Is There No Balm in Gilead?

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2500 years ago, the prophet Jeremiah wrote this lament which could be a theme for the health care debate in 2009:
"Is there no balm in Gilead?
Is there no physician there?
Why then has the health of my poor people
not been restored[1]?"

Rosh Hashanah, the Jewish New Year gives us all an opportunity to take stock, to look at where we are in our personal lives and in our community, national and global realms. In the ritual known as tashlikh, observant people tear up a piece of bread and cast it upon the water at the sea or a pond, symbolically shedding the sins of the past year. The book of the year has been closed, and as the moving finger starts to write the new chapter, we can start to total our accounts and determine what must be done to make things right.

One lens, a peculiarly Jewish lens, through which its appropriate to look at this is the idea of *tikkun olam*, a phrase which roughly translates as "the healing of the world." This is an idea from kabbalistic Judaism, Tikkun Olam was one of the three parts of the radical theory of creation formulated by a man named Isaac Luria, who lived from 1534 to 1572, and taught in the town of Safed, in Palestine[2].

Luria's creation myth is very elaborate, but to simplify it, he thought that God originally occupied all space and time, and then had to withdraw from some of it in order to create the world. The withdrawal is called tsimtsum. Then there were ten emanations from God, and the seven lower ones were contained within vessels which proved not strong enough for the light that struck them, and they shattered. This is why the world is in such disarray – the vessels have been shattered, and it is the task of humans to collect them and put them back together. This is the task of tikkun olam. In putting them back together, we are rebuilding God.

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[1]Jeremiah 8:22

[2]The discussion here is heavily indebted to Gershem Sholem's book on Kabbalah and Kaenr Arnstrong's A History of God

Rosh Hashanah is a time for healing, for determining what relationships are out of balance and rectifying them. tikkun Olam calls us to heal the broken world. I recently wrote a newspaper column about Christian ideals in the healthcare debate. Today I want to lift up these Jewish ideals and suggest that they, too, provide a religious framework within which we can view the debate now raging in the media and in the halls of Congress. We have a whole section of modern society devoted to healing – the health care system. But it has become increasingly apparent to a lot of us here, in government and out of it, that the health care system is itself in need of healing.

What do you feel when you go to the doctor or when you or your loved one is admitted to the hospital? Do you feel that you are cradled by loving arms, or that you are in enemy territory and in addition to the illness need to be on your guard against mistakes and overcharging?

Woody Allen said life is like airline food: it often sucks and yet there isn't enough of it. You could say the same for health care: for all the stress of illness and injury, we are usually grateful for the competence of doctors and hospitals. The nub of the problem is that many people don't have access to any sort of health care and that the gateway to health care, the private insurance plan has become way too expensive for companies and individuals. "Why then has the health of my poor people not been restored?"

If you have been following the health care debate in these last few months, you may be a bit confused as to exactly what the problem is and whether the various proposals on the table will actually address them. So I thought it would be helpful if we could hear from one among us who has a ringside seat, so to speak, in the health care system, Jeffrey Dykens. Jeff is a CPA who has served in various financial capacities in the leadership of Cape Cod Healthcare, which runs the Cape Cod Hospital. I'd like to invite Jeff to give us his perspective on health care reform, and to focus us, I'll ask him two questions: who should pay for healthcare, and what should they be paying for?

[Jeff Dykens.]

Thanks much Edmund.

Before I get to the specifics of who I think should pay for healthcare and what I think should they be paying for I would like to place our current healthcare system in some context.

Our healthcare industry consumes fully 17 % of our nation's GDP. The US spends the most money by far on the delivery of healthcare among the developed nations. Yet, arguably, from credible data, our citizens don't enjoy any better outcomes than those nations that spend much less. Those countries that have a single payer-government sponsored healthcare system, and I count Canada, England, Sweden, France and Germany among them, average expenditures

of 8% of their GDP on the delivery of healthcare services. The United States' healthcare industry enjoys the use of the latest and greatest scientific, medical and technological advances as it delivers care. The United States has the best educated medical work force in the world. Yet tens of millions of our citizens do not have access to this latest technology, the latest medical breakthroughs, and to these sharp clinical minds. Those very resources that are often touted as giving the United States the best healthcare in the world are not delivered in a fair or in an efficient manner. Only 60-70 cents of every dollar spent on healthcare is dedicated to patient care. The remainder pays for administrative costs that are duplicative, burdensome and tremendously wasteful. I have a perspective that is born of experience in the operational and financial trenches of our community-based healthcare system where I have worked for seventeen years currently as Corporate Controller for the parent corporation Cape Cod Healthcare.

Our healthcare system is in need of serious reform. The debate in large measure does center on the pivotal question of: WHO should pay for our healthcare? While the answer to this question is central to national reform, the current debate is but nipping around the edges playing to those interests that have the most influence, money, and political muscle and the most at stake in the outcome: most notably the insurance industry and the legal industry. It is clear that the current system of coverage by insurance carriers – third party payers such as Blue Cross, Tufts, and Harvard Pilgrim play the game like any other insurer. The game for these companies is to collect as many healthcare premium dollars as possible and to not pay them out in claims to either individuals or providers. Those insurance companies that are publicly traded such as Aetna, Cigna and United have even more skin in this game as they need to satisfy the financial return expectations of their shareholders. Those that can't pay can't play at all unless they are over the age of 65 and qualify for Medicare coverage. The promise of returns to shareholders and the fattening of balance sheets consume limited dollars that could be used to expand access and provide more care. The healthcare dollars that flow to insurance companies are just not destined to expand access and provide care. Their bottom line is ultimately dependent on saying no to care. Integral to my view of a successfully reformed healthcare system is ridding the system of the insurance middleman. That is not likely to happen in the current debate and in the models being considered as the insurance industry is too powerful a lobby for Congress to ignore.

The other bane to the healthcare industry with deep influence in Congress to counter reform is the legal profession. The need for tort reform is of paramount importance. The amount of healthcare ordered by physicians that is defensive in nature adds an enormously to the cost of healthcare. Physicians order tests so they are 'covered' if outcomes are untoward. The national debate is not seriously considering the limitation of malpractice awards. If malpractice

lawsuit award caps were implemented in a reasonable fashion the incentive to sue would diminish and physicians and providers could practice medicine without the threat of settlements and jury awards increasing malpractice insurance premiums and adding costs to the provision of care by hospitals and healthcare systems. With a Congress populated largely by lawyers, this piece of the healthcare reform puzzle is likely also not to be solved any time soon.

So WHO should pay for healthcare? I strongly support a national system and a single payer model. The employer-based "health insurance as an employee benefit" model is straining under the weight of ever increasing premiums. Even the largest corporate employers in the US are struggling to rationalize an ever-increasing premium expense that puts them at a competitive disadvantage with their global counterparts. I am hopeful that enlisting the corporate titans in the US that are placed at competitive disadvantage in a global economy will provide some of the influence and will power that Congress needs to truly effect meaningful reform.

The benefits of a single payer system are many. We need to simplify the Byzantine maze we all currently experience as we attempt to navigate through the healthcare system. As a provider I can tell you that the billing and collecting cycle with third party payers is even more onerous and confusing than what you experience as consumers. The myriad systems and modes of reimbursement for inpatient and outpatient services DO require a rocket scientist to figure out. The insurance companies make it a war of attrition for providers as they constantly come up with new reasons to deny payments to providers. The disparate systems utilized are hugely inefficient. A single payer system has the best chance of bringing sanity and enormous cost savings (35% of every healthcare dollar in play..) to this mess.

A single payer system would be able to reward those clinical behaviors that are most desired versus those that provide the most reimbursement or those that protect in the event of future lawsuit. A single payer system would be able to align the incentives of providers so they are not competing with each other for patients, revenues and profits.

A single payer system has the best chance of streamlining the regulatory jigsaw puzzle that providers face. Our healthcare industry is extremely highly regulated. From my perch, this is both a good thing and a bad thing. Those regulations that protect the patient and provide quality clinical controls are of much use. Those that add deepening complexity to already overburdened providers attempting to get paid for care that has already been delivered are enormously costly.

A single payer system will potentially rid the system of the pure 'for-profit' motive that

is arguably at the root of much inefficiency in the system.

A single payer system would be able to rationalize, incentivize, and re-focus us on what we should be paying for.

And for those that argue that the federal government should not be the single payer because they can't administer anything efficiently I submit that Medicare even with its faults is from a provider's perspective one of our most efficient payers. The rules are complex, the reimbursement does not always cover our costs, but they do pay with relative efficiency. Moreover, the federal government subcontracts with private interests called fiscal intermediaries that administer the program on behalf of the government again with relative efficiency.

And WHAT SHOULD we be paying for? to get back to answering Edmunds' second query. I do believe that to bring true reform to our healthcare industry we need to emphasize the delivery of primary care over episodic acute care. The current system rewards procedures over prevention. It rewards the treatment of episodic volume as if it were piecework. In other words, it rewards the treatment of sickness rather than the creation of overall health. We get paid for admissions to our facility. I am not suggesting that we deny ourselves the ability to be treated in an acute care setting for our emergent, episodic or chronic conditions. I am arguing that we need to emphasize the treatment of populations of people and support widespread public health initiatives to educate our citizens on preventable diseases and to treat chronic disease in a network of integrated care that might well prevent the acute care episode.

There IS much discussion and positive action in the current reform debate along these lines. Stimulus dollars will flow to providers that implement electronic health records that will create a healthcare information highway that will pave the road for the delivery of more efficient care. The federal government and third party payers are revisiting the notion of capitated payments to providers to treat pools of patients no matter what ills they might present to caregivers. This is a seismic change from the 'pay for piecework' approach of the past. Providers are now being asked to take on the financial risk of a pool of patient's clinical demand behavior they can not completely anticipate. This is very difficult from a provider's perspective as we do not have the requisite information systems to discern how much of that risk we can successfully manage financially.

Stimulus dollars are also flowing to those providers that deliver care to the disenfranchised. The federal government is supporting the development of community health

centers (of which there are four on the Cape) that treat the homeless and those that do not have health insurance including those who are not citizens. This support is real and much needed.

There is much discussion on the dearth of primary care practitioners. We have all experienced the lack of access to primary care on the Cape. Industry leaders and state and federal government are considering incentives for medical students to enter the field of internal medicine and primary care versus those that are more procedure oriented like surgery. Medical school loan forgiveness programs and the direct subsidization of medical school tuition payments for those that declare their intention to enter the field of primary care are under serious consideration and are being implemented in some geographies and by some healthcare systems. We need to extend these programs to support the education of more nurse practitioners and physician assistants as well. I submit that we need to support primary care by compensating primary care practitioners on a level commensurate with their more procedure-oriented brethren regardless of what geography they practice in or what patient population they treat. We SHOULD be paying for more access to primary care.

My comments have been largely conceptual. I have not touched on the many other burning questions such as: For WHOM should we pay? And HOW MUCH should we pay? The answers to all these questions are enormously complex. The debate and its outcome deeply touch all our citizens and virtually all who participate formally or informally in our economy.

I do hold out some hope that we will get it right as we seek to reform what is arguably our most important industry. True reform will take a political will that we have not seen for some time and will not be immediate. I do believe our best chance to exact change, however incremental, is now and applaud the current administration for its courage in the attempt.

[Edmund resumes]

I want to underscore something Jeff said: he favors a single-payer system. I asked him if he would get in trouble over at Cape Cod Healthcare for advocating something that radical, and he replied, “no, the CEO of Cape Cod Healthcare has come out in favor of single payer.” The hospitals want a single payer because it is simpler. It is the insurance companies who fight single-payer.

Our second principles commits us to promote “justice, equity and compassion in human relations”. When people are dying because they can’t afford adequate health care, the system is unjust.

It is a new year. We have cast our bread upon the waters. Tikkun olam calls us to inform ourselves and get involved in this struggle which concerns all of us. I for one would like to see access to health care also recognized as a basic human right. It is in virtually every other wealthy country.

Is there no balm in Gilead? Why has the health of my poor people not been restored? How will we heal the world? Bearing witness to the torch that Sen Kennedy carried for so long, let us continue to work for the day when the American health care system truly and fairly provides for all.

Amen.