

# CodeBlueNow! Models for Reform

## A NEW PARADIGM FOR AMERICAN PUBLIC HEALTH

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### EXECUTIVE SUMMARY

Medical care has become corporate medicine, consuming 14% of the American economy. Our country's most profitable corporations include HMOs, hospital chains, pharmaceutical companies and medical technology companies. Doctors, and the lawyers and accountants who support them, are among the country's wealthiest individuals.

Each American has a fundamental right to basic medical care, available to all just as police protection, electric power, water, state and federal highways, and public education are available.

Control of delivery and financing are too important to leave to the experts. Medical care should be governed by the people for the people at a fairly local level of government.

Citizens should be moved from the edges to the center of our health care system.

Organize health care as a public utility based on the American public education model. This proposed approach has certain advantages: a) political simplicity of expanding a known and popular entitlement program b) national uniformity, and c) similarity of services and administration across jurisdictions.

The public medical care system should be organized to:

- a) Recruit people who give priority to high-quality and compassionate medical service into the health care professions;
- b) Remove financial and administrative elements in the current system that impede quality; and,
- c) Support continuous quality and service improvements among professional caregivers.

To change to this system will require federal, state and local legislation.

The redirection of the billions of dollars spent on health care into state and local health boards is a daunting, but doable, task.

## **DELIVERY SYSTEM**

American citizens will directly own and govern a publicly financed medical care system that delivers basic medical services that are affordable, accessible and of good quality. Each citizen will be guaranteed equal opportunity to access essential medical services. Unlike entitlement and insurance models that divide up the citizenry into special needs groups (by age, by economic status, by medical condition) this model will offer a basic service set to everyone. The model frees individuals to take responsibility for attending to their medical care needs by providing basic medical services at little or no costs.

Guaranteed benefits covered by this system include: basic medical, hospital, diagnostic, pharmaceutical, dental, mental and rehabilitation services at little or no additional out of pocket costs. Beyond these basic services, people can purchase additional health services with their own funds.

Health care workers owe service to the society that educated them. Health care practitioners will be compensated on a salaried basis. The incentive in the current system to over-treat or under-treat will be eliminated.

Reorganizing work to exclude billing efforts and minimize charting has the potential to expand worker productivity while holding steady the number of workers and hours worked. Providing enough time for the provider to get to know a patient's history and needs can result in cost savings (prevention) and a satisfactory experience for both parties.

The health care providers will be organized into teams without walls. Larger communities would have more teams; smaller communities would have fewer. The shape of individual provider's practices within a team structure would adapt to and fill the niches within a community. Within a team of providers, patients should be able to see any primary provider they wish. If that provider's wait list is too long, the patient can get an appointment with another provider. In principle, they can always return to their first choice.

Teams can include specialists such as a dermatologist to expand the scope of practice of the primary provider. They can work along with the primary provider or by referral. Super-specialists such as cardiologists or vascular surgeons would be available for consultation or referral in the equivalent of regional or tertiary care centers.

The care delivered by professionals should be based on evidence of its effectiveness, as found in the published medical literature. Testing and care are severely limited if not indicated by the patient's condition.