

Disturbing Trends For Healthcare In Texas

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If you want a fine example of where this country's health care system is headed without reform, just take a look deep in the heart of Texas. It's not a very rosy future. As I have mentioned many times before, the key elements to the discussion focus on cost, quality, and access - all issues of significant importance to Texans.

Let's start off with some terrifying numbers. Consider this: 25% of the population of Texas are uninsured. Nationally, 20% of all Americans under the age of 65 are uninsured. As they say, everything is bigger in Texas. Ah but it gets better. The Austin American-Statesman has recently reported that 500,000 state workers - those with some of the best healthcare benefits in the state - are facing a \$143 million deficit in their health care fund. That amounts to a budget increase of 14% over the next year. By 2015, the plan that provides health insurance for 193,000 retired public school employees will be insolvent. This all amounts to increases in premiums and greater out-of-pocket expenses for state workers. And when state workers are impacted (those that already have good health insurance coverage), what happens to those that have lousy or no coverage at all?

Along similar lines, Texas and California have the highest healthcare costs in the nation. In Texas, you might even be one of the 3.4 million people that forego treatment because they can't cover the cost of care. This is second only to California, at 3.6 million.

Thus far, coverage is shrinking and costs are rising. That's not a very healthy outlook. But, again, it gets worse.

Next stop: quality of care and overutilization of care. Utilization rates vary significantly across the state of Texas. McAllen, Texas has been noted to have some of the highest rates of overutilization in the country:

"Between 2001 and 2005, critically ill Medicare patients received almost fifty per cent more specialist visits in McAllen than in El Paso, and were two-thirds more likely to see ten or more specialists in a six-month period."

You have to wonder about "quality" when obviously "consistency" is an issue. Similar populations should receive similar treatments, no? Perhaps overutilization would decrease if providers were paid by outcome instead of procedure. Or maybe even the appropriate utilization of current best practices would help lower costs.

So if you've been paying attention thus far, the health care problems faced by Texans are coverage, cost, and overutilization. But wait, there's more. There is a significant "access to care" problem. With that said, there's no better place to start the discussion than with the Texas Medical Association and their 2009 Legislative Agenda entitled "TMA's Prescription For A Healthy Texas". In this document, they note that "Texas has a shortage of physicians, both primary care physicians and specialists. We currently rank 43rd out of 50 states and the District of Columbia".

Fair enough. It looks like there is a problem there. The TMA have acknowledged it. Patients need access to care, correct? Even if you have insurance coverage and can afford care, you need to be able to access the care.

But there is a tremendous irony involved with this "shortage". Access to care can be readily and safely resolved TODAY by a number of health care providers already available - namely nurse practitioners and physical therapists. But in the same breath, the TMA notes that "the Legislature must prevent non-physician practitioners from expanding their scope of practice beyond that safely permitted by their education, training, and skills." This is but an echo of the sentiments expressed by their national organization, the American Medical Association.

Sadly, this issue isn't a new one - the names of the professions involved have just changed. Lest anyone forget, there have been many battles nationally between the medical profession and the chiropractic profession, with subsequent anti-trust and restraint of trade lawsuits. Take, for example, *Wilk v. American Medical Association*:

On August 27, 1987, Judge Susan Getzendanner, United States District Judge for the Northern District of Illinois Eastern Division, found the American Medical Association, The American College of Surgeons, and The American College of Radiology, guilty of having conspired to destroy the profession of chiropractic in the United States. In a 101-page opinion, Judge Getzendanner ruled that the American Medical Association and its co-conspirators had violated the Sherman Antitrust Laws of the United States. Evidence at the trial showed that the defendants took active steps, often covert, to undermine chiropractic educational institutions, conceal evidence of the usefulness of chiropractic care, undercut insurance programs for patients of chiropractors, subvert government inquiries into the efficacy of chiropractic, engage in

a massive disinformation campaign to discredit and destabilize the chiropractic profession and engage in numerous other activities to maintain a medical physician monopoly over health care in this country.

In Texas, physicians want patients to have access to appropriate care, as long as it's provided by physicians and physicians only, even if there aren't enough physicians to do so. And where exactly does this benefit the patient? And forgive me from overstating the obvious (see above), but haven't we seen this type of behavior before? As Santayana once noted, "those who cannot remember the past are condemned to repeat it".

We've all heard that one of the biggest solutions to the problems in health care is medical malpractice and tort reform. That's the big evil, right? We can look in our own backyard on this one, as tort reform was established in Texas to do just that - decrease medical liability costs and lower health care costs. Governor Perry has been a supporter of this policy. So what has the experience been thus far?

If you're a physician, it has saved you money in medical liability insurance. And it has brought doctors to Texas - raising us to, yes, #43 in the country. But the data would indicate that this reform has made no difference whatsoever on health care costs - the costs to you and I. On a national level, the CBO has reported that tort reform would account for one-fifth of one percent of healthcare cost. That is not a significant factor by any stretch - and it has been borne out by the Texas experience.

But Governor Perry, in his editorial from August 18, 2009, noted that

To hear federal officials tell it, they've got all the answers on health care and it's up to the rest of us to sit, wait and embrace whatever solution - if any - they may eventually provide. I find this troubling, since states have shown they know a thing or two about solving problems that affect their citizens. Texas, in fact, stands as a good example of how smart, responsible policy can help us take major steps toward fixing a damaged medical system, starting with legal reforms.

I guess we must not be reading the same headlines. We must disagree on what "smart, responsible policy" looks like in this day and age. But no worries, we can talk secession until our health care system is insolvent .

These are disturbing trends for Texans and their health care. The Texas experience is, in many ways, reflective of the national problem we face right now. Fortunately, Texans have the option to vote for a Governor this year. Perhaps Texans will stop focusing on the diatribe and subterfuge of secession and tea parties and get down to voting for someone who will help improve health care for Texans. Just follow the lobbyists' money trail before placing your vote.

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