Health care reform: the differential diagnosis

Economic and political experts appear to agree that the US health care system is a horrible mess, and there is no consensus as to how to fix it. The differential diagnosis is that our health care system: (a) is dying because of hopelessly opposed political parties and greedy insurance companies or (b) has a treatable illness. I believe that the illness is treatable, if we adhere to several guiding principles. These include (a) universal access to compassionate health care, (b) improved health care through scientific advances, and (c) reduced administrative and legal costs. Establishing these three goals, and introducing a series of changes designed to achieve them, can result in meaningful health care reform.

**Goal number one: universal, compassionate coverage.** The first goal should be the easiest to achieve. Initially, through a combination of private and public options, everybody should have some form of health insurance. I believe that the ultimate goal should be a single-payer system, but that need not be the first step toward universal coverage. Achieving universal health insurance today would require the government to provide coverage for that portion of the 15% in the United States who are currently uninsured and cannot afford health insurance and to make health insurance a requirement for those who can afford it. The reality is that everybody now has access to health care, but the uninsured primarily use the most expensive forms of health care (e.g., the emergency room), boosting the costs. Patients who undergo their annual physical examinations. The discussion about health care has to refocus on how to provide access for all to a physician who is well trained and cares about patients and who works in a system that is humane and no longer treats patients and physicians like commodities.

**Goal number two: scientific advances in medical knowledge.** America has the best biomedical research infrastructure in the world. However, this great national treasure is fragile and must be continually supported in order to develop new, more effective and affordable diagnostics and therapies. Sustained increases in support for biomedical research are an essential component of health care reform.

**Goal number three: reducing costs.** Any discussion of meaningful health care reform has to include improvements in diagnosis and effectiveness of health care delivery achieved using electronic medical records. The costs of implementing electronic patient records should be shared among the medical schools, as a single format would meet the needs of all. Similarly, as a first step toward a single-payer plan, all insurance providers should be required to use the same format, which would largely be filled out automatically using the electronic record. This would drastically reduce administrative costs associated with insurance and billing. Additional cost savings could be achieved by meaningful tort reform that protects the legal rights of patients but reduces frivolous lawsuits. This could be facilitated by an enhanced system of case review by experts, prior to initiating costly legal proceedings. Further cost regulation should include compensating all physicians with salaries, which would remove incentives for unnecessary procedures.

The diagnosis is clear: our health care system is in critical condition. However, its strengths include the world’s best systems for training health care providers and biomedical researchers. The quality and effectiveness of the administrative components of our health care system must be improved so that they enhance the health of the patient, rather than destroy it.

**The physician’s voice**

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An academic, apolitical approach to health care reform

The United States is on the verge of addressing one of the most important issues facing the country, its health care system. An underlying premise of the need for reform is a belief that all citizens of this great country should have access to excellent health care. To accomplish this, universal health insurance must be a component of any plan. Many controversial issues have arisen in the debate, most relating to how to pay for those presently uninsured. Opponents are concerned that this will require increased taxation and/or decreased support for those presently insured. The only acceptable solution will...
The greatest minds in health care. Partici-
pants should encompass a broad group,
including academics, the health care indus-
try, think tanks, government, and industry. 
They should operate in an environment 
free from politics and develop conclusions 
that are based on a critical analysis of data. 
While participants should bring different 
perspectives to this problem, they must all be committed to 
the program's success and must 
leave their parochial interests and 
conflicts at the door. In the end 
this could be the most impor-
tant accomplishment in health care 
during our lifetime, and the 
opportunity to contribute must 
trump self-interest.

Third, very little about this 
debate is black and white. I have 
heard too much rhetoric express-
ing extreme views from both sides 
of the aisle in Congress. There is 
no component of health care that 
is evil. Most participants work 
in health care to make people 
healthier, and they derive satis-
faction and reward from their 
efforts. This includes physicians, 
allied health providers, hospital 
administrators, universities, the 
pharmaceutical industry, the 
insurance industry, and 
probably even malpractice attorneys.

Are there conflicts with personal gain? 
Certainly. Like everyone else, health care 
workers have families to support and wish 
to do that well. Like the rest of industry, 
pharmaceutical companies and insurance 
companies have stockholders to answer 
to. This does not make other industries 
evil, and it should not be viewed as mak-
ing these companies immoral or malevo-
 lent. The costs of drug development are 
enormous and could not be solely sup-
ported by government or nonprofit foun-
dations. It is the profits generated by the 
pharmaceutical industry that provide 
the necessary support to sustain drug de-
velopment, and we should be very careful 
that we do not weaken this process.

Fourth, nothing can be off the table. 
Successful reform may require radical 
change. Perhaps primary care doctors 
should make more money than highly 
specialized surgeons. This concept is 
foreign to our health care system, but it 
should be considered. There has been a 
noticeable silence regarding tort reform. 
It has been argued that patients who have 
been mistreated should be able to reap a 
financial reward. I do not disagree, but 
perhaps there is a better system, with pan-
els of trained judges making these deci-
sions rather than juries with little under-
standing of the nuances of health care. 
These issues and others must be seriously 
debated, and the debate must include an 
analysis of their effects on health care 
quality and cost.

Last, the development and education of 
the health care workforce must be 
addressed strategically as part of the solu-
tion to the problem. The ultimate solution 
can never be achieved without a workforce 
that is aligned with and serves the critical 
components of health care. This process 
has been left to individual universities and 
has thus lacked any direction driven by a 
national health care strategy.

This is a propitious moment in the 
history of health care. The establish-
ment of Medicare in the 1960s marked 
a transformation in how this country 
would take responsibility for the care of 
its elderly. One can argue that the 
system was not set up perfectly and 
could not be solely sup-
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We must provide optimal health care 
to all members of our great country. We 
must do this in a way that controls the 
costs of health care. And we must not 
allow this to lower the quality of health care 
that our presently insured patients 
receive. Addressing these three priorities 
together is not a trivial exercise. The good 
news is that it does not violate the laws 
of thermodynamics, and thus it is theo-
rettically possible to achieve all. However, 
the path to success is difficult, and we 
must use every tool available to achieve 
our goals. I believe that the process will 
be aided greatly if members of the aca-
demic community and of the ASCI play 
a pivotal role.

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personal perspectives

be one in which the cost of covering the 
uninsured derives from improved efficien-
cies in the delivery of health care.

Everyone accepts that there is much 
in inefficient in our present system, driven 
by a complex set of misaligned incentives,

The physician’s voice

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