they earn the lowest reimbursement rates of all medical specialties. This is a sad symptom of a system that emphasizes treating serious illness instead of encouraging preventive care and wellness.

Of course, the most interesting of public debates comes from those individuals who benefit from being old enough to qualify for Medicare and cry out against the government taking over healthcare. Enough said on that!!

Finally, there are those more honest protestors who simply say that they are happy with their current coverage and don't want any change that may threaten what they have. Ironically, these are the people with the most to lose if the current system is not reformed. Their sense of security is a false one because if they have employer-based health coverage and lose their jobs, they can quickly go from being a "have" to being a "have not." The annual premium for family coverage is a little more than \$12,000, and, on average, workers pay roughly 25 percent of that premium or a little more than \$3,000 per year. Without an employer paying a portion of your premium, it will become very difficult to afford the full premium, especially if you have also lost your income.

And if you have a pre-existing condition and lose your coverage . . . good luck. If you can find a company that will insure you, the premium will be even higher. And you don't have to lose your job to lose your coverage. More and more workers are having to fend for themselves as employers, faced with rising premiums and shrinking revenue, are forced to drop employee coverage or raise workers' premium contributions.

So something must be done to equalize the distribution of financing health care if we are to avoid disaster. If the opponents of reform have any ideas other than doing nothing, they should put them on the table for rational discussion. If they are successful in protecting the status quo, we will see aggressive rationing of care as more and more people become uninsured, and fewer insured Americans are left to pick up the slack. Soon the number of uninsured Americans will swell to a truly unmanageable number. When this happens, the entire system will collapse.