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Proposals target health care waste

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Proposed bills to eliminate the most costly element of Utah's health care system — waste — were endorsed Wednesday by the Legislature's special health care reform task force.

Reducing time and hassle dealing with bills and tracking patients records are the focus of the state's 10-year medical system reform effort. Inordinate amount of time is spent by both patients and providers tracking billing and patient histories, which are still far from real time accessibility in clinics in many parts of the state.

Codifying billing and developing electronic standards for health insurance would make following the paper trail for treatment more uniform and immediately accessible, which could dramatically reduce the substantial and expensive labor necessary to keep tabs on information now, task force members were told.

"(The system) still collects medical records much like the paper-based claims used to be turned over to a clearing house and then sent to insurers," said Amy Rees Anderson, chief executive officer of MediConnect Global, a local medical records retrieval company. "Electronic medical records would save substantial amount of money if information could be retrieved that way instead of paying people to look up doctors and documents."

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The switch to full electronic information at individual sites has been slow because the paper-based method is routine, she said.

"The younger generation of care providers will do it naturally," Anderson said, noting that a younger brother now a doctor started doing so in medical school. "But there is a lengthy learning curve and many longtime practicing doctors and staff members just aren't comfortable in making the switch.

Anderson encouraged the task force to consider giving those practices a monetary incentive per claim or per procedure to encourage them.

One reason that the U.S. health care system is so expensive is tracking care and billing information bogs down because of the varied methods of tracking that side of a provider's business, which one recent study reported adds an unnecessary $400 more per patient.

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Local and national studies estimate that between 25 percent to 30 percent — a few say it's closer to half — the $2.4 trillion Americans spend on medical care of all types under public and private insurance plans is due to wasted time and effort, either in monitoring patient information and unnecessary diagnostic tests and surgical do-overs that have post-operative infections.

Savings on actual procedures would also be an effect of interactive data sharing. Utah's Public Employees Health Plan has shown reductions in the percentage of C-sections in child deliveries through its trial of what it calls a designated service plan, said coordinator Linn Baker.

Prior to the trial, C-section deliveries accounted for 23 percent of all births. By sharing outcomes and uniform best practices, the procedure almost immediately was reduced to 15 percent of births.

Baker said when hospitals learned how LDS Hospital was performing cardiac bypass surgery at a much lower cost, they adopted those care patterns and achieved the same results and matched LDS Hospital's costs.

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