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Forum brings health care leaders together for talk on health care 'realities'

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America spends more than any other country to keep its citizens healthy, yet our health outcomes are far from world-class. Obesity is an epidemic, smoking is on the rise, child immunization rates are low and the ranks of the uninsured are swelling.

These were only a few of the issues discussed at the Health Care Reality Forum in Nampa on April 14, where some of Idaho's health leaders gathered for some hard talk about what's going wrong with health care, why and how we can fix it.

"As we consider solutions to the problems we face in health care we have to take into account our culture, our attitudes toward health care," said Ed Dahlberg, CEO of St. Luke's Health System. "We spend enough on health care. The reform... doesn't require more money; it requires us to think a little differently about why we've gotten to where we are."

Dahlberg was joined by panelists Doug Dammrose, chief medical officer of Blue Cross of Idaho; state Sen. John McGee, R-Caldwell; Joe Messmer, CEO of Mercy Medical Center; Tom Patterson, of the Saltzer Medical Group; and John Stellmon, president of Regence BlueShield of Idaho.

The central theme of the discussion, which played to an audience of more than 100 in the Nampa Civic Center, was that the misalignment of insurance reimbursements, as a whole, has skewed the system away from preventative care and toward high-priced specialized procedures. The result has been a dramatic increase in health care costs and an unsustainable financial burden.

"The payment system is a critical part of the solution," said Dammrose, of Blue Cross of Idaho. "We have to find a different way to pay for health care. That has to be transformational – it won't work to be incremental, paying for services rather than paying for outcomes."

The quickest way to bring about that sweeping change, he added, was for Americans to recognize that 70 percent of health care costs are the result of behavioral choices – from choosing to smoke, drink alcohol and follow a bad diet, to failing to wear seatbelts and helmets or prac-

tice safe sex.

"All of those things are modifiable health behaviors that are huge burdens to our health care system," Dammrose said.

"We have to find some way of attributing personal accountability to personal behavior," Dahlberg agreed.

But getting people to change their habits is a challenge and will require partnerships between health care providers, insurance companies and, potentially, the government.

Stellmon, of Regence BlueShield of Idaho, said that part of the government's role should be to motivate insurance providers to create products that incentivize healthy personal choices.

"This system involves thousands of people doing the right thing," he said.

But there were some differences among the panelists on how much control the government should exert over the nation's health care system. McGee, who sits on the Idaho Senate Health and Welfare Committee, sounded a cautionary note.

"If we can't solve the problems of the state of Idaho before May 1, I don't think the government – state or federal – is ready to take on the burden of health care," he said. "I think we need to be very careful in dealing with this issue that we don't go too far in allowing the government to take over."

Dahlberg said the government already plays a pivotal role in the system – as much as half the care offered at St. Luke's is government backed, in the form of Medicare and Medicaid, he said.

"I'm really past this government influence in care [issue]," he said. "That horse got out of the barn 30 years ago. ... The influence of the government is huge. We have a government system. Sorry. We're there. Let's figure out how we're going to use it."

Patterson, a pediatrician with Saltzer Medical Group, pointed to Denmark as an example, where a sliding scale of incentives are offered to primary care doctors for seeing patients on a regular basis and focusing on preventative care.

"I just get happy, I don't get reimbursed," he said, referring to times when he's able to squeeze in an additional patient visit or two. "I get paid more to burn a wart off a child's toe than I can for saving a child's life in the nursery. Which I find insulting."