

A Physician's Template For Real Healthcare Reform: 12 Points for 2012

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In an editorial in *The Weekly Standard*, August 29, 2011, entitled, "The Crisis", William Kristol writes, "This is a time for deeds. And, the more one looks at the magnitude of the crisis, the more one concludes those deeds will need to be bold.... But, the next administration's governing agenda will need to be anything but a holding action. It will need to implement broad policy changes based on a fundamental rethinking in many areas of government and public policy. The Republican presidential candidates, as well as current Republican members of Congress, can lay the groundwork, politically and intellectually, for such a reformist administration."

Whether ObamaCare is struck down in the Supreme Court or legislatively in 2012, we must lay "the political and intellectual groundwork" for what is to replace this government takeover of healthcare and with it one sixth of the private sector economy. Failure to deliver a clear message as to the possibilities for constructive change will result in more of the same Federal Government and bureaucratic distortions of the healthcare system. We have seen that the Federal Government is not the answer for healthcare insurance management through the pending insolvency of Medicare, Medicaid, and Social Security. The status quo prior to ObamaCare IS the place to momentarily return as we start to begin the process of constructive change. ObamaCare is far worse than doing nothing. It is an unworkable and financially ruinous course for our country. We as physicians know this, Americans intuitively know this, but we are lacking a clear voice that articulates what needs to be done and how we get there. The AMA which supported ObamaCare and represents only 11% of practicing physicians is not that voice. Currently the Docs4PatientCare, Association of Physicians and Surgeons, and Physicians Council for Responsible Reform are leading activists in this endeavor. As a member of all three and an activist with an informational website on healthcare issues, (www.usaHealthalert.org), I have shared the following points. There are many physicians who are activists in their own venues. However, what is needed is a national message which clearly articulates what CAN be done if repeal of ObamaCare gives America a second chance to real, sustainable, reform. The time has come to get the physician's voice out in the forefront of healthcare reform.

1. Get employers out of the health insurance business. Massive administrative costs associated with the constant churning of plans would be saved. The employer could instead return money to the paycheck with proof of insurance. This would enable individuals to purchase their own personalized healthcare insurance not tied to a specific job. Patients would no longer be delivered in groups to insurance companies that offer low bids to the employer. The insurance industry would respond with a robust offering of individual policies that would pool risk and compete by virtue of the value of their product, not contracts with third parties.
2. Allow health insurance as an individual tax deductible item. Promote health savings accounts.
3. Medicaid would emerge as the only Federal government healthcare program for the truly indigent or disabled of all ages. It could serve as stop-gap insurance for those between jobs who could not afford to continue their insurance, much like unemployment. It could be a "rider" for pre-existing disease added to conventional insurance for a specified time period. States should receive block grant Medicaid funds to decentralize cost and promote innovation.
4. Encourage states to eliminate insurance coverage mandates for non-essential non-medical coverage (acupuncture, therapeutic massage) to lower costs. This would allow affordable

catastrophic coverage. Individuals could then menu price additional coverage as needed or desired. Pre-existing condition “riders” could be on that menu.

5. The notion that insurance is a pre-payment for routine health and preventative care must be replaced with a major medical shared risk model where insurance is for unanticipated medical and surgical expenses after a certain deductible is met. Routine care would not be covered but would contribute to the deductible. This is how an economically sustainable system is restored. Encourage pre-tax funded health savings accounts for discretionary healthcare.

6. Allow purchase and portability across state lines. This would increase competition and spawn the type of innovative insurance solutions that are seen today in Utah.

7. Encourage states to kick off reform with healthcare summits in which healthcare industry representatives elucidate what their sector problems are, offer possible solutions, and elucidate what each part of the system can contribute to decrease cost, promote transparency in pricing, and promote personal responsibility within the framework of the traditional doctor and patient centered system.

8. Allow 65 year and older individuals to opt out of Medicare in return for a stipend check. This will only work if we have reformed the system as elucidated in these points. They could then select a private healthcare policy like the rest of the population. Set a time frame for Medicare phase out and retain Medicaid for the indigent of all ages.

9. Each physician should develop one fee schedule for all of his or her patients regardless of their insurance. This could be available through a state portal so patients could compare. Cost shifting and horrendous administrative costs would be eliminated. Contracts between physicians and insurance companies would be therefore phased out. Physicians could continue to electronically bill for the patient, but the patient would be responsible for payment to the physician and receipt of their entitled benefits from their insurance. Until Medicare is redesigned, allow balance billing to the Medicare patient. This will maintain access for the Medicare patient in the transparent fee system. Physicians could provide gratis care at their discretion.

10. Apply the same transparent public fee list requirements to hospitals, laboratories, pharmaceuticals, and medical device companies. This would again eliminate cost-shifting, burdensome administrative requirements, and would allow physicians and patients to make informed choices.

11. Enact tort reform to reduce the estimated 30% healthcare and drug costs related to fear of bogus litigation. Texas is a model state where tort reform has reduced costs and allowed scarce specialties back into areas that drove them away with rampant litigation.

12. Allow the cost of charitable healthcare to be a tax deductible item by the physician. The Medicaid fee schedule could be used with a reasonable limit on yearly deductible amounts.

Edited and Adopted by the Founders of AmericanDoctors4Truth:

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