

Commentary on “Health Care Crisis: Systems Insight to a Practicable Approach”
by Mitchell T. Rabkin, MD and John S. Cook, D. Phil

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Rabkin and Cook have put forward a reasonable argument for their proposed “systems approach” to solving the current “health care crisis.” There are aspects of their proposal that are difficult to dispute. A budget-driven, primary-care-centered paradigm, financial incentives for resourceful care of a panel of patients, and monetary rewards to those “teams” of providers who deliver the highest quality of care are important components to consider for the ultimate remedy of our current health care woes. Such a system may work in a physician-dense, highly health-literate state such as Massachusetts. However, if one views the health care debate through the lens of an underserved community, the view takes on additional and more complex dimensions.

Every year the United Health Foundation ranks the “health” of each state in the Union based on four categories of determinants: personal behavior, community and environment, public and health policies, and clinical care.¹ Rabkin and Cook’s proposal primarily focuses on clinical care and places much of the responsibility on physicians and patients. However, it is important to note that physicians have little control over the demographic scope and disease profile of their patients, and patients have an array of determinants that will impact their ability to dramatically

change their health outcomes. Physicians will be more likely to add healthier patients to their panel rather than those who are facing chronic illnesses. Thus, an even deeper “systems approach” is needed to change the direction of the inflationary costs of health care, one that is rooted in the depths of the community and politics of the states that rule them.

Therefore, why not consider a “Balanced Incentive for Health” as coined by Rabkin and Cook at the state level. Communities can be rewarded by granting incentives to create policies that ensure that vending machines dispensing sugar-rich sodas are no longer in school cafeterias or that smoking is banned from all restaurants. Policies can be created to ensure that secure walking trails are located in the inner city. States who rank in the top ten can be rewarded for achieving specific goals and those in the bottom ten can receive federal subsidies for physicians who wish to practice in underserved areas.

At the heart of any truly transformative proposal for the enhancement of the health of our American citizens is prevention. However, with a diminishing number of American graduates choosing primary care disciplines as a career path and with a cap on the number of residency slots, it is hard to build a system around a dwindling sector. Primary care physicians will require more than a capitated financial framework to encourage them to control costs and spend time with patients. They will require health subsidies to attend medical school and tax incentives to work in underserved areas. Hospitals will require incentives to seed their practices and ensure remuneration for the first few years that rival those of hospitalists, a growing discipline that appears to be “cannibalizing” potential community-based primary care providers. Providers should be incentivized to collaborate with nurse practitioners and others who can extend the reach of the health care system to those communities that are facing a paucity of physicians.

Solving the “health care crisis” will require activity on all fronts, particularly in those areas that impact the daily lives of our American citizens. Rabkin and Cook are to be congratulated for proposing an insurance-driven proposal that drives down costs. However, it is important to recognize that it will be difficult to form the “teams” as proposed if there are no physicians in the community who can deliver the care. Yes, the view is dependent upon the circumstances of one’s local environment. The magnitude and scope of the issues differ across communities and thus one should not expect that there is one solution that fits all.

1. <http://www.americashealthrankings.org/2008/seldes.html>