Dismantling the wasteful machine of health care

Rob Rikoon | Posted: Monday, January 6, 2014 9:00 pm

In last month's article, I talked about the benefits of retaking local control of the educational and health systems. Here are my ideas of how to do that and why New Mexico's economy would benefit from reducing its dependency on government-mandated methods of obtaining health care through federally designated channels. While you may find many of these ideas overly simplistic, impractical, cruel or simply disagree with the philosophy expressed herein, I believe that given adequate resources, most Americans can and will figure out on their own what best serves themselves and their families.

Practical necessities call us to take some drastic steps because these two basic building blocks of our society are failing us. The declining quality and increasing cost of both systems' current operations are telling us that unless we try something radically different, health and education levels of the general population will inhibit rather than promote the welfare of us and our children for decades to come.

Let's start with the health system, because we all have to deal with it one way or another. No one is particularly happy with the way health care is now provided, unless you are so wealthy that you can ignore the whole insurance game. We have a three-tiered system in this country where the richest get the best, working folks get burgeoning hassles, higher prices and less service, and the poor use the emergency rooms at great expense to the rest of us.

Given the political power vested in maintaining the status quo, the way things are going, health insurance companies will probably end up like the big banks: too important to the system to be allowed to fail. As we have largely offloaded the delivery of health care into the hands of corporations, the U.S. has fallen further behind most of its competitors in the global economy in terms of quality outcome per dollar spent. We spend a much larger portion of our national economic output (estimated to reach 20 percent within a few years) in delivering an inferior product to our citizens than just about any other industrialized nation.

Here's the first part of my solution: Take all the funds we pay in taxes budgeted for any kind of health services and divide it by the number of people in the country. Give everyone a health care debit card with a beginning balance of some portion of their personal allocation of national health care dollars, maybe half, and then let each person decide on their own who, where, when and how to spend it. The other portion of the national budget of health care dollars would then go to provide "free" preventative care, basic prescription and emergency services on a decentralized basis.

What would have to change to accomplish this? First, allow anyone with a college or technical degree in the health field to treat the most common maladies, most of which do not require a medical doctor's care. There are nurses, nurse practitioners, naturopaths and all kinds of other alternatively trained people in the health care business who can effectively see most people most of the time. No medical malpractice insurance would be necessary because lawsuits against health care professionals, at least everyone who acts in good faith, would not be allowed except in cases of fraud, malfeasance or other criminal acts.

No corporate lobbying should be allowed, as those costs are passed along in higher premiums to patients who have to pay increasing portions of their bills anyway. There would be no mandatory insurance for anyone since the money needed for health care would already be in their pockets or in a no-cost clinic. The progressive nature of our tax system would result in wealthier people paying more for the health system than others ... too bad. The insurance companies would be taken out of the equation except in cases where people privately choose to prepay against their potential future illnesses — in a way, it would work like life insurance.

At the other end of the spectrum, people with serious diseases or life-threatening injuries obviously need some kind of (catastrophic) care without regard to their financial status. This would be provided by the allocation of some of the general tax-collected revenue for health care to go to similarly organized clinics for chronic or emergency service. Only the basic form of well-established practices would be offered, like dialysis, with as much of the recovery transferred back to the individual as medically possible.

It is partially the bells and whistles of the latest in modern technology and the fear of lawsuits that drive the cost of medical care costs sky high for everyone. Elective surgery would be just that; people would be on their own. Chronic illnesses like diabetes, cancer, heart disease, dementia, all of which require ongoing care, would be provided at a base level to prevent huge sums of money being thrown down the tubes by the public through the current system. Individuals would have to figure out and pay for any above-baseline services.

Our health care system is set up to delay death for as long as possible, even when doing so is incredibly cruel and wasteful. Some religious traditions call for this approach, while many ancient and honored ones do not. There is an appalling lack of information about alternative approaches and a paucity of assistance from trained counselors (hospice being a notable exception) available to most patients. Doctors and hospitals therefore end up applying stupendously intense or "heroic" efforts to prolong life by a few hours, days or months, often with little positive effect on the quality of the patient's life. End-of-life care consumes almost half of total annual spending on health care in the United States. Both preventative care and chronic/emergency care can be funded with a small portion of the funds spent today if they were taken out of the current system and put in the hands of entrepreneurs. Why do we continue to subsidize the current broken system?

With the dismantling of the health insurance system, the choice for a large majority of medical treatment could happen on a competitive basis. Doctors, nurses and medical technicians would be freed of bureaucratic meddling and allowed to deliver the great care and caring that motivated them to go into the field in the first place. The economic drag of a system based on fear of doing something wrong, as opposed to entrepreneurial efforts to do things right, would filter down into a primarily local industry. This would be good for our health and great for our local economy.

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