

**Idaho Press Tribune, Wednesday, July 22, 2009 – Guest opinion by Steven A. Mallard, Joe Caroselli, Ed Dahlberg, Gary Fletcher, Sally Jeffcoat, Joe Messmer and Kathy Moore (2 pages)**

## **We can't afford to rush health care reform**

Whether America's health care system is in need of reform isn't the debate. There is no doubt that the time for reform has to be now. The more elemental question is what constitutes reform.

The vast majority of the headlines, public discussion and debate on health reform appear to focus on covering the uninsured, something many of us have advocated for years. However, as beneficial as increasing the number of insured would be, meaningful reform must go far beyond questions of affordable insurance.

Despite being a national priority, reforming a complex system decades in the making and affecting all Americans in just a few months is monumental. As the health reform battle heats up on Capitol Hill, we are concerned that, in a rush to push through legislation, important and necessary changes to the delivery of health care could be stripped away in an effort to reach consensus. We must demand more.

Meaningful reform will include systematic change that benefits patients and communities. Reform will result in quality care at a reasonable expense. It rewards personal responsibility and appropriate utilization of resources by patients and providers. It considers patients as the highest priority, but acknowledges that endless spending on countless tests and procedures doesn't necessarily result in better care. Before you decide to support any proposal, consider just a few critical questions:

1. When considering coverage for America's 47 million uninsured, who pays the cost? Proposals which share the burden are more likely to be sustainable than those looking to drastic changes to one sector. Hospitals are ready to do their part. So must the other stakeholders — employers, individuals, providers, unions, suppliers and insurers.

2. How will reform impact your coverage? There is talk of a new public plan option. These proposals mirror Medicare in terms of paying providers less than the actual cost of care. In today's market, these costs are shifted to private pay or insured patients. What happens when the public plan not only covers a portion of the uninsured, but leads to the inclusion of as many as 119 million previously insured patients? This could happen when some employers see the opportunity to relieve themselves of the fiscal or administrative burden of providing insurance. Is this an improvement of the current health care system?

3. How will your health and quality of care be improved? When considering change, there has not been enough discussion on proposals that reward wellness and prevention. How will reform plans encourage quality, coordinated care rather than volume of procedures? How will we eliminate the duplication of procedures and over-utilization that currently exists? How will we save money by improving care for those suffering from chronic illness?

4. What is the cost of doing nothing? It all sounds impossibly difficult; however, what happens if we continue to foster a system that so drastically fails to meet its full potential? How can Idaho families, insured or not, continue to receive necessary and preventive care when out-of-pocket expenses climb at substantially higher rates than their incomes? How do we control the exploding costs of Medicare and Medicaid while still providing quality health care to seniors and other vulnerable populations?

In short, reform isn't just about creating more insured. An insurance policy doesn't mean you're protected against costly care. Insurance doesn't guarantee patient-centered care, better quality or more efficient care.

We need to commit to reform now, of that there is no doubt. What we can't afford are cost shifting and cuts that are dressed up as reform.

Anyone who has come in contact with the U.S. health care system knows the extreme complexities and layers of challenges involved in providing appropriate care to each patient. Health reform will not be easy. There are no simple solutions. This discussion cannot be limited to sound bites and headlines. Nor can it be limited to legislation that addresses only part of the problem; leaving the system even closer to the edge of collapse.

The changes that are proposed today will take time and significant resources to implement and evaluate their effectiveness. Behind every headline, policy, proposal and debate, real lives are at risk. Meaningful reform is imperative but we have to get it right.

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