

Why Is Fair Access So Hard to Achieve?

The North Carolina Medical Society Explores Solutions

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When I was elected President of the North Carolina Medical Society in November, 1999, one of the issues that deeply concerned me was the lack of health insurance for one in seven North Carolinians. This concern was widely held by my colleagues as well. In state-wide "town meetings" of over 1,000 physicians during Summer 2000, access to care for the uninsured was the major topic that members wanted the Society to address. In response, two groups were created to work on this.

Two Task Forces

The first was a task force to encourage the replication or expansion of various innovative local models of voluntary care across the state. While task force members acknowledged that voluntary efforts cannot be sustained indefinitely, they also recognized that coordinated efforts between doctors, hospitals, clinics, and pharmacists could deliver needed care more efficiently, and distribute the economic burden of providing that care more equitably, than individual efforts. A "tool kit" was prepared for physicians to use in promoting and developing interest in local initiatives. The task force concluded that better access to prescription drugs—through either more available funding or more efficient programs—was key to the success of such voluntary efforts, and they explored ways to achieve this.

The second group appointed was the Special Committee to Explore Universal Access to Health Care for All North Carolinians. This committee explored more systemic or permanent changes in healthcare delivery and financing as means to achieving universal access. Faced with an over-

whelming amount of information from many different sources, the Committee relied on the Institute of Medicine to collect, analyze, and summarize data on the uninsured, barriers to care, options for increasing coverage—both public and private—and ways to finance them. This valuable report, updated and expanded, is here published as the key paper for this *Forum* (Silberman et al, p. 35). The findings and recommendations of the Committee to Explore Universal Access to Health Care for All North Carolinians (known as Report R) were presented to the NCMS House of Delegates at its Annual Meeting in November, 2000, and approved without dissent.

Recommended Approaches

NCMS Report R outlines underlying principles that the Society should consider in reviewing and supporting efforts to increase access to care. In advocating high-quality, affordable care for all, we believe that the public and private sectors should share equitably in the burden of caring for the uninsured and should work together to fashion innovative approaches to financing this care.

Delivery systems and allocation of resources should be focused on and customized to the community level. Whenever possible, infrastructure, support, and accountability should be built "from the ground up." The Report describes long-range as well as short-range strategies to move us toward our goal, urging us to work on short-term incremental improvements in access to care as well as fundamental changes in the complex system of financing and delivering care that is currently in place. Changes supported by the North Carolina Medical Society should be both cost-effective and affordable.

Because our efforts to achieve greater access could not be realized in a year's time, the Task Force on Access to Health Care was re-appointed in 2001 and again in 2002. It continues to focus on community initiatives to mobilize and

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organize voluntary care for the uninsured; on state initiatives to expand coverage of low income families and individuals through public safety net programs; and on national initiatives to address systemic changes in financing healthcare through public-private partnerships.

Setbacks and New Strategies

Unfortunately, our primary goal of increasing access to care has suffered several major setbacks. As the state is facing a severe and prolonged fiscal crisis, a great deal of our attention has been diverted from expanding access to care to protecting current access to publicly funded care and preventing the erosion of private insurance coverage. In the private sector, recent economic woes are contributing to an increased number of unemployed—and ultimately uninsured—people in our state. And, regrettably, the tragedy of September 11 has overshadowed national interest in addressing the problems of the uninsured in Washington, while consuming economic resources for possible federal solutions.

These setbacks, while daunting, cannot allow us to abandon our mission to seek permanent solutions to the problems of uninsured North Carolinians. In fact, we must remain vigilant in safeguarding the access now available to them, and not allow the status quo to be further eroded. At the same time, I am confident that we will find new ways to help those affected by unemployment and that these solutions may lend themselves to broader applications.

For example, federal assistance to purchase private insurance (through COBRA) has been raised as a possibility to benefit unemployed workers who lost their jobs because of events surrounding September 11. If this were enacted, it would set a precedent for providing similar assistance to broader categories of unemployed workers. Because the economic downturn is national in scope, and almost all states are unable to keep up with the costs of the Medicaid Program which accelerate as unemployment increases, states are seeking additional Federal funds to help them meet their obligations. Similarly, our poorest counties, the least able to raise revenues, are seeking relief from the state for their growing Medicaid costs. Other federal initiatives that have been discussed in recent months would allow uninsured persons to purchase federal or state insurance plans, extend the Child Health Insurance Program to more families, or provide pharmaceutical assistance to elderly and disabled Medicare beneficiaries, thus freeing state Medicaid programs of this financial burden for the low-income members of this group.

Of course, none of these measures addresses the heart of the matter, which is designing a system that assures that all Americans—not just the poor or the elderly or the temporarily unemployed—will have access to affordable healthcare. Incremental change is slow, incomplete, and often inequitable, but it is attainable. On the other hand, major changes

are often stymied by competing special interests that have a lot to lose in a coordinated, streamlined system. Compounding the problem is the fact that private employers, both large and small, who currently offer the majority of insurance plans for Americans do not speak with one voice in supporting needed change.

A Rallying Cry for Reasonable Action

For more than three decades I have lamented (and, it seems, more often today than in the past) and asked myself, WHY?

Why should our patients have to worry about which insurance plans cover what, when, and how? Why should physicians have to expend enormous energy and efforts to describe patients' medical needs in creative ways just to meet the insurance coverage requirements? Why should we as physicians have to focus on who is to pay for needed healthcare?

Why can't patients have one all-inclusive insurance plan paid by multiple sources such as employers, workman's compensation, personal and auto liability, health IRA, Medicare, Medicaid, personal resource, etc.? Why can't a private or government clearinghouse be created to match the multiple payers' coverage with the patient's medical expenses? We already have both private and government programs that review and clear the "medical necessity" and the "appropriateness of care" provided by physicians and others. Personally, I dare to dream that some day physicians can focus their expertise and professional training on making the sick well, the infirm whole, and the injured healed.

To achieve a viable solution, I believe that we need to join with other organizations and entities—both public and private—committed to the ultimate goal of healthcare access for all, and we must speak out for needed improvements with a unified strong voice. It is an overwhelming and unrealistic expectation for any single group to craft a solution that will be acceptable to all. But together we can overcome resistance to change and design a system that will assure that all North Carolinians as well as all Americans will have access to affordable, high-quality healthcare.