

Response to Rabkin and Cook, "Health Care Crisis: Systems Insight to a Practical Approach"

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I read with interest Drs. Rabkin and Cook's thoughts about how truly to bring about health care reform, which in a very broad way seeks both to increase the population of insured patients and access, and to begin to modulate the unsustainable annual increases in "costs" that are already unaffordable.

I applaud the idea of reestablishing the primacy of the primary care physician, PCP, as the patient's quarterback, thereby displacing the insurance companies and others who currently act as patient intermediaries. While this strategy will certainly put the patient back into the epicenter and hopefully lead to more rational treatments, it will fall short of meaningfully achieving the desired long-term twin goals of health care reform as we are discussing it today.

The health care system is, after all, a very large and complicated business with many unconnected and uncoordinated moving parts, whose costs this year represent almost 20% of our national GNP. The principal locus of the delivery of health care remains the hospital, be it acute or chronic disease management. This is the place where the primary assets of the health care provider infrastructure are located and managed, where the money is spent, and where ultimately patient outcomes are achieved.

In order to reduce the rate of increase in the growth of annual costs and to maximize over the long term the efficiency and productivity of the "hospital," significant investment will be required in the following areas: information technology, management development and training, and patient flow. Critical factors that are fundamental to accomplishing these outcomes must include: achievement of meaningful tort reform; establishment of comparative effectiveness models; creation of incentives to define and employ proven best-demonstrated practices, including end-of-life counseling; mandating nationally, once and for all, a standardized patient record form; insurance reform to eliminate exclusionary practices; and more.

Unless and until all of these concepts are considered holistically to enable a more balanced systems approach to reform, the politics of reform at the national level will inevitably yield to a piecemeal legislative agenda driven by the most vocal lobby of the day. This approach, as Dr. Rabkin and Dr. Cook rightly state, will fail.

My fear is that the urgency to "get something done now" has become the driving mantra of our federal government -- a self-imposed mandate born out of the recent presidential election. Perhaps a simpler and ultimately more effective way to "get something done now" is to separate the "cost" and "access" issues and go after them one at a time. This is the kind of piecemeal approach that may make sense.