

Disappearing ERs only one symptom of failing health care system

Anyone writing about America's health care crisis can be forgiven for feeling like he or she is spitting in the wind. I've had that feeling many times, but here I go again.



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News update: Yes, we have a health care crisis, and it's getting worse by the year, month, week and day.

Peter Jennings' last word on health care

In an ironic twist of fate, ABC News anchor Peter Jennings hosted a special on the health care crisis not long before his death from lung cancer last August. The special was aired last December.

It is a credit to Jennings and ABC News that the one-hour special was solid, balanced journalism featuring experts on the front lines of America's health care system. The special made the following points:

Emergency rooms around the country are being closed by hospitals in major urban areas where emergency rooms are the primary source of health care for a large uninsured population. At the same time, the rate of admissions through the ER for expensive high-tech care for the uninsured has threatened to overwhelm hospitals financially.

As a result of this trend, the remaining hospitals providing emergency care in urban areas are increasingly "full up" at peak times. This means that if you have a heart attack or are seriously injured in an accident, you may not have access to life-saving emergency care even if you are fully insured or wealthy enough to pay \$50,000-\$100,000 for acute care out of your own pocket.

In 2004, about 174 million people got insurance through work. Nearly 79 million were covered by the government, including the elderly, the poor and those in the military. Everyone else who wants insurance must buy an individual policy. Only about 27 million people can get insurance that way.

Individual insurance can be extremely expensive or can be denied entirely or issued with exclusions to protect private insurance companies from higher losses.

In other words, the more you need health coverage, the less available it becomes unless you are insured through an employer or a government program.

"This fundamental tension about needing to avoid the sickest people, the most expensive people, is a real root problem in our system," said Karen Politz of Georgetown University. "It raises questions about how long can we live with this system that can only survive when it disadvantages the people who are sick and need it most."

Another pressing issue is the overuse of expensive diagnostic tests and treatments that may only have a marginal effect on improving health. In fact, some studies associate increased mortality with more expensive levels of care.

Upside-down diabetes treatment in New York City

Recently, *The New York Times* published a series of articles on medical care for diabetes patients in New York City.

One of the articles focused on the decision by several Manhattan hospitals to close down diabetes treatment centers because they were money-losers that jeopardized the hospitals' financial condition.

From a pure business viewpoint, that was a rational decision for the hospitals. But from the viewpoint of health care in America as a "system" designed to produce the best outcomes, it was a disaster. Why? Because the treatment centers focused on helping diabetes patients monitor their condition and manage their health day-to-day. This "disease management" approach reduces serious complications and expensive hospital stays that are common in cases of uncontrolled diabetes.

But America's health care "system," such as it is, has the deck stacked against prevention. As the *Times* reported, insurers will often refuse to pay \$150 for a diabetic to see a podiatrist who can help prevent foot ailments associated with the disease, yet all insurers cover amputations, which typically cost more than \$30,000.

Similarly, patients have trouble securing a reimbursement for a \$75 visit to a nutritionist

to counsel them on controlling their diabetes, yet insurers don't hesitate to pay \$315 for a single session of dialysis, which treats one of the disease's serious complications.

Not surprisingly, says the *Times*, as New York's type 2 diabetes epidemic has grown, more than 100 dialysis centers have opened in the city.

"It's almost as though the system encourages people to get sick, and then people get paid to treat them," said Dr. Matthew E. Fink, a former president of Beth Israel Medical Center.

Missing leadership

From time to time, I've joined others in bemoaning the lack of local leadership on some key issues affecting the Charleston region. It often seems that no one will really take charge of an issue and everything is someone else's responsibility—but when you look around to find that "someone else," there's no one there. The result is a fragmented decision-making process and a lack of regional direction and focus.

I see the same situation on a much larger scale with regard to health care in America. Because there has been no effort to create a coherent health care system, we have what we asked for—no system at all. This "non-system" has been failing for years, but the rate of failure is accelerating as companies drop or pare back employee benefits, undermining the 60-year-old foundation for most health coverage in this country. And while costs spiral, so does the growing burden of lifestyle-related disease resulting from poor diets and sedentary living.

The widely promoted idea that "consumer-driven health care" (which really means "health care paid out of your own pocket") can unleash market forces that will fix this mess is delusional at best, dangerous at worst. While it makes sense to create incentives for individual consumers to make wise and prudent purchases of health care services, this is only one small part of the problem.

What's really needed is responsible leadership from the medical, insurance and business communities, along with the nation's political leadership at all levels.

Who, if anyone, will step up, face the facts, and take action?

The nation waits...and worries. ■