

A Different Take On Real Health Reform

Although I agree with some points made by Dr. Paul Seville's in his May 7th Gazette article, "Real health reform", several interpretations and suggestions are misleading. They could impede, rather than assist, health care reform efforts. Of most concern, is Dr. Seville's suggestion that we should split preventive care delivery from other health care that allegedly requires "higher" order skills and that all physicians are "employed" to reduce the propensity to game the system for financial gains.

- The process of care begins at conception and lasts to death. To successfully (effectively and efficiently) traverse the process in order to maximally maintain health status, demands continuity - whereby the patient can be appropriately assessed, screened, educated, diagnosed, treated and followed-up in as seamless and timely a manner as possible.
- As the sophistication and complexity of medical knowledge and interventions continue to escalate, we are attempting to better integrate and inter-relate all sources of care under the direction of a managing physician. Splitting off preventive care not only makes that process more difficult but also could increase the duplication, ineffectiveness, and cost of care.
- The above process requires active participation of the patient and his or her family with the managing physician and health care team. Preventive care is far more than an algorithm for rotating ones tires every 2,000 miles. If properly structured, it requires "higher order thinking" and "careful examination" *that is unique for each individual*. With the ongoing rapid advances in genetics, it will become even more so.
- Healthy life style practices and their impact upon health status indicators is a societal and community issue far beyond the capability of health professionals to solve. However, studies show such health professional are very influential in encouraging such practices. They need to be more involved with their communities to promote such behavior.
- Most physicians would agree that the current diagnostic code method of reimbursement is confusing and onerous. Most would prefer that all payers and patients simply provide them a reasonable fee for the effort expended. The rapid expansion of private corporate and government entities into health care financing and reimbursement is mainly responsible for the current quagmire. Physicians must comprehend and accommodate it to survive financially.
- A few physicians probably improperly game the reimbursement system to profit financially. However, most spend countless uncompensated hours battling with such governmental and private entities advocating for the care their patients need.