

Health Care Likely to Dominate Debates



By Jim O'Sullivan

It is well accepted, even expected, that health care will be a large issue in the upcoming policy and political debates of 2009 and 2010. The personal difficulties experienced by individuals who lack insurance or who are ill-served by the current fractured system hurt us all, while the financial implications of care for a population with increasing numbers of chronic illnesses threatens the fiscal stability of families and governments across the nation. There is a startling mismatch across the numbers: By 2017, nearly one-fifth of the nation's economy will be devoted to health care, but health care expenses contribute to an overwhelming number of personal bankruptcies.

Our public-private health care system is the most expensive in the world, yet the United States is the only industrialized nation that does not have a universal health care insurance program. In 2007, over 45 million Americans, most of them employed, did not have health insurance for at least part of the year. To address this critical issue, numerous policy plans will be considered, from all sides of the political spectrum, for insurance coverage, which is the prerequisite for access to care in the United States health care system.

Lacking regular health care, including preventive services, uninsured Americans often delay seeking the help that

could protect against potential crises. In addition to the costs to the person and their family, "charity care" results in higher costs to all Americans, regardless of insurance status.

Two major areas of health care are likely to be addressed in any reforms: chronic disease care and health information technology. Each area also provides numerous opportunities for private philanthropy to fund demonstration projects, needed services, and policy advocacy, and RPA clients are supporting efforts to bring or test these reforms to fruition in their communities and across the country.

A major concern for health care delivery and policy makers will be people with chronic disease. Estimates suggest that more than 130 million Americans have a chronic medical issue, although most of these people are not disabled by their condition. Common chronic conditions (such as high blood pressure, arthritis, respiratory diseases, and high cholesterol) pose management challenges for patients and doctors, and especially for older patients. Chronic diseases require care that balances the risks and benefits of multiple medications and therapies, while our health care system focuses on treating single diseases. To fix this, we need a system that relies on providing patients with the tools for managing their conditions and health care workers that are trained to help people as their illnesses change over time. The system we currently have will need to be redesigned to pay for care by a health team, as well, so that nurses and other specialists can help patients as required.

The one area in which there is widespread agreement across the political spectrum and in practice communities is the potential for information technology to offer providers and patients accurate, relevant information. Clinical information systems, already in use in some large health care systems, provide for comprehensive management of health information and allow consumers, providers, and insurers to access information when needed. The result is increased effectiveness by making sure medicines get to people who need them, avoiding expensive duplication of tests and procedures, and preventing common medical errors. It is also likely that numerous public health benefits would result from widespread use of electronic medical records, including earlier detection of infectious disease

outbreaks and the possibility of evaluating health care procedures to better determine effectiveness of expensive therapies. But there are technological and fiscal challenges to creating an electronic health records system that works in different hospitals and clinics and is affordable to doctors in private practice. Overcoming these challenges will require changes in reimbursement or direct cash expenditures.

In a sector as large as health care, any change will require negotiation between many competing interest groups, which will make for fascinating, important debates in

the upcoming Congress and administration. The only certainty in these debates is that the current system serves few patients as well as possible and is extraordinarily expensive.



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