

# Health care forum altered my opinion on U.S. reform

By Brannan Lahoda

**Published: Wednesday, October 21, 2009**

**Updated: Wednesday, October 21, 2009**

An economist, an insurance underwriter and a Canadian walk into a room. I wish I had a joke for that.

What I, and about 80 others in attendance, did have Tuesday night in the Fukushima Auditorium at the West Virginia University Health Sciences Center was the opportunity to learn more about the current status of the United States health care system from six experts in the fields of health services, insurance, public policy and economics.

Curiously absent from the group was what many would consider the most important link in the health care cycle, a doctor, of any sort.

Perhaps he was hiding another joke.

The lengthy forum (with presentations lasting up to 25 minutes each) featured several broad, shared themes. These included, but were by no means limited to, cost containment, health care rationing, preventative medicine and tort reform.

The event was an excellent opportunity for me to augment my opinion on an issue I had, until recently, given almost no extensive thought.

Almost unanimously, each of the six featured panelists described health care reform as a "very complex" issue, while debunking the myth of comprehensive health reform – as aggregated health reform won't be a single policy, but numerous incremental policies enacted over time.

While disagreement among the panelists was almost visibly nonexistent, each brought their own perspective to the issue.

From personal experiences with patients, to the process insurance companies go through to decide whether to insure clients, to individual research regarding health care reform, each was interesting in their own way.

Stephanie Frisbee, professor in the Department of Community Medicine, for example, did an in depth analysis of the differences between the health care systems in the U.S. and her home country of Canada.

Frisbee detailed the interesting fact that the Canada Health Act, which is the basis for the entire federal Canadian health care system, is only 16 pages long.

Also, contrary to common belief, Canadian prescription drugs are not covered by its national health



L. Christopher Plein, assistant dean of the Eberly College of Arts & Sciences, speaks to students at the health care forum in the Fukushima Auditorium at the Health Sciences Center Tuesday night.

system.

Frisbee also made note of the fact that health care, regardless of the type of system, is always rationed.

"The question is not if rationing happens, but who makes those decisions and how and according to what standards are those decisions made," she said.

L. Christopher Plein, assistant dean for the Eberly College of Arts & Sciences, challenged students to put health care reform in context with who they are today.

Using an extended football analogy I'm still trying to work out, Plein explained the current debate health care debate is less about reality and more about personal ideologies to those involved.

The best speaker of the night, Stratford Douglas, associate professor of economics at WVU, began by admitting that his specialty was not health care.

Still, he turned what was an at times mundane discussion into a quite exciting endeavor.

Douglas said the United States currently spends about 16 percent of its Gross Domestic Product on health care.

Only France and Switzerland, at 11 percent each, come close. And when you consider U.S. health outcomes, we're just about average.

"We're spending as though we're buying Cadillacs, but we're all driving Cobalts."

Yet, Douglas, like most economists when dealing with perceived statistical gaps, was able to explain much of this discrepancy.

Approximately 90 percent of the difference in health spending is associated with higher income levels in the U.S.

Another reason Douglas claimed the U.S. spends more on health care than other countries is because the system is so fragmented – with no single bargainer (which is the role that most other national governments play) and a plethora of customers, buyers of health care have little power and little information.

Also, there are definite incentives for doctors to over-test or over-prescribe in order to avoid medical malpractice in the United States.

Finally, while the U.S., like all countries, rations health care in some form or fashion, there is an unwillingness in this country to openly acknowledge that fact.

The United Kingdom, for example, explicitly states that there is a \$50,000 maximum expenditure per year to extend life by one year.

He ended by briefly talking about how people in other countries, if you are to believe the polls, are relatively happy with their health coverage.

Concluding the speakers was Michael Hendryx, associate professor in the Department of Community Medicine, who suggested the U.S. may see better health outcomes by expanding access to higher education rather than simply dumping money into the laps of health care executives.

The consensus of the night among panelists was that some form of comprehensive health care reform is necessary (even if 'comprehensive' may be somewhat of a misnomer) and the extent of those changes will be what matters most.

Going in to the forum I felt like the U.S. was in bad need of complete reform leading to nearly universal coverage – now I'm not so sure.

Which just goes to show what can be accomplished when you use just a little bit of research to support your own opinion and make your own decisions.