

Health care reform......certainly there has to be a more appropriate and succinct term to decipher exactly what these three words mean. The HCR political game board is vast, the players numerous, and no one seems to be able to locate the dice. One thing seems apparent....those most affected by big player decisions haven't even been invited to the game.

I had the distinct pleasure of discussing our health care system, its shortcomings, and its future with Dr. Ardis Hoven, head of the department of Infectious Disease at the University of Kentucky Medical Center and a member of the Board of Trustees of the American American Association (AMA). The AMA is comprised of over 250,000 physicians and is arguably the most prestigious and influential medical group in the country.

When asked what the AMA's position is on a government sponsored health care program, Dr. Hoven replied, "The American Medical Association really does not understand what they're talking about specifically when they talk about a government sponsored plan. We don't know what that actually means. And what the AMA is very concerned about is that we still are able to maintain in health system reform what is good in our health system delivery and change the things that are not." Dr. Hoven outlined the essential pillars of an ideal and acceptable health care system: "...if it reflects pluralism, if it reflects freedom of choice, freedom of practice, and universal access for patients."

The monumental task of reforming access to and delivery of health care in this country is daunting indeed. The glimmer of hope of actual bipartisan agreement on health care reform is being overshadowed by the lack of consensus on how such reforms should be structured. Additionally, those who are in the most vulnerable positions, namely large insurers, hospitals, and pharmaceutical companies, have hired over 350 retired government officials and congressmen to protect their interests. The recent olive leaf offered as a measure of good will on behalf of the pharmaceutical companies was their pledge \$80 billion dollars over the next ten years to redesign the health care system. However, this figure pales in comparison to the \$3.3 trillion dollars that will be spent on prescription drugs over the next ten years. Hospitals have followed suit by agreeing to reduce government spending on Medicare and Medicaid programs which will add an additional \$150 billion dollars to the health care reform piggy bank. So where is the additional money going to come from?

According to Dr. Hoven, "If you look at the economics of the funding of health system reform and particularly the 48 million uninsured out there we've got to begin to look at alternatives for where the money will come from and one of the options being considered right now is the fact that employer provided insurance is not taxed. In fact, it provides or potentially could provide about \$250 billion dollars per year if those monies

were capped.” If businesses choose not to provide health insurance benefits, they would be charged an annual fee for every employee (approximately \$700) to put into the “all for one and one for all” health insurance exchange. Small businesses with less than 25 employees would be exempt from this government mandate. There continues to be much bipartisan debate on taxation of health care benefits, and it appears the general consensus is that those who have wealth will be paying more for their health. The AMA is actually in favor of moving away from employer based health insurance and putting control of health insurance in the hands of the individuals.

At last count, approximately 48 million Americans (and one in every five Kentuckians) is uninsured. Two and a half million people have lost insurance coverage as a direct result of the lingering economic recession. The unemployment rate one year ago was only 5.6% and has now grown to 9.5%. Consequently, 14,000 employees daily are losing their employer based health care benefits. Less than 60 percent of American workers are now insured. Under an AMA sponsored health care plan, all individuals would have access to health insurance regardless of income. Individuals would be given “tax credits, vouchers, or subsidies inversely related to income” for the sole purpose of purchasing health insurance. The system would be structured to allow for “portability and affordability” so “the more money they make, their income, the less subsidy they would have”, Dr. Hoven explains.

The next most obvious question is whether or not our current medical system is equipped to deal with the opening of the flood gates as millions of previously uninsured Americans now seek medical attention. Unfortunately, the answer is no, a fact that is a major obstacle to health care reform. The number of primary care physicians has fallen nearly 50 percent since 1997, and the number of physicians going into primary care has fallen dramatically. Specialists outnumber primary care physicians by 2 to 1. However primary care doctors make significantly less money even though their medical school debt is often similar.

When asked about this very real problem, Dr. Hoven states, “This is something that the American Medical Association is very concerned about, the primary care deficit in this country...Why do young men and women elect not to go into primary care? They come out of medical school with huge debts, they pick specialties that may help them financially, but they also look at the lifestyle issues and primary care is difficult. It’s 24/7, 365 days a year and because of this, they are selecting other specialties in medicine even though their heart was in being a primary care physician.” Dr. Hoven agrees with others that significant changes will have to be instituted to entice graduating medical students into remaining in primary care. “You’ve got to relieve the work force, you’ve got to have more primary care physicians, you’ve got to look at medical school debt, education debt, and manage that debt more appropriately for these young men and women...and pay; they have got to be reimbursed and paid for taking care of these

patients. This is very complex.” To this end, federal legislators are proposing medical debt relief for those remaining in primary care, improving primary care insurance reimbursement, and expanding the National Health Service Corp. Unfortunately, this is the “tortoise side” of the race because the health care reform hare is going to cross the finish line, so to speak, long before the tortoise arrives. Dr. Hoven accurately points out that providing adequate doctor power to meet the increased demand “isn’t going to happen overnight. It’s going to take seven or eight years once we make the shift to get enough training and it takes those seven or eight years to train men and women to do primary care.”

Now back to those of us who are already in the trenches of primary care medicine. The July 7 issue of *Annals of Internal Medicine* found that “53.1% of primary care physicians reported time pressure during physical examinations while 48% reported chaotic work environments. Only 23.7% felt that quality was strongly emphasized in their practice; 48.8% describe their jobs as moderately or highly stressful; 26.5% report burnout”. Perhaps most concerning in light of the dawn of the new health care age is that 30% of physicians are moderately likely to leave their practices within the next two years. Despite these dismal statistics, the study found no correlation between physician reactions and patient care quality or errors.

A final and important point Dr. Hoven points out is that “insurance market reform has to take place. Pre-existing conditions need to go away.” And according to the president of America’s Health Insurance Plans, this will happen if congress mandates universal health insurance. “...making insurance renewable and portable and allowing people to buy a plan that fits their needs [is essential]...So we strongly believe in insurance market reform, it must take place.” Insurance companies clearly understand where this is heading, and unfortunately, some companies are heading things off at the pass by raising insurance premiums (by as much as 32% in Connecticut). No insurance company has yet made any financial concessions or offered financial contributions to fund health care reform as have hospitals and big Pharma. With over 800 billion dollars in profit last year alone, I am hopeful they, too, will acknowledge their essential role as team players.

Fasten your seatbelts. We are in for a long ride.