GUEST EDITORIAL

How About Hybrid Health Care?

What is the best way to provide health care for the nearly 47 million individuals in the United States who lack health insurance?

Divergent viewpoints were presented by Dr. Kevin Grumbach and Dr. Robert Moffit (FAMILY PRACTICE NEWS, Jan. 15, 2007, p. 9). Dr. Grumbach proposed single-payer universal coverage as the most cost-efficient solution. Dr. Moffit advocated more incremental reform, suggesting that working adults could be required to purchase coverage with tax incentives.

BY HARI NATHAN, M.D.

Single-payer proposals suggest that minimizing cost should be the top priority. The Clinton health insurance reform effort in 1993 failed largely due to the notion—real or perceived—that it would restrict patient and physician autonomy in an effort to reduce costs.

Historically, Americans and their physicians have resisted such interference in medical decision making. Single-payer proposals sacrifice choice to contain costs while providing equal access to care. But these systems do not necessarily guarantee equality. For example, several studies of the National Health Service in the United Kingdom have documented that utilization of specialty care, including surgical care, is higher relative to need among groups with higher socioeconomic status (J. Health Serv. Res. Policy 2007;12:104-9). And a single-payer system would likely lead to increased waiting times for surgical procedures and other specialized care, as has been documented in the United Kingdom, Canada, and Sweden (J. Am. Coll. Cardiol. 1995;25:557-63; Can. J. Surg. 2005;48:355-60; J. Eval. Clin. Pract. 2004;10:3-9).

Americans expect to have technologically innovative, readily available choices in health care just as they do for other consumer products. It is unlikely that they will accept the limitations of a single-payer system.

On the other hand, a system of tax credits would work best for healthy middle-income patients and would benefit us all by bringing these healthy patients (and their dollars) into the insurance pool. But for sicker patients or single-income families, especially poorer ones, even such tax benefits might fail to offset the cost of private insurance. Additionally, such a system could accelerate the decline in employer-sponsored coverage and potentially increase the number of uninsured individuals.

In my view, health insurance reform must achieve some level of universal coverage as well as political and fiscal feasibility. These aims could best be met through a hybrid approach guaranteeing all Americans a certain basic level of health care. Universal care would include objectives such as prevention of diabetic complications and earlier detection of malignancies, thereby improving outcomes and reducing overall costs.

For such a system to be feasible in this country, we must establish a floor, but not a ceiling. This health care safety net could be a government entitlement program covering basic preventive services and routine care. For children, this might take the form of expanding the State Children's Health Insurance Program to allow universal eligibility. For adults, coverage might be provided through an adapted form of existing federal health programs.

To be fiscally feasible, the plan would have to offer moderate benefits, such as a limited choice of providers and generic drugs whenever available. Patients wishing to expand their choice of providers, acquire additional coverage for name-brand prescription drugs, or otherwise augment their coverage would be allowed to do so. Perhaps employers could offer coverage for such options as a taxable benefit, or individuals could buy private insurance for the added benefits. In the latter case, there would need to be reforms to standardize insurance rules across states.

Allowing individuals to buy into the Federal Employees Health Benefits Program or Medicare as their supplemental coverage would pressure private insurers to lower their administrative costs.

Tax credits (not deductions) should be offered to offset the cost of acquiring additional coverage.

Some might argue that this approach would create a multitiered health care system in which those able to afford more coverage would have access to expanded services and potentially better care. It would not be the cheapest solution. But we already have a multitiered and fiscally inefficient system in which some are covered by generous health plans, others are underinsured, and a growing number rely on a strained emergency medicine system to care for acute problems that might have been avoided with appropriate primary care.

We need a politically and fiscally feasible plan that achieves some level of universal coverage, not another ideological battle that results in little real change. A hybrid system of universal health care coupled with supplemental coverage would be a pragmatic step forward. ■

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Report Puts U.S. Health Care With Industrialized World's Worst

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Despite the rhetoric favored by presidential candidates, the U.S. health care system is not the best in the world, but ranks near the bottom on most measures when compared with other industrialized nations, according to a new report.

"I'm not pleased to say this, but when it comes to health care, too many of us simply are not getting the kind of health care that we need and deserve and, in fact, many Americans do not have access to even basic health care," said Dr. David Dale, president of the American College of Physicians, speaking at the release of the college's annual State of the Nation's Health Care report at a conference sponsored by Academy Health.

Citing data culled from the Commonwealth Fund, the World Health Organization, and other sources, Dr. Dale noted that the United States ranks behind other industrialized nations in terms of access and equity, in helping patients lead healthier lives, in preventable deaths, and in infant mortality. The United States ranks second to last in overall quality of care, edging out only Canada—a country that spends half as much per capita on health care.

In fact, the United States spends more than double the amount most nations spend on health care, yet continues to have poorer access and outcomes, Dr. Dale said.

'Part of our hope is to provoke a debate within the profession itself about what is the most effective way of getting everyone covered in this country.'

And if U.S. health care spending continues to grow at its current pace, it can be expected to increase from 16% of gross domestic product in 2007 to 25% by 2025, according to Peter Orszag, Ph.D., director of the Congressional Budget Office, in congressional testimony that was delivered on the same day as ACP's report.

Efforts to enact major reform of the health care system have consistently failed in the past, but the projected spending growth may force the issue this time around, said Robert Doherty, the college's senior vice president of governmental affairs. "Health care will become so expensive that the country will no longer be able to support it."

In releasing its annual report, the ACP used the opportunity to call for a political commitment to provide universal coverage, bolster primary care, reform the payment system, reduce administrative costs, implement health information technology, and support effectiveness research. The group also sent a "candidates pledge" outlining these goals to each of the presidential hopefuls as well as to the group's membership, who can in turn hand them to candidates for Congress.

"The pledge will help ACP members ask the tough questions of candidates. The number of candidates who actually sign the pledge will be less important than how many of them end up advocating for the policies," Mr. Doherty said.

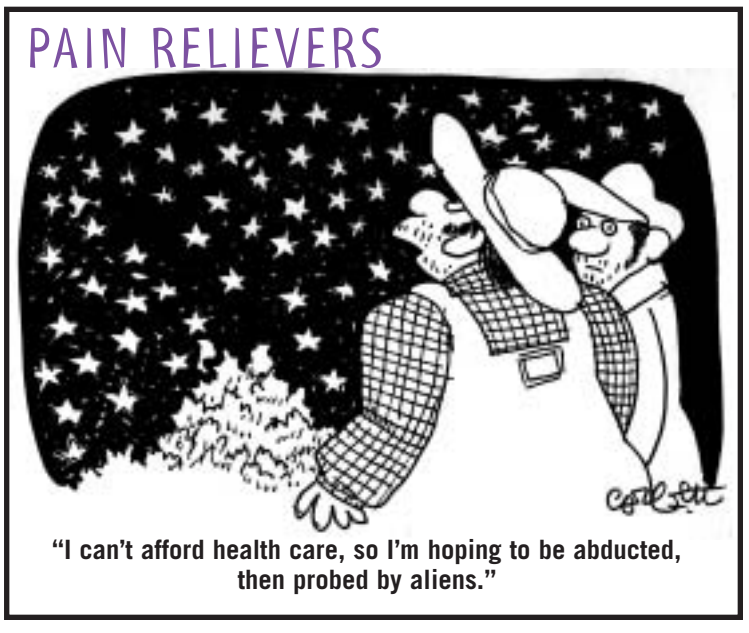
The American Medical Association recently launched a national ad campaign designed to spark discussion during the presidential campaigns about the problem of the uninsured.

"By November, millions of Americans will have heard the AMA's concern that one in seven of us is uninsured," Dr. Samantha Rosman, AMA board member, said in a statement.

Although the two physicians groups are not working together on these campaigns, they share a common end, Mr. Doherty said.

"Part of our hope is to provoke a debate within the profession itself about what is the most effective way of getting everyone covered in this country. But I don't think there is a real disagreement within the profession on the goal," he said. ■

ACP has launched a Web site that provides comparisons of the presidential candidates' health care proposals: www.acponline.org/advocacy/where_we_stand/election.



"I can't afford health care, so I'm hoping to be abducted, then probed by aliens."

Pages 64a—64b