If charity begins at home, then home better get the lead out

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Gov. Gary Herbert said last week that Utah doesn't need federal reform to cover Utah's medically uninsured because Utahns are caring people and we can take care of our own.

I did notice, however, that Gov. Herbert didn't volunteer to set up a charity medical care system to do that job.

But if he doesn't, who will?

His call is not new. The Sutherland Institute published a study in 2004 that said a statewide chain of charity clinics, funded entirely by donations, could replace Medicaid.

The Legislature has passed several resolutions calling on academics, the insurance industry, think tanks and others "to study the feasibility of implementing an authentic charity care system in Utah."

But nothing's been done, and for good reason: It won't work.

We know that because people trying to do medical care for the poor now are overwhelmed.

Lisa Nichols, director of Midtown Medical Center in Weber and Davis counties, said it nicely: "I agree with the governor. Everyone should be generous. Everyone should take care of their neighbors. But there are too many neighbors."

Nichols is just one of many wonderful people trying to care for Utah's poor. Midtown is already overwhelmed and underfunded. Eliminating Medicaid, throwing another 215,000 onto charity, would be a disaster.

Among other things, where do you think Midtown gets its income? Midtown bills the uninsured on a sliding scale, which means the insured subsidize the uninsured. A lot of those who have insurance are on Medicaid.

Midtown doesn't work for free, but even if money were not a problem, Nichols said the first hurdle for a charity system would be finding doctors to work for free.

There are plenty who do charity work now, she said. "We have 375 physicians in this community who have signed on to help us care for our patients," donating about half a million dollars in care every year.

Doctors have to pay their staff and overhead as well as make a living. This limits how much free work they can afford to do.

An even bigger problem, Nichols said, would be coordination.

Roughly 50,000 uninsured people are in Weber and Davis counties. If each one sees a doctor just once a year, that is 50,000 free doctor visits someone has to arrange.

Another problem, she said, is that volunteer doctors would not see the same patient each time.

"Unless the physician is able to adopt the patient for life, you don't have quality care," Nichols said, and this leads to errors and redundancy.

There are many more problems. Who would keep records? Cover liability? Prevent fraud?

Gov. Herbert talked about a charity system as if it were something to hope for someday. Lincoln Nehring, at the Utah Health Policy Project, said the need for one could be upon us soon.

This Wednesday several committees of the Utah Legislature will discuss the expansion of Medicaid under the new federal health care law. A few lawmakers have said that, rather than knuckle under, Utah should dump Medicaid.

Eliminating Medicaid would cut care for another 17,000 people in Davis County and 20,000 in Weber County, nearly doubling the uninsured.

"The state could do that, and they're going to discuss that," Nehring said.

I can't believe lawmakers would cut medical care to so many without a replacement ready.

Then again, as this last session showed, our lawmakers are capable of anything.

If they think a Utah charity care network can replace Medicaid, then the Sutherland Institute, or Gov. Herbert, or someone, better quit talking and start setting one up.

"Wasatch Rambler" is the opinion of Charles Trentelman. You can call him at (801) 625-4232 or e-mail ctrentelman@standard.net [1]. He also blogs at www.standard.net [2].

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