



Compassionate, Valuable and Affordable Healthcare

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Editorial

Healthcare in the USA is costly and inefficient. In 2017, Healthcare costs rose 4.5%. In 2018 a Medicare and Medicaid deficit of over \$1 trillion was added to the National Debt. The Dartmouth Institute for Health and Clinical Practice reports that changing how U.S. healthcare is delivered and managed can save more than \$900 billion of “inefficiencies” a year. This is enough to pay for all care for all American citizens [1-3].

Drug companies, insurance companies, the Hospital Association and the American Bar Association have strong lobbies. The lobbyists spend billions a year on members of Congress. The 2010 ACA Bill is the law of the land and the good news is the Independent Payment Advisory Board (IPAB) has been disbanded. Physicians should be allowed to practice medicine unimpeded by government.

Four giant medical Group Purchasing Organizations (GPO) have caused shortages and increased prices. This GPO industry shares profits with hospitals and their executives and leads to an estimated 30% increase in costs. In the 1980s Congress exempted GPOs from the anti-kickback laws. Today physician associations are calling for a repeal of kickback exemptions [4].

Concern over high prices of prescription drugs unites Americans and payers are fighting back. Employers in the Healthcare Transformation Alliance (HTA) negotiate to win better contracts from “Big Pharma” and in 2018 the HTA reduced drug costs by a median of 15% [5].

Some believe that more primary care physicians with sound data can increase efficiency and decrease the cost of U.S. healthcare without diminishing outcomes. Accordingly, healthcare teams must address pressure from patients to over prescribe tests and drugs, and counsel physicians who profit from drugs and tests they order. Physicians hold the “pen” that spends healthcare dollars.

“According to the CDC, 86% of all healthcare spent in the U.S. is for patients with chronic illness [6].” “The only interventions that change behaviors are based on financial incentives for the patients and face to face relationships with healthcare coordinators [7].”

Despite a 12% decrease in opioid prescriptions in 2017, Americans face a drug crisis [8]. Primary care physicians are addressing this issue by utilizing Prescription Drug Monitoring Programs and prescribing non-narcotic pain killers and anti-inflammatory drugs to control pain. Pharmaceutical companies have an ethical obligation to help pay for this national epidemic.

A digital revolution which will transform healthcare is here. Patients use smart phones to monitor blood pressure, blood sugar and caloric intake and exercise activity. Home care for chronic illness is increasing. Sharing data is creating valuable medical algorithms for diabetes, hypertension, hyperactivity disorder and other problems [9]. Security is a concern but can be overcome with block chain networks.

Over 80 percent of U.S. physicians use electronic medical records. Forty-five percent of hospitals use electronic “record alerts” to guide physicians for back pain imaging, CT scans for head injuries and other treatments. This care may be unnecessary and harmful. Overuse of medicine is “pervasive, harmful and costly [10].”

As we attempt to make healthcare more efficient, the most important step in diagnosis is the “medical history.” Artificial Intelligence (AI) can diagnose faster and more accurately than the physician. When input is comprehensive and accurate, physicians and AI will gather and synthesize opinions and data from multiple treating physicians with better diagnoses [11].

To decrease costs, physicians receive bundled fees for some procedures. Large corporations like Amazon are evaluating new agreements with healthcare providers for bundled fees for care that will save hundreds of millions of dollars annually [12]. In special medical and surgical cases unbundling

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may be justified.

In 2020, \$207 billion is estimated to be billed to patients for cancer care. In 2015, \$173 million was passed on to patients for cost of ads encouraging cancer treatment. Only 18% mention screening and 2% mention risks [13]. Healthcare providers can provide hope and be transparent.

In small and early cancer of the prostate, active surveillance is the safe treatment of choice. A 2017 report in the *Journal of Urology* said with proper counseling, there was a 30% decrease in “unnecessary curative treatment” among patients [14].

A 2017 study found in patients with stable angina, stents resulted in no statistical difference compared to medical treatment. Unnecessary insertion of stents fell by 50% between 2010 and 2014 [15,16]. Physician and patient discussion of treatment is a teaching opportunity [17].

Today physicians limit Foley catheters to 3 days, then order straight catheterizations each 8 hours if necessary or use uro-sheaths. In the elderly, physicians reduce doses of narcotics and review narcotic prescriptions every 72 hrs. After sterile “needle tip” transfer cultures for wounds, physicians order culture specific antibiotics. These clinical “pearls” of the ‘70s are best practice today and they save lives, decrease complications and decrease cost.

Primary care physicians and specialists can reduce costs for hospitalizations for chronic diseases by eliminating unnecessary prescriptions, prescribing generic drugs, eliminating unnecessary tests and eliminating unnecessary procedures. Hospitals and insurance companies can cut their excessive management positions and salaries [18]. To increase competition, health Insurance should be transferable across state lines and from job to job. “A strong primary care system is an essential precondition for an affordable healthcare system [19]”.

A recent political cry for “Medicare and Medicaid for All” (MFA) is gaining momentum. In my opinion, this is not the solution. It is estimated that MFA would add \$ billions per year to the already unsustainable US Healthcare budget. It will increase “wait times” for treatment and create a two-tier system favoring the patient who can afford to pay cash. This two-tier system exists in some countries. Physicians and healthcare teams should be allowed to practice medicine unimpeded by government. Physicians should provide price transparency for patients.

I favor USA healthcare that is affordable. It would include competition and free market choice and catastrophic and elective care insured separately.

State Medicaid and CHIP expenses would be budget neutral as is required by their constitutions. States would cap Medicaid funds indexed to inflation. States would make Medicaid subsidies temporary for able bodied working age adults.

I favor healthcare that would be valuable. Value is defined as best evidence-based care and best results divided by dollars spent to achieve results. Healthcare would cover preconditions. New healthcare would eliminate government mandates for elective care. States’ Department of Justice’s would find and prosecute medical fraud.

Primary Care physicians and healthcare teams can care for the millions of genuinely needy citizens and elderly, disabled and the mentally ill and have affordable local healthcare. As value and

competition is added, insurance companies will provide competitive products and decrease premiums. Valuable healthcare uses efficient technology to improve and lower the cost of healthcare [20,21]. Valuable physicians listen and use “words of comfort” to help treat patients [22].

Coordinated cooperation between physicians, healthcare teams, private insurance, technology and patients can make healthcare compassionate, valuable, affordable and sustainable.

We can pay for all USA healthcares by saving more than \$900 billion per year of present excess and “inefficient” healthcare delivery. Taxing tax deferred employee healthcare benefits could add \$450 billion of new revenues annually [23].

I favor compassionate, valuable and affordable local healthcare for all American citizens. The elephant in the room is the more than \$900 billion per year of healthcare “inefficiencies.” Physicians hold the “pen” that spends healthcare dollars. We can do better.

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