

Tri-County Association of Health Underwriters (TCAHU)

**Educational Meeting
8:00am to 10:30am
Tuesday February 14, 2012
Register at the door**

**Club Green Meadows
7703 NE 72nd Ave.
Vancouver, WA 98662**

Taking On The “Untouchables” of Healthcare Reform

Introduction of Topic and Panelists by Moderator
(10 minutes)

Opening Statements By Panelists
(5 minutes each, 20 minutes total)

Break

Panel Discussion – Response To Questions Presented By Moderator
(45 minutes)

Q & A From Audience – Written Questions From Audience
(30 minutes)

Introduction

As insurance professionals, we all understand better than most that the cost of care is the true issue when addressing healthcare reform.

Insurance premiums, consisting of 80-95% medical claim costs, are tied directly to the cost of care and are now virtually unaffordable for much of the the middle class and are quickly becoming unaffordable for most small and medium size business.

The questions then become, “What can we do to lower the cost of care, what will it take to truly bend the cost curve?”

Right now, we see that the Patient Protection and Affordable Care Act (PPACA), does little or nothing to address the cost of care or the significant cost shift currently occurring from government programs such as Medicare and Medicaid, and we see that our elected leaders are either unable or unwilling to take on the tough issues that must be addressed if we are to gain any ground financially.

While you may have your own list, the “untouchable” topics in healthcare reform include the following:

Global Budgeting:

Setting a healthcare system wide dollar limit for care and managing all care accordingly (Oregon Health Plan on steroids)

Medicare for All:

All care reimbursed at Medicare reimbursement rates and all care subject to Medicare rules and regulations (Do we already have this with the rules for care?)

Evidence Based Medicare:

Care based strictly on “scientific” studies indicating the best course of treatment for specific diseases or conditions. Also, known to restrict care and limit access to care protocols that some might desire for family members (Kaiser Permanente)

End of Life Care:

Think “Death Panels”, since we are in a presidential election year. How are we to address the fact that care in the last six months of life consumes an inordinate share of the total healthcare spend (Insert your own number or percentage here)

Tort Reform:

The current legal environment actually changes the way medicine is practiced in this country, and it is a costly change resulting in redundant care in many cases. Can we figure out a way to care for the individuals who are harmed by the system and keep the courts out of it?

Uncompensated Care:

Is an individual mandate the solution to “uninsured” individuals receiving care? Is there another market based approach that will work?

Cost Shift due to underpayment by Government Programs:

Purportedly accounting for as much as one third of health insurance premiums, can we see a time on the horizon where the state and the federal governments will have both the means and the will to solve this. Do we really expect to see the federal or state government increase the Medicare or Medicaid reimbursement levels from what they are today, or to level the playing field between states, which will result in decreased reimbursement for some states?

Overcompensated Specialty Physicians and Specialty Driven Medicine:

Compared to other developed countries in the world, specialty physicians drive and provide more care in our country than in any other, and on the average earn significantly more, sometimes twice as much. Is this a problem or a red herring?

Fee for Service Medicine:

Is it really responsible for patterns of care delivery and financial incentives that are in opposition to the goal of providing cost effective quality care? Is more care really better care?

Big Bad Insurance Companies:

Are all health insurance companies inherently evil? Does the current information about the claim payment process really accounting for 30% of a physician’s practice overhead hold water? What about non-profit companies? Is there a difference?

Agent Compensation:

Are insurance agents and brokers (producers) really parasites who add little or no value to the system? Are producers only concerned about their incomes? Do they only help perpetuate a “broken system”?

Pharmaceutical Companies:

Are pharmaceutical companies significantly at risk financially with their business model, or does their consistently higher than average industry earnings level prove the fallacy of the risk/ research cost argument? Do prescriptions cost more in US than they need to? Are drug manufacturers profiting at the expense of individuals who cannot afford the drugs they need? Is direct to consumer advertising a legitimate way to market prescription medicine?

End Stage Renal Disease (ESRD)**Primary Care Physicians including NP, FNP, PA's:**

What level of care or amount of care should be driven at the primary care level instead of by specialists or by self-referral? Are primary care underpaid and underappreciated, and if so, how do you change that? Would we accept a system where Primary Care Physicians take a more prominent role in the delivery of care, having gotten used to Specialists driving much of the care and developing an attitude that Specialist know best and are necessary?

Emergency Rooms:

Should hospitals be required to treat everyone and anyone who shows up at the door, regardless of ability or willingness to pay? Should consumers be in fear of losing their home and other assets if they need care? Is this the case even if they have been able but unwilling to purchase health insurance?

Medicaid:

Should all Medicaid care be “managed”? Should it include LTC?

Medical Schools:

Do medical schools contribute to the problem with the mix of physicians? Can anything be done to increase the number of primary care physicians coming out of medical schools, and would it help if they did?