

Health Care Reform Held Hostage

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Everybody knows that, in its current form, spending on health care is unsustainable.

Everybody knows that our economy will eventually falter unless we control the cost of care. Everybody knows that our fee-for-service system is inherently inflationary.

Everybody knows that the reform proposals currently being considered by Congress will not prevent unacceptable rising costs. Everybody knows that promises by the pharmaceutical, health insurance, and hospital industries to hold back or roll back expenses in the future are vague, unpredictable, and unreliable. Everybody knows that a public insurance plan or groups of “health cooperatives” will not assure universal access to care. Everybody knows that a thorough overhaul is the right prescription, and that patching the health care system by increments will not achieve a rational, effective delivery system.

Everybody knows that many components of current proposals in Congress have been over-hyped. Everybody knows that comparative technology assessment is difficult to do, will take years to accomplish, and will engender inflammatory in-fighting among specialists. Everybody knows that the electronic medical record, useful as it is, continues

to be resisted by many physicians, will not eliminate medical errors, and often removes doctors from patients' bedsides. Everybody knows that simply paying primary care physicians a little more for their services will fall short of solving the shortage of these practitioners. Everybody knows that programs to prevent or screen for disease will fall short of improving the quality or reducing the cost of care. Everybody knows that pay-for-performance schemes designed to enhance the quality of care are poor substitutes for thoughtful, deliberate clinical reasoning. Everybody knows that variation in the amount and expense of care between regions stems from perverse financial incentives by hospitals, physicians, and various ancillary health care organizations. Everybody knows that despite a call to arms about the importance of medical errors two decades ago, such errors still contribute substantially to the cost and quality of care.

At the same time, everybody knows that many other countries have better health care systems with outcomes as good, or better, than ours and at considerably lower cost. Everybody knows that even in our own borders, several local and regional health care systems function effectively, satisfy their patients' needs, and achieve superior clinical outcomes and lower costs than the national average. Yet the number of these systems has been static.

I admit that these assertions may be exaggerated, but if so, not much. Even if most are true, why haven't we created a health care system that provides adequate access to care for all our citizens in the past and why aren't we going to do so this time around? And why haven't we been able to stem the rise in cost? I believe that an important part of the explanation is that we have been unwilling, or perhaps unable, to confront the health care "giants." These giants include insurance companies, pharmaceutical companies,

hospitals, physicians and nurses organizations, and a huge variety of other companies and organizations that profit from the status quo. I view the public as another of the “giants,” consuming health care voraciously. We have failed to explain to our citizens that we can’t afford to provide every test, every procedure, and every treatment they request. And though we know that physicians should be much more selective in their prescribing practices, doctors have virtually no constraints on their clinical decisions. We grant them free rein to order whatever they want: they lose nothing by prescribing expensive tests, and some make a lot of money from tests that are unwarranted, unnecessary, and even harmful. Such testing is often defensive instead of part of a carefully reasoned, clinical decision-making strategy. Instead of head to head political confrontations with the health care giants and intensive professional efforts to educate the public about the risks and benefits of tests and treatments and the limits of our resources, we have invented work-arounds, substitutes, patches, and feel-good concepts that make us feel like we are getting somewhere but in fact we are not.

Our reimbursement system is a monumental failure, yet Congress currently has no plan for reforming it. Our predominantly for-profit insurance industry has freedom to cover the healthiest patients and to deny care, even to their fully insured patients. Our pharmaceutical and device industries can charge whatever they want for their products, and some of their prices are outrageous. These companies regularly influence physicians to choose the most expensive products and bribe them with fees, travel, and free meetings to violate their professional standards and vows. Congress has caved into pressure; it hasn’t allowed the Center for Medicare & Medicaid Services to negotiate with the pharmaceutical companies for better prices for prescription drugs. Our elected

representatives often seem to be influenced more by the industry giants who fund their reelection campaigns than the needs of the people who elected them. Our most influential professional organizations have often campaigned to prevent legislation that is in the best interests of their patients and even sometimes in the best interests of their members.

Of ideas for reform, there is no shortage. Some are based on coalescence of health care providers into accountable health care units, such as “medical homes,” led by primary care practitioners, with the units competing on quality and cost. Some propose a modest expansion of Medicare, and some Medicare for all. Some reform proposals to hold down costs are based on health care organizations accepting global budgeting, a gentler form of capitation that avoids direct pressure on individual practitioners. Some proposals focus on integrating physician practices around the full cycle of discrete medical conditions, with groups of practitioners competing for the value of their services (so-called value-based care delivery). Another concept proposes bundling payments around physician-led care delivery teams, with payment incentives for better-than average outcomes. Health care delivery approaches modeled after the Massachusetts Health Care Reform and the Swiss Health Care System have strong proponents. Voucher systems and mandating insurance coverage supplemented by subsidies are also popular with some innovators.

Some of these ideas have merit, but they will have to wait their day, in part because it is politically inexpedient to confront the giants. Many of the giants have enormous war chests and as a consequence, enormous clout. Yet their power corrupts the system and inhibits a badly needed overhaul. Unless our political leaders are willing to take on the giants whose self-interest is the source of this entrenched opposition, we will

continue to have a system that is inadequate, lacks full coverage, is deficient in many of the important quality metrics, costs too much, and inordinately burdens our national economy. It will take courage to sell a hard message, namely that we will have to make do with less medical care and less expensive medical care, that much more attention is needed to make the quality of care better, and that all the giants will have to scale back to achieve these goals.

It is impossible to predict in the middle of the raucous debates going on in the newspapers, airwaves, town meetings, and halls of Congress what kind of reform will emerge or even whether reform will succeed this time, but nothing currently being discussed will be a genuine solution as long as we continue to deceive ourselves that we are making real progress toward universal coverage, high-quality care, and cost containment. Perhaps ordinary people still haven't suffered enough under the current patch-quilt system to confront the giants, but sooner or later we will have to.