denverpost.com

THURSDAY, JULY 5, 2012

THE IDEA LOG for OPINION
blogs.denverpost.com/opinion

Insiders and outsiders

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Guest commentary


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The Supreme Court of the United States has found that Colorado and other states trying to improve health care and health costs can continue to implement their plans under the Patient Protection and Affordable Care Act.

This is good news for our state and for its citizens who need health care — which is pretty much all of us. The court made one significant adjustment to the act which involves expanding Medicaid. Colorado will have to choose whether or not to expand Medicaid coverage to more of its citizens — people who live on less than $26,666 per year for a family of four. This will be an important decision for our state, one that we trust will be made on ethical as well as economic grounds.

The primary impact of the law and of the Medicaid expansion, if implemented, will be to expand access to care from within the system rather than from the outside. As a country, we remain very much attached to paying for health care through an insurance approach. But without everyone covered by some type of insurance, this approach means that some people interact with the health care delivery system as insiders and others as outsiders.

Under the law, expert models indicate that within this decade nearly half a million additional Coloradans will participate in our health care system as insured members rather than as outsiders (such as one showing up at an emergency room without ability to pay). Of that number, roughly one-third will be Medicaid members. On average, it is more expensive to provide necessary care to outsiders than to insiders. Common sense and honest ethics suggest treating patients as insiders makes for a more workable economic model for health care.

Treating more patients as insiders means that hospitals, doctors and other providers will less often be put in the difficult position of deciding either to deny care or to deliver care at their own expense or the expense of others. It means fewer parents will have to explain to their children why they cannot see a doctor when their friends have done so for a similar health condition. It means we are moving closer to a workable health care model.

Other impacts of the law will include fewer employers choosing not to offer a job to a good candidate because they or their spouse have a medical condition. Insurance companies will spend less money and effort trying to "cherry-pick" or carefully select the least expensive prospective members to whom to sell their products.

Colorado is well on the way to operating a health insurance marketplace or "exchange." Our exchange is one of the strongest examples of bipartisan accomplishment, and it is good that

we will continue to reap the benefits. Insurance products will be more comparable and transparent. Costs will not rise as much as they would otherwise. People will have more mobility regarding employment because it will be easier to get coverage.

Probably most important, our efforts to improve how care is delivered and what it costs us as an economy to do so can move to the next stage. We cannot improve our health care system and the value it delivers without being more practical and more wise about how we pay for care. For decades, we have treated health care and how we pay for it in confusing ways.

On the one hand, we sometimes handle health care finance like it is strictly a private enterprise understood in narrow market economic terms, ie., "I take care of me." On the other hand, we often embrace the profession of medicine and the pooling of risk with a more ethical mentality, ie., "We take care of each other." Implementing the law means committing to a balance and a blend of the "me" and the "we" that will serve our state as a whole in the best way we can given our finite resources and our established systems.

Implementing the law is in all of our interest. It means improved access to care, and recognizing openly that all Coloradans can be healthier, and can interact with the health care system as insiders.

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