

Utah doctors say industry must share blame

They say health system rewards quantity over quality

By James Thalman

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Departing from the usual "It's not our fault" assessment of why the cost of U.S. health care is hemorrhaging, a group of Utah physicians attending an annual roundtable discussion Saturday cited their own practices as a contributing factor.

Presenters at the University of Utah School of Medicine's 10th annual alumni conference weren't asked to specifically address the whys and wherefores of the skyrocketing cost of medical care. By the end of the five-hour session, however, the meeting had shifted into a kind of solutions triage.

Just as quality of care equates to a "spare-no-expense" attitude among U.S. health-care consumers, health-care providers have operated under a type of spare-no-procedure approach, several speakers and attendees said during a question-and-answer period that concluded the day.

Some of the doctors labeled the health-care delivery system as "perverse" because it is built to reward quantity of procedures over quality of outcomes. The doctors' acceptance that they are contributing to the problems is not an official stance within the state medical society, nor is it a *mea culpa* by the doctors.

But Dr. Brent James, the chief quality officer and executive director of the Institute for Health Care Delivery Research at Intermountain Healthcare in Salt Lake, said that just showing a willingness to examine their own house in light of the crisis is a signal that maybe the crisis will bring an end to the finger-pointing mode within the system that has caused previous, equally sincere reform efforts to run aground.

"In an era when we routinely achieve miracles in medicine, we have a striking inability to do what we know works," James said, noting that in every sector, there are huge amounts of waste and spiraling prices that limit access to care for consumers and limit front-line care providers' ultimate goal of producing the best result possible for each patient.

Quoting Francis Bacon, a fellow expert who wrestled with innovation in the 16th century, James said: "He that will not apply new remedies must expect new evils; for time is the greatest innovator."

The evil of the current U.S. health-care system could be summed up in the numerous studies that show the United States system is by far the most expensive, while it is near the bottom in quality and beneficial outcome measurements compared with 19 other first-world countries.

"We've got a lot of questions to answer and situations to answer for," said Linn Baker, who implemented the statewide preferred-provider network for public employees. He is chairman of the Utah Health Policy Project's governing board.

"The era of blame and standing in a circle pointing at each has to come to an end, if real pathways to solutions have any hope of being found," Baker said. "That gives rise to fear and questions, such as: Will a dysfunctional system lead to so-called socialized medicine?"

With 40 percent of all health care provided in this country by and through government programs, notions of a competitive, private market of health care and fears of what's coming often don't mesh with the reality, Baker said.

Any health-care providers, including doctors, hospitals and insurers, must address a lot of hard questions, he said.

"In a truly competitive market, would a company with overhead costs of 21 percent reported by some local hospitals be able to succeed?" Baker said. "I've been frustrated over the years that being efficient in the health-care marketplace doesn't matter."

Dr. Joe Jarvis said that one of the evils that the health-care industry and lawmakers trying to instigate changes to it should have seen coming but still don't understand is that the health-care industry is not a marketplace, and health care is not a commodity. Jarvis used the conference Saturday to publicly announce that he is running for the District 24 seat in the Legislature.

Jarvis, a Republican, said he is fully aware that he is going against virtually every other party candidate and most Democrats in any state or federal office by opposing so-called market-driven strategies for fixing the health-care system.

Utah's current reform effort began with HB133, an omnibus bill that was passed unanimously by both houses and dictates that any solutions to health-care access and delivery problems be "market-driven."

"The hallmark of the so-called health-care market is incredibly wasteful spending that by now constitutes the greatest threat to state and federal budgets," Jarvis said.

Allegiance to a market-driven system hampers discussion of real, long-lasting solutions needed for a system that literally cannot sustain itself and will bleed the entire economy dry to keep it going, he said.

"This is a huge threat to the daily life of every person in this country, and going through another reformation with the condition that market competition must prevail essentially dooms a well-meaning effort," he said.