# Maximum-Strength Health Care May Cause Dangerous Side Effects

By David J. Satin, M.D.

Gov. Tim Pawlenty recently released a preliminary report of his health care cabinet's "Maximum Strength Health Care" plan, outlining his answer to Minnesota's piece of America's trillion-dollar health care question, "How can it be that we spend more per person on health care than any other nation in the world, yet we are by no measure the healthiest?" To make matters worse, despite spending more and more annually, Americans are actually less and less healthy.

Health care scholars have been attempting to diagnose this American paradox for decades. One of the leading diagnoses goes something like this: Every developed nation in the world, except the United States, has basic health coverage for all. Why are all these nations giving away health care? In short: because it's cheaper than the alternative. In 1776, economist Adam Smith authored *The Wealth of Nations*, describing how it makes good economic sense to keep your nation healthy. After all, sick people can't work, and taking care of them costs lots of money. Centuries later, this fact plays out every day in my own Minneapolis clinic.

Many of my diabetic patients come in with serious complications because they can't afford the medications and lifestyle modifications required to keep them healthy. Once sick, my patients don't disappear. They end up in the hospital requiring thousands of dollars of tests and treatments. The poor quickly become destitute and, one way or another, these costs are passed on to the taxpayer. As un-American as it may sound, a free market is clearly not the most cost-effective way to solve medical problems. The American paradox is evidence of that. A recent University of Minnesota study concluded that it would be cheaper to cover all uninsured Minnesotans than to wait until some get sick enough to need hospitalization. Although adopting government-funded basic health care for all is fiscally and morally responsible, analysis of the 2004 presidential debates demonstrated that using the terms "government" and "health care" side by side equals political suicide. What is it about government-funded health care that scares us?

As a patient, I am afraid of bureaucrats telling my doctor how to treat me. As a physician, I am afraid of bureaucrats telling me how to treat my patients. The fear of a third party controlling the patient-physician relationship is what makes a nation of relatively wealthy, caring, people say no to caring for the poorest among us. The only thing worse than giving up control of my health care for the sake of our state's poorest people is giving up control for our state's wealthiest insurance corporations. And if part of the American health-care paradox is that we leave our poorest residents out until their illnesses cost millions, what would happen if Pawlenty's new proposal left out even more low-income Minnesotans? This is a potential side effect of the "Smart Buy" purchasing alliance, one element of the "Maximum-Strength Health Care" plan.

The "Smart Buy" alliance is a collection of insurers who purchase health care for more than half of all Minnesotans. Built on the premise that some doctors have better patient outcomes than others, the "Smart Buy" alliance will "use market forces to reward ... providers for improved clinical results." Translation: You are the "clinical result" that I am supposed to "improve." If you don't get better when you're sick, if you don't take your medicine, diet, and exercise more, then I won't be quite as attractive to the "Smart Buy" alliance. What will this do to our patient-physician relationship?

Inciting physicians to meet certain health targets in their patient population has some real advantages. For example, let's say my clinic receives $300,000 from the insurance companies this year if more than 75 percent of our diabetic patients have reasonable disease control measured by an A1c blood test result of less than 8.0. As a physician, instead of effectively getting paid more the sicker my patients get (as is the standard "fee for service" model of payment), the insurance companies will pay me more for making my patients healthier. Everybody wins! Patients get healthier. Physicians get paid more. Insurance companies profit because healthier people cost less. What's the catch?

A dangerous side effect of rewarding physicians for keeping their patients healthy is that really sick patients with little resources start to look like bad investments. Many providers already shy away from patients with medical assistance (MA) because not only do many MA programs pay poorly, but because these patients are often the hardest to care for.

Physicians want desperately for their patients to get better. The last thing we need is another disincentive to caring for patients with A1c test results well above the coveted 8.0 cash-cow.

Perhaps the greatest misdiagnosis of our ailing health care system is that physicians determine how healthy patients will be. Studies consistently rank health care seventh or eighth on the top-10 list of the "determinants of health" (things that keep us healthy, like having a home, a job, friends, proper food and water, etc.). While the American spirit of competition tempts us to put great emphasis on the fact that some physicians are indeed better than others, the major reasons patients get healthier or sicker have to do with the patients themselves and their life circumstances. Turning to free market forces to solve our nation's health care crisis will likely worsen the American paradox, unless proposals like Pawlenty's have reliable safeguards for our sickest, most vulnerable populations. MO