

# Health care for all in the U.S.A.

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With the United States' health care system (or should I say non-system) once again a prevalent topic in the news media, we, as physicians, health professionals, and leaders, must commit to a clear vision, strategic priorities, and recommendations for health care for all. Now is the time for all physicians and health professionals to speak up and pursue with vigor a solution that will improve on the Affordable Care Act while also ensuring access to care for all, regardless of age, location and/or economic status.

The U.S. federalism approach to health care has not been working well for most, and certainly not for all. Universal health is a social good and should be considered a national priority. Health care is physicians' obligatory public, social, and professional contract that must be provided in a national health care system that is based on exemplary leadership and stewardship. It must include effective governance, policy, and management. Competence, caring, and character must be imperative to a successful system of care.

When organized and supported properly, the outcomes will be the most compassionate, competent, and caring services that will provide high quality care for patients, exceptional service to the community, and superb public health. Health care cannot be politicized, corporatized, or developed solely for financial gain. The lack of an excellent functioning health care system is often politicized for individual, political and/or economic reasons unrelated to health care at all.

The current U.S. federalism-based health care system does not work, and leaves the country's system

disjointed, confusing, and expensive. This approach, in which all 50 states and five territories each have their own rules, regulations, and financing has been a barrier to providing health care for all, regardless of where they reside. This non-system creates inequities in the treatment of patients from different states or regions, and generates a cumbersome decision-making process with the inability to collaborate and implement processes and achieve medical and health care outcomes for the greater good.

Numerous medical and health organizations have made policy recommendations supporting a transition to a system of universal health care coverage thereby providing every individual access to health care.

However, under some of these plans, the corporatization and businessification of medicine and health care will continue to drive multiple, if not all, medical decisions, costs, and expenses.

Previous systems have utilized a non-workable system called "cost plus," wherein physicians were compensated according to "reasonable and

customary charges" that they determined, and hospitals were reimbursed on a percentage of their actual costs plus working and equity capital.<sup>1</sup> This cost structure allowed doctors to charge whatever they wanted and encouraged hospitals to increase costs so their cost-based income would be greatest. This methodology has often been replicated by government insurers and subsequent government health insurance programs.

During the 1950s, the price of hospital care doubled.<sup>2</sup> Entering the 1960s the health care system essentially had no external controls and federal programs, therefore

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Medicare and Medicaid were created to provide health care coverage for the elderly and poor. Then, the federal government became the largest single purchaser of health care services, but adopted the same reimbursement defects in the ongoing system.<sup>2</sup>

In the 1980s and 1990s, health care spending increased more rapidly.<sup>3</sup> Other approaches were attempted, but without a central system of health care.

Unfortunately, there are no federal proposals to respond to the lack of adequate access to health care in the U.S. The U.S. spends 50 percent more on health care as measured by its share of the GDP than any other developed country.<sup>4</sup> However, the U.S. has yet to develop or define a nationally accepted approach to health care reform.

As previously published in *The Pharos*,<sup>5</sup> there is a way and process to develop, operate, improve, upgrade, modernize, and manage a health care system that will provide universal coverage, while having and maintaining myriad payors, including employer-based health insurance, Veterans Health Care, Military Health Care, Medicare, Medicaid, and other health care payors. This system could be developed without the politicalization and profit motivation to distract from the goal and mission of health care for all.

As previously proposed, a National Health Reserve System (NHRS)<sup>6</sup> would govern, integrate, coordinate, and manage a nationwide system of health care that is inclusive of both private and governmental insurers. Based loosely on the non-health related Federal Reserve System, but far more extensive operationally, a NHRS system would be governed, operated, and managed by experts, including physicians and health professionals using data, experience, evidence, and strategy. It would operate with transparency and quasi-independence from politics and politicians.

#### **An NHRS would be developed and implemented to:**

- Establish uniform charges for medical care, procedures, and pharmaceuticals based on the actual cost of the service, not allowing for cost shifting, and minimizing administrative and overhead costs. Rural and urban hospitals and providers would be evaluated in their cohorts.

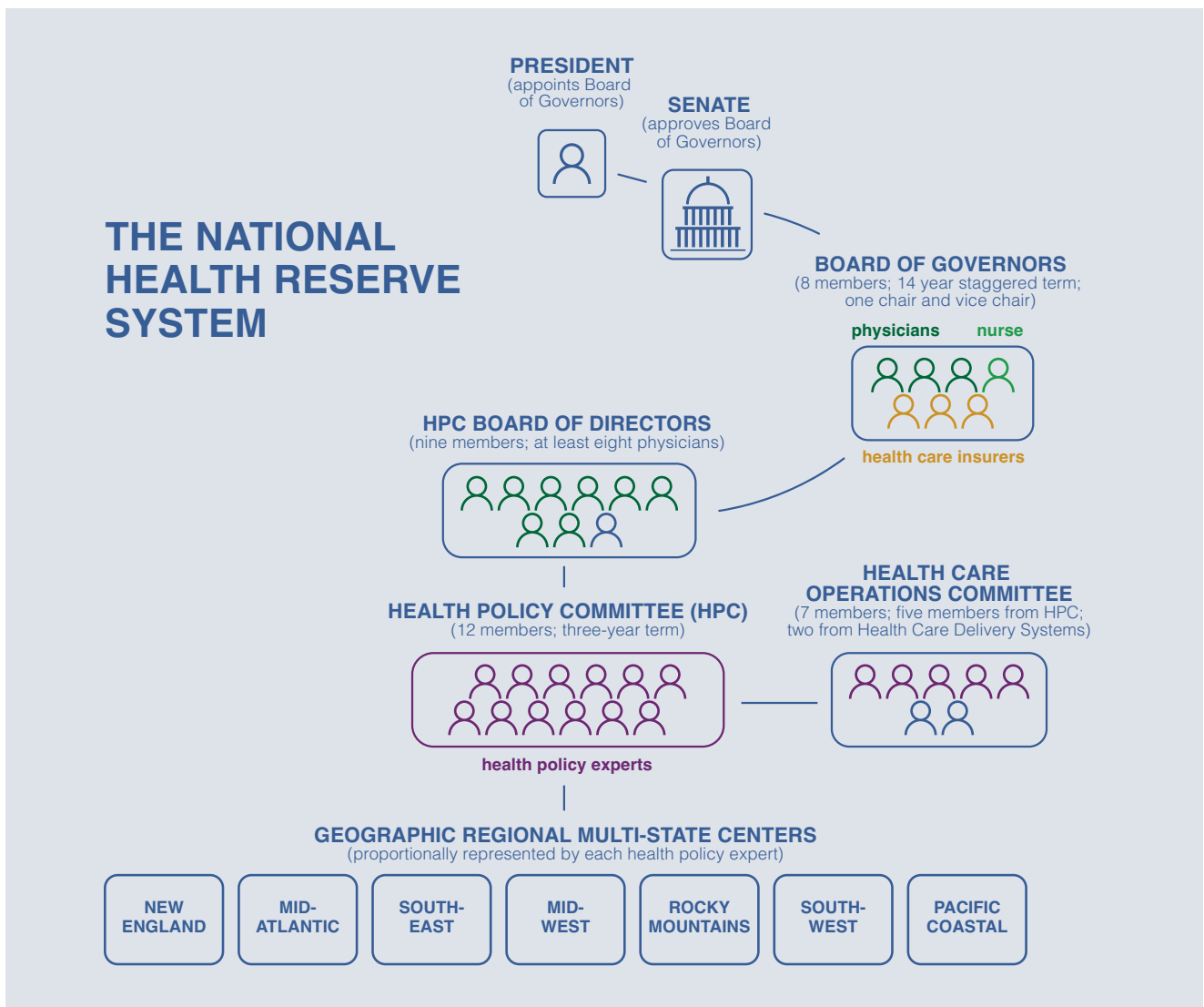
- Oversee all governmental and non-governmental health and medical insurance entities.
- Control costs and approve resource allocation decisions and stockpiling.
- Support academic health centers and teaching hospitals to promote excellent clinical care, health professional education, research and scholarship, and public policy.
- Coordinate medical, residency, and fellowship training and utilize workforce needs for allocating positions in specialties.
- Oversee construction and expansion of medical facilities.
- Oversee private, public, governmental, and other payment options.
  - Manage the development and disbursement of existing and new pharmaceuticals with a national formulary based on efficacy, safety, benefits, and cost.
  - Develop a centralized electronic health record (EHR) for all that includes a billing and collection repository with all patients issued a health card to be utilized for clinical record management, billing, and collection.
- Assume responsibility for telemedicine and telehealth at an interstate level and function.
- Oversee and manage ambulance and other patient transport services.
- Ensure all aspects of care are available to whom-ever may need them, including preventive services, screenings, immunizations, vaccination programs, inpatient and outpatient hospital care, maternity care, dental care, eye care, mental health care, palliative care, long-term care, rehabilitation and physiotherapy, home health care and community-based nursing care, wheelchairs, hearing aids, and other assistive devices for those assessed as needing them.
- Oversee interstate health care organizations and integration as well as interstate collaboration and cooperation to provide universally accessible health care.
- Develop policies and make decisions based on experience and extensive use of data and evidence.

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**A NHRS would have three key organizational elements:**

- A eight-member Board of Governors appointed by the President of the U.S. and approved by the U.S. Senate, serving 14-year staggered terms with a Chair and Vice Chair. The Board of Governors would include four physicians representing generalist physicians, academic medical centers, multi-specialty practices, and rural health, one nurse, and three health care insurers from Medicare, Medicaid, and employer-based carriers.
- A 12-member Health Policy Committee composed of health policy experts. Each health policy expert would serve a three-year term, and would proportionately represent each of the seven geographic regional multi-state centers—New England, Mid-Atlantic, Southeast, Midwest, Rocky Mountains, Southwest, and Pacific Coastal. This group would serve as a link between the NHRS and the health care system and would bring to their duties a wide variety of experiences in the current health system to contribute to the governance and organization of health care policy and health care delivery.



The NHRS is an achievable model to be considered in its entirety for its functionality. Implementation of health care reform is an urgent and solvable challenge.

- The Health Policy Committee would have a nine-member Board of Directors. Six of the Board members would be elected by the 12-member HPC, and three members would be appointed by the Board of Governors. Physicians would be appointed to at least eight of the Board positions. The Health Policy Committee would serve as a link between the NHRS and the health care system, and would bring to their duties a wide variety of experiences to aid in governance, health policy development, and delivery of care.
- A Health Care Operations Committee composed of seven members with five from the Health Care Policy Committee and two additional representatives from health care delivery systems. Committee members would include physicians, nurses, health professionals, and patients.

The NHRS would be self-funded through its operations as part of the funding for operational expenses. The NHRS would coalesce and organize the complicated components of health care delivery, and would promote a safe, efficient, accessible, and financially responsible system to develop and implement rules and regulation, thereby forming a unified and comprehensive health care delivery system.

The overall goal of the NHRS would be to improve the health of the nation and to remove obstacles that interfere with patient care through the creation, development, and implementation of a new, progressive, and responsive U.S. health care system.

No matter how the U.S. health care system is designed to improve care, it must be supportive with stable, high quality, and more affordable health care coverage. Any system, including an NHRS type of system, must be developed based on an existing public and private health care system and must fill coverage gaps with affordable group health insurance. An NHRS system would be transparent and ultimately accountable to all Americans.

The time is now for much needed transformation of the U.S. health care system, and physicians, some of whom work as Congressional Representatives and Senators, must look at and consider all options and possibilities to ensure that Americans have access to affordable, high-quality care. The NHRS is an achievable model to be considered in its entirety for its functionality and thoroughness.

Our approach to, and implementation of, health care reform must be established and implemented. It is an urgent and solvable challenge when we place the health care of our people as more important than profitability.

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