

Health care reform -- Is there a Top 10 list?

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With all the political debate and drama regarding health care reform, the forgotten party, of course, is the general public - the consumer of health care. With a massive bill still in play, there appears to be an "all or nothing" mentality. Perhaps the public really deserves incremental improvements, starting with areas of consensus rather than seismic change in health care that carries a staggering price tag.

What, then, would be at the top of our list? I can give this a try:

- > For one, people who already have insurance should count on coverage without worrying whether a disease was called pre-existing or not (fortunately, this is included in the House version of the bill).
- > Second, if there is a public or minimal cost option, we should take advantage of a fresh start and offer coverage for a defined range of care that is clearly cost effective - for example, prenatal care, vaccinations, screening and treatment of hypertension and diabetes, and screening for cervical cancer. Of course, going down this path requires that comparative effectiveness research is carried out to serve as a basis for making these decisions.
- > Third, waste and duplication should be addressed - starting with Medicare and other federally funded programs. This will require data systems and electronic medical records such that payment to hospitals and doctors would be contingent on electronic reporting (the government missed the boat years ago when it could have mandated this type of reporting for payment).

I could go on and on, but the point is that slow and steady progress with reform, starting with "low-hanging fruit" where there is agreement and a large impact from a small degree of change, is a much more preferable route than what we have now.

What will this mean for cancer care? Most likely it means that the emphasis will be on early detection and proper treatment for early-stage or curable cancers. Next would be strategies that improve survival and quality of life. Treatments that delay progression of cancer but do not impact survival or quality of life might not get covered - at least by lower cost insurance (or public options). Same for diagnostic tests that have not proven to improve outcome (there is a large list of these). However, as is the case with other technical fields, the avant-garde and unaffordable innovations would drift into greater availability and lower cost over time if the rules of the game were changed.

Whatever becomes of the health care bill, we must stay engaged with our lawmakers to press for the most important changes - one step at a time.

