SECOND OPINIONS

More on single-payer system

Are there any more Dr. Johnsons out there (AAP News, November 1998)?

I wholeheartedly agree with his opinion that we need a single-payer system in our country. We can continue discussing around putting Band-Aids and tincture of iodine on the failing, almost comatose present health care delivery system while it continues to hemorrhage. I see no option to that ineffective approach other than addressing the basic problems and solving them with a single-payer system. Think about it — with these thoughts:

1. All qualified citizens would have the same coverage: no longer would there be varying benefits so commonplace now among the various insurance companies and forms of health plans; no longer would physicians, hospitals and others have to check whether a person is covered and what the coverage is, nor worry about a patient’s insurance lack.

2. Monies now spent on some outrageous compensation to top executives, on extensive advertising in various media, on the heavy administrative costs could go for care and coverage of those without any or adequate coverage. About 15 percent of the health premium dollars now go for these costs, almost all of which would disappear under a single-payer system.

3. Physicians’ offices would see their overhead drop by the elimination of all the telephoning and paperwork involved in managed care; there would be only one place to bill, one billing method to learn, one place to contact for payment problems.

4. Hospitals would benefit by elimination of the need to deal with multiple companies to check on eligibility and obtain authorizations, to say nothing of the savings by having a uniform method of billing.

5. It then could make sense to budget significantly for preventive health care. Currently, managed care beats its drum about efforts to keep people healthy. Profit is paramount, however, and expenditures for health education that may not “pay off” for a number of years, when many of those covered will no longer be in their plan, are costs not likely to produce profit.

6. Continuity of care would be enhanced. Too often, when an employer changes coverage, many employees and their dependents need to change their personal physician, a change that does have costs and interrupts continuity.

7. Drug costs could be lowered to be more in keeping with what other countries pay for the same drugs from the same companies.

For the past 10 years, I have been talking up a single-payer system. After 12 years in private practice during the “good old days” (I started in 1960), I left to join a prepaid health plan (predecessors to HMOs) as a salaried pediatrician. Two years later, I moved into medical directorship and felt what I was doing was right and good. Then came the big insurance companies. Starting in 1986, I began to experience their point of view and saw them chip away at the basic principles and values of the original HMOs. Finally in 1992, I had had it. No longer could I stomach what I was doing. More accurately, I was not able to do what I had been doing, for the managed care internal environment had changed markedly. I quit!

I urge all pediatricians and others to look into what a single-payer system would mean, to learn its strengths and weaknesses and compare it honestly and objectively to what we now have. One place to look is the Physicians for a National Health Program Web site: www.pnhp.org. I have been a member and am not always in agreement with all its agenda items; its data and information can be a real eye-opener. Also, one can see...