HCAO: Tough questions

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5 April 2014

1. What is the basic problem with our health care that SPS fixes?
	1. *[coverage and cost]*
2. What is the cause of poor coverage and high cost?
	1. *[sellers’ market; lack of buyer power and discrimination]*
3. Aren’t most Americans happy with their health care coverage as is*?*
	1. *[bankruptcy; delayed and denied service, supplies (drugs), equipment, satisfaction surveys]*
4. If SPS is so good, why don’t we have it already? What’s stopping us?
	1. *[sellers/providers have advantage over buyers]*
	2. *[sellers/providers resistance to regulation]*
	3. *[sellers/providers interest in business mission, vs public service mission]*
	4. *[prevalent, persistent public suspicion of government control]*
5. If private health insurance is so bad, and so expensive, why hasn’t it gone bust like all uncompetitive industries?
	1. *[government prohibition of market place competition by public services—e.g., drugs bought by Medicare]*
6. The free market system has proven hugely successful in maximizing affordability and access to food, housing, clothing, etc.; doesn’t the free market give us the best and cheapest health care? (Why doesn’t it maximize affordability and access to health care?)
	1. *[free market economics have perverse effect in health care—e.g., supply drives demands and costs up, not down; costs drive demands up, not down]*
	2. *[health care consumers do not have good information (non-transparency) before, during, or even after point-of-care]*
	3. *[health care consumers are irrationally desperate, and feel excessively indebted to providers perspective at point of service, which works to advantage of sellers/providers]*
7. We already have Medicare, Medicaid, and the VA. Isn’t private health insurance better for the rest of us?
	1. *[private health insurance insufficient at time of need]*
	2. *[don’t know that until too late; many citizens go through most of their lives without being in need of insurance coverage]*
	3. *[distortions of the private health market also distorts public health service]*
8. If health care was free at point of service (SPS), wouldn’t that result in over-utilization and even bankrupt the country?
	1. *[medical services are not “candy”—you don’t want office visits, needles, surgery, or drug side effects, unless the alternative is worse]*
	2. *[medical services are not over-used in SPSs*
	3. *[medical costs in SPSs are less in total, per procedure, and per capita in SPS]*
9. Doesn’t an SPS deprive patients of “choice”?
	1. *[choice of provider, procedure, drug, etc., is seriously restricted in our private insurance system]*
	2. *[choice of doctor, hospital, and procedure in SPSs is greater, as it happens—as great as public demands it]*
10. Wouldn’t an SPS result in increased waiting times, most importantly for emergency and urgent medical treatment?
	1. *[emergency and urgent treatment are immediate under existing SPSs]*
	2. *[all service systems impose some waiting time for some services]*
	3. *[waiting times for elective procedures are usually clinically appropriate, and sometimes necessary]*
	4. *[waiting times are reduced such techniques as cue-management (finding unused capacity, shorter cues, etc)]*
	5. *[waiting times due to supply are managed by funding greater supply if publically demanded]*
11. Doesn’t an SPS require a large, expensive, unresponsive government bureaucracy?
	1. *[there are fewer administrators in existing SPS]*
	2. *[less administrative money is diverted from services in SPS—in both insurer and the service provider sectors]*
	3. *[administrative/payment procedures are less complicated and onerous in SPS]*
12. The economy needs motivation for innovation, level of effort, and production. “Profit” is the universal motivation. What’s wrong with profit [the profit motive] in health care? [insurance; service; supplies; equipment]
	1. [all systems, (including SPS, not-for-profit, and even non-profit) involve motivation by money. The profit motive is not the problem; it’s the playing field. The present private insurance system is biased against the patient and public interest]
13. Enterprises of all kinds—including health care—require capital; what’s wrong with capital investment [investor owned for-profit providers] in health care?
	1. *[SPS also require capital—bonds; taxes—which generate “returns-on-investment”. Investor-owned services is not the problem; the problem is the playing field. The present investor-owned service market is biased against the patient and public]*
14. There is an estimated $70m excess use of antibiotics. Won’t that get worse if health care is free at point of service?
	1. *[existing SPSs rely upon professional organizations to monitor and regulate physician practice]*
	2. *[SPSs have more complete information, and commitment, to clinically appropriate use of medication, which is exercised through bargaining with pharmaceutical companies as well as public information campaigns]*
15. There are an estimated 440,000 deaths due to medical errors. How will SPS fix that? What will establish and enforce quality standards? How will victims be compensated?
	1. *[SPSs have public-accountability and fiscal incentives to minimize medical errors, which they do through professional organizations]*
	2. *[because of monitoring and enforcement by professional organizations and their accountability, the need for punitive compensation is reduced]*
	3. *[because the costs of remedial care are covered, the need for compensation is reduced]*
	4. *[because medical service is a public good, the “wind-fall” motive is reduced]*
16. There is already about $4 trillion expenditures on health care. It’s all locked up. Every expenditure has somebody’s name written on it. Every expenditure is someone’s livelihood. How will SPS divert those payments? Will SPS merely add-on costs? Will SPS have to “pay-off” existing parties, as is usual in system innovation?
	1. *[removing the burden of health insurance from employers will result in demands for increased salary by employees, who will return some of those funds to SPS via personal taxes]*
	2. *[some of the employer contribution will be paid in health taxes by employers]*
	3. *[some temporary increased transition costs will be incurred, but off-set by reduced costs of health care]*
	4. *[comprehensive business plans for the transition have been developed, e.g., for Vermont]*
17. What is the game [strategic] plan for getting from here to SPS?
	1. *[make general population aware of costs and distortions of current insurance]*
	2. *[make general population aware of advantageous prices and conditions of service under SPS]*
	3. *[find and use forums for expressing public preference for SPS]*
	4. *[build on ACA demonstration of critical SPS principles: universality and public service mission of insurance]*

## Attitude and Approach to Tough Questions

*[Questions are often expressions of value and bias. Re-frame question to match an objective answer.]*

*[Questions often raise topics too broad and complicated to receive a concise answer. Narrow the scope of the topic to match a feasible answer.]*

*[The merits of opposition to SPS should not be underestimated or underappreciated; “I don’t know,” and “I need to think more about your point” are reasonable answers.]*