

The health of our nation's health care system is under attack

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FULL TEXT

The life expectancy of Americans has dropped for two consecutive years. The first year, attributed to the COVID-19 pandemic, was consistent with other countries. The second year was not.

In spite of how much our nation spends on health care services, which reached \$4 trillion in 2020 or around \$12,500 per person, these funds are providing less health benefit value for Americans.

Physicians are at the center of our health care system. They are emotionally and physically stretched, with a growing number simply burned out. Many felt this way before the COVID-19 pandemic; the pandemic exacerbated their plight. As such, physicians and health care professionals are fleeing the profession at alarming rates, reducing the quality and quantity of health care services available.

Many issues are contributing to this situation. Here are two that are particularly concerning.

No. 1 is prior authorization for health insurance: Health insurers are increasingly controlling the delivery of patient care, usurping this authority from physicians. Prior authorizations force physicians to spend resources fighting for their patients and, ultimately, to get paid for the services that they deem necessary.

Many of the problems cited by physicians can be resolved by reforming health insurance. Recent legislation to fix prior authorization for Medicare recipients is a welcome advance. The No Surprise Act is also a step in the right direction. It protects patients and physicians when emergency services must be delivered out-of-network or patients are provided with out-of-network services while being treated at in-network facilities. Yet it is just a bandage on a deeply damaged compensation system. How health care is paid for demands a complete makeover. The challenge is that the biggest loser from such reforms would be health insurance companies. They make large profits on the backs of physicians and other health care providers. The industry generated over \$31 billion of profits in 2020, an increase of more than 40% from 2019.

To defend their position, health insurers give large contributions to elected officials empowered to enact substantive change in support of physicians and patients. Such a conflict of interest keeps the entire health insurance industry insulated from much needed changes that threaten the status quo.

The second concerning issue is direct-to-consumer marketing: The pharmaceutical industry provides the medical products that physicians rely on. It targets patients with direct-to-consumer marketing, which gives patients impetus to inquire about such products when visiting their doctor. That places physicians in a position of explaining their benefits and disadvantages.

Many such products are new, with some falling in the "me too" drug category. There are often less expensive alternatives that offer similar benefits and will be covered by patients' health insurance. With patients using "Dr. Google" before their visit, physicians not only must conduct their own examination but also use valuable patient time to deflect self-diagnosed issues.

An informed patient offers many benefits to physicians. However, when such information crosses the line to self-diagnosis and treatment, exhibiting a lack of trust, physicians end up using their time defending the results of their own examinations and assessments in adversarial rather than collaborative environments.

The net effect of this dysfunction contributes to physician burnout that threatens the viability of our nation's health care system. Other health care providers are experiencing similar effects. This leads to fewer physicians

and providers, with fewer health care services available, all at higher costs to consumers.

Sensible changes are needed to how health care is delivered and paid for. What are some possibilities?

Health insurers should adhere to a common set of rules. The concepts of in-network and out-of-network should be abandoned. Every provider in the nation should be classified as in-network.

Fee for service should be replaced by fee for health, enhancing the value of services that offer the most benefits to patients and their well-being. This places a premium on preventive medicine, as well as healthy lifestyles and dietary choices.

Physicians and other providers must steer the nation's health care ship. They must be trusted stewards so that prior authorization is eliminated or only used to protect patient well-being. With health insurance companies usurping such authority, everyone loses, except the companies. When physicians and other health care providers lose the rein on patient care, the health of our nation's health care system is threatened, with the health of the population following suit.

To achieve positive results demands meaningful changes that place the health of patients first.

Spending more does not mean better health, as evidenced by numerous countries that spend less than the United States, yet have longer life expectancy. It depends on what the money is being spent on.

Until such changes are made, physicians and other health care providers will continue to leave the profession, making it harder for a growing part of the population to have access to quality health care services.

COVID-19 did not cause this situation; it exposed it. At the root of the problem is a disconnect between health and health care, and how it should be paid for. Restoring physicians to their rightful position can begin the healing process.

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CAPTION: Photo: President Joe Biden speaks in the Rose Garden of the White House during an event on health care costs on Sept. 27. SUSAN WALSH/AP

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