

Public policy and pharmacists



GOALS FOR HEALTH-CARE REFORM

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The stage is being set for major reform of health-care delivery in the United States. The television networks and major newspapers regularly feature reports and opinions on problems with the health-care system. The media often compare the U.S. situation with that in Canada and other countries that have taken a more rational approach to health care. Business leaders of all political stripes, decrying the shifting of costs from governmental health-benefit programs to employer-funded programs, are calling for national health insurance. Major professional societies and trade associations in health care have issued detailed position papers on health-care reform. And the Democrats and Republicans are planning to bring the issue to the voters in the next presidential election (at least to the extent that issues are actually discussed in the campaign). In sum, the public is being prepared to support a “big fix” for the problems of cost, accessibility, and quality of health care.

Recognizing the need for change is one thing; deciding how to change is quite another. The array of solutions advocated for health-care problems is astonishingly broad, and, unfortunately, the leadership needed to make sense of it all is sorely lacking. In the final analysis, any changes in national health-care policy will come about through the political process. Although the flaws and imperfections of that process are well known, we may still hope that certain ideals and principles of logic and common sense will be given appropriate weight in the equation for reform.

Here are seven suggestions for such precepts:

1. *A basic level of health care should be defined that is readily available to every citizen without regard to wealth or social status.* That basic level of care, which deserves national priority comparable to that for basic education, should emphasize primary prevention, such as immunizations, regular physical examinations, well-baby care, and maternal care.

2. *Payment for health-care services should be structured in a way that removes incentives for cost shifting.* The absurdity of the current fragmented financing system is epitomized by the Medicaid rebate program for prescription drug products. Because of the political need to abate cost increases in Medicaid, Congress formulated a rebate scheme that gives pharmaceutical manufacturers incentives to raise prices for some sectors of the market, including veterans' health care and other federal programs. Further, the higher prices now being paid by hospitals will eventually translate into higher Medicare DRG rates. Short-sighted efforts of this nature stem from the lack of comprehensive health-care financing.
3. *Health-care decisions should be as decentralized and as free from bureaucracy as possible.* It is not good management to centralize patient-care decisions in Washington or in state capitals, although that has been commonly done for cost-control reasons. Patients, health-care professionals, and health-care facilities must be given incentives to use resources rationally. That will be more effective — and more satisfying to patients — than centralized control.
4. *Congress and its retinue of advisers should admit that they do not know with certainty what the best solution is to the health-care crisis.* Indeed, there probably is no single best solution, given the vast differences that exist among states, between urban and rural areas, and among cultures across the land. Reforms should be approached with an “experimental” mindset with built-in evaluation after a period of testing. Then keep what works, discard what doesn't.
5. *Much greater national priority should be given to disease prevention and health promotion.* Programs designed to reduce the incidence of self-inflicted disease, such as alcoholism and the sequela of smoking, should be considered long-term investments in cost reduction and quality-of-life enhancement.
6. *Greater effort should be devoted to solving deep-seated social problems that strain health-care resources.* Poverty, unemployment, welfare dependency, lack of adequate housing, drug addiction, and violence ultimately translate into higher demand for health-care services. Those interested in health-care reform cannot ignore this reality.
7. *Health professionals should be imbued with a greater sense of mission and idealism.* The education and socialization process for health professionals and health-services managers should instill in them commitment to a lifetime purpose larger than personal gain.

Traditionally, pharmacists and their professional organizations have limited their involvement in health policy to narrow issues relating to the provision of pharmaceutical services. The nation will continue to require the best thinking of pharmacists on how to serve the public's medication-related health needs. However, pharmacy should begin to add its voice to the debate on fundamental