

Commentary

Health savings accounts—the avoidance of solution

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Dr. Kapp has provided a brief description of what awaits us if some health planners have their way with Health Savings Accounts (HSAs) as the solution to the health care crisis. It is a harrowing prospect: the chronically ill anxiously seeking honest professional advice and a trusting relationship, or the acutely ill in need of urgent care, negotiating with physicians who hawk different services at varying prices for those who are able to pay. Certainly Dr. Kapp does not present the picture this way, but that is what will transpire given the logic and behavior of HSA free-market economics.

Almost all agree that there is a crisis in health care. The crisis has three main ingredients:

1. Declining access to care
2. Poor quality of care
3. Relentlessly rising costs of care.

The crisis has been brewing for fifty years. Costs are the principal driver. No solution has been achieved.

No solutions for a 50-year crisis

Why has there been no solution? Because the critical causes of the crisis have not been addressed. During those fifty years, dominant health problems have changed dramatically from acute to chronic diseases. Chronic diseases are now the major cause of disability and need for health services, and are responsible for some eighty percent of health care costs. Because the current health care system was developed to treat acute disease, the emergence of chronic disease dominance necessitates a different type of health care, in particular, a different practice of medicine.

Care of chronic disease is not the decisive process of precise diagnosis, definitive treatment, and cure typical of acute disease management. In the absence of cure, chronic disease management is an unfolding, lengthy, multivariate process with a different strategy (not cure, but maximizing the comfort and function of the patient) and different tactics (not just medicines or surgery, but behavior change, alteration of social and work circumstances, environmental modification, and emotional adjustment). As a result, chronic disease practice requires different roles for the patient, for the physician and other health professionals, and for health care service forms and financing.

None of these needed changes has been effectively addressed by health policy makers, health professional leadership, or medical educators. Instead, health policy makers have occupied themselves almost exclusively with manipulation of insurance costs;¹ in the private insurance sector (sixty-five

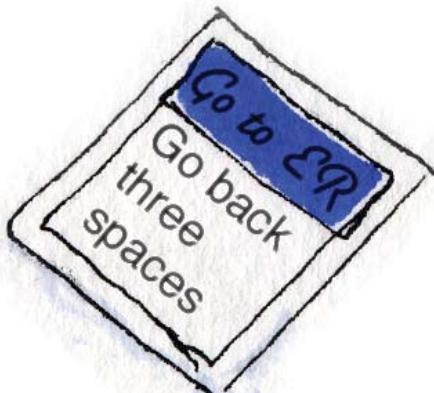
percent of the health insurance business), the goal has been capturing market share and short-term profit. Simultaneously, the professional and educational sectors have remained largely oblivious to these developments. Over the years, neither the character nor the production processes of health care were significantly assessed. There has been a genuine failure of leadership.

Had these bodies been attentive to the needs of health care in a rapidly changing era, they would have seen that four critical aspects of care required a new response:

1. The growing problem of chronic disease needed continuous, not episodic, care.
2. Patients were no longer inexperienced and passive but rather observant and critical participants in the care process.
3. Effective physicians were no longer dominant determiners of care but rather partners with the patient in both decisions and treatment tactics.
4. Acute care practices were commonly neither effective nor efficient for chronic disease.

Had there been awareness of these needs, solutions might have been designed and instituted. In their absence, many policy makers have now turned to HSAs, the latest version of solution by avoidance. That is, instead of striving to make health services fit the problems confronting them, they simply seek to shift the cost to someone else, in this case the patient, while increasing business for financial institutions.

Needed: The chronic disease model in care and education



Matters need not be this way. We already have a reasonable idea of how to organize effective and efficient health care in an era of chronic disease dominance without reducing it to vulgar cash transactions. Of course, this will require changes.

- The patient living with the disease and its consequences will take greater responsibility for decisions and care.
- The physician will become more teacher and advisor, functioning as a partner of the patient.
- The system will support the different roles and practices of the physician both structurally and financially.

All of this has been spelled out in the chronic care model.^{2,3,4} While the model will certainly require more testing and modification, it is based on both experience and experiment. And it does not require expensive new construction or high technology, only changed attitudes and behaviors.

The costs? Current costs are significantly a product of applying acute care methods and structures to care of chronic disease. Substantial evidence indicates that a properly designed and conducted health care system will save as much as forty percent of present costs that are now wasted.^{5,6,7,8} Such huge savings would allow us to address the real issues in health care and still reduce expense for each of us.

Dr. Kapp has helped by showing how degrading the latest version of health policy can be. HSAs reduce patients to shoppers, propel physicians away from professional standards and behaviors to meet the demands of free market profit, and make their encounters resemble more those of a supermarket or newspaper kiosk than a meeting of partners to chart a course of action.

Too harsh and unfair a judgment? I don't think so. There are many ways to criticize HSAs but, to perceive the most important, simply recall your everyday experience at the store, follow the logic of HSAs, and see where we end up. As you do, remember that there are alternatives that address the real causes of the



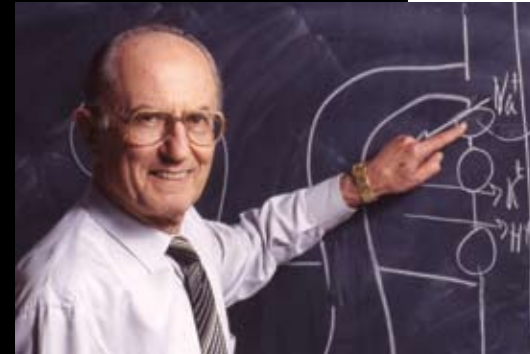
health care crisis, and they are readily available.

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Potassium 2004

Donald W. Seldin in Madrid

A few years short of eighty-five
My dear professor flies
Through his 50 slides.

Potassium is a subject
But bicarbonate the object
Of today's ambitious project.

For many years he's studied these
ions'
Comings and goings through
pumps,
Moved by their orbital values.

His thin straight frame
Topped by the high forehead
And thinning mane,

A head aflame with passion
For knowledge of the reasons
For mild volume contraction.

The master teacher—the actor—
Slowly paces to the ending of his
speech
Knowing too well the subject is his,
Even in the new millennium.

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