



COMMENTARY

Is Our System Capable of Real Reform? One Concerned Citizen's Perspective

By Ronald M. Hendrickson

President Obama has challenged Congress with an October 15th deadline for completing passage of health care reform legislation, a goal that seems increasingly unrealistic. The national health care reform debate continues to boil, and indeed "boil" is the appropriate term by which to characterize the increasingly animated, acrimonious and partisan debate. The fractious nature of the negotiations in both Houses of Congress and an increasingly proactive and outspoken White House have created a considerable degree of concern, if not outright alarm on the part of reform's most vigorous supporters.

Factions within Congress, and sometimes within the same majority Democratic Party, are at loggerheads over key issues. The President is now out campaigning for what might be viewed by skeptics as any political win, rather

than profound, genuine reform of a demonstrably failing system. The failure to reach broad agreement on so many key issues and the resulting delays seem to be eroding any chance of a national consensus on behalf of a sound, far-reaching reform program that truly solves the nation's healthcare problems. This is a tragedy.

The President has articulated a powerful set of principles, most recently restated in a letter to Senators Edward Kennedy and Max Baucus on June 2nd. In that letter the President told those key Senate Committee Chairman:

At this historic juncture, we share the goal of quality, affordable health care for all Americans. But I want to stress that reform cannot mean focusing on expanded coverage alone. Indeed, without a serious, sustained effort to reduce the growth rate of health care costs, affordable

health care coverage will remain out of reach. So we must attack the root causes of the inflation in health care. That means promoting the best practices, not simply the most expensive. We should ask why places like the Mayo Clinic in Minnesota, the Cleveland Clinic in Ohio, and other institutions can offer the highest quality care at costs well below the national norm. We need to learn from their successes and replicate those best practices across our country. That's how we can achieve reform that preserves and strengthens what's best about our health care system, while fixing what is broken.

Those aspirations, however, need to be directly translated into operational policies that over time achieve the stated goals, realistically anchored in the nation's inescapable economic limitations. Having at first stated a desire to leave the development of specific language largely up to Congress, the Obama Administration has gotten involved in high-profile competing discussions with a host of interest groups. The products of those discussions, often on the minute details of funding and administration, have resulted in agreements and concessions from major players like the hospital and pharmaceutical industries which do not necessarily have the backing of Congressional decision makers.

There is no question as to the genuine desire on the part of most of the players in the national policy process to "solve the healthcare crisis." The grasp of how

massive and far reaching reform must be to actually address the causes of the current system's failures, however, may simply be beyond the political comprehension of our national policy makers, both executive and legislative. This is a big job, and does not lend itself to a single wave of corrective legislation.

There is a naively hopeful mythology that pervades much of the discussion, especially as to the crushing new costs of extending health insurance coverage to tens of millions of people who are presently uninsured. We hear a constant litany of speculative conclusions, offered in support of expanded coverage and other modest changes, that such changes will be financially viable because:

- Best practices will dramatically reduce costs and at the same time improve quality of care.
- The expansion of electronic medical records will massively reduce medical and pharmaceutical errors (which indeed are responsible for upwards of seventeen percent of all healthcare costs).
- Prevention and wellness concepts can reduce the costs of preventable and chronic illness.
- That providing coverage will take the pressure off of hospitals and providers who already give free care to those who have no coverage but are forced to mark up the costs of all of the services they provide to those who do

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