Where He Stands:
Health Care Reform

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Our health care system is broken. We spend more money than any other country on health care, yet our results aren't any better – and are often worse – than other developed countries. In other words, we aren't getting our money's worth.

I've spent the last 40 years of my life as a doctor, serving thousands of patients from all walks of life – every age, every background, every race, every economic status. I also served as the President of the Michigan State Medical Society. Based on those many years of direct experience, here's what I can tell you about the urgent need for health care reform:

#1 – Health care insurance is far too expensive for many middle-class families. "Premiums for individual coverage averaged $321 per month while premiums for family plans averaged $833 per month. The average annual deductible for individual plans was $4,358 and the average deductible for family plans was $7,983," according to a study by eHealthInsurance.com. In some cases, deductibles can be as high as $10,000 or $20,000. That was in 2016. Prices are going up even more in many parts of the country now. With such high deductibles, many families get no actual financial benefit from their health insurance.

#2 – Soaring health care costs are threatening to bankrupt our entire country, not only the Medicare and Medicaid system. We currently spend about 18% of our Gross Domestic Product (GDP) on health care. If current trends continue, we'll spend 100% of our GDP on health care – every penny of our economy.

Pie-in-the sky solutions like "Medicare for All" or a single-payer system run by the government simply won't have any impact on overall costs – they'll simply shift more and more costs to the taxpayer. In fact, both Vermont and California tried to implement single-payer systems and both efforts failed – because they were unaffordable!

So what is the answer? It's clear to me that we need a multi-faceted approach that addresses both the cost of medical care and the way it's paid for, as well as the value we get for each dollar spent. Remember: Simply making insurance available to our citizens does nothing to control costs or improve outcomes. I believe that these measures could help:

■ Alternative payment models, such as payments for primary care providers that reward them for keeping patients healthy instead of waiting until they get seriously ill. Studies show that good preventive care and integrated care lead by a primary care team lead to better results and lower overall costs, on average.

■ Institute a worldwide market for prescription drugs. Today, health insurers in the United States routinely pay higher — often much higher — prices for many prescription drugs those in other developed countries, according to Scientific American: "U.S. prices for the world's 20 top-selling medicines are, on average, three times higher than in Britain, according to an analysis carried out for Reuters."
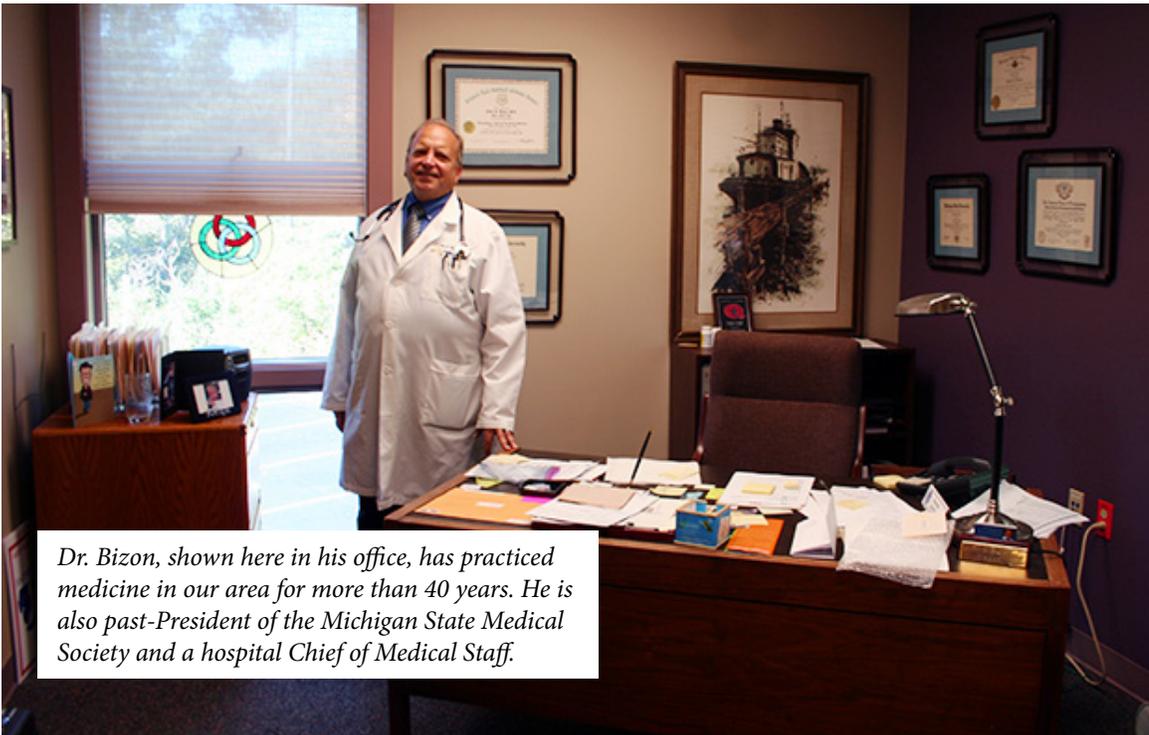
Dr. Bizon, shown here in his office, has practiced medicine in our area for more than 40 years. He is also past-President of the Michigan State Medical Society and a hospital Chief of Medical Staff.

There is no justification for this type of enormous disparity, particularly between two developed countries like the U.S. and Britain. Yes, we need a robust system to verify that any imported medications meet the same standards as U.S.-made drugs to protect our citizens. We do that with food products today – there's no reason why we can't do that with prescriptions meds also.

■ <u>Standardize medical records and make them more portable from place to place.</u> Far too much money (billions and billions of dollars) is spent on paperwork and incompatible medical records systems today. Medical records should be standardized, not only to reduce duplication but also to facilitate faster and easier transfer of data between doctors, hospitals, clinics and other health care providers. We should also consider using new technologies that would allow patients to carry their essential medical records on a chip-based card with encryption and multi-level passwords for security.

■ <u>Encourage new group-based health care cooperatives</u> that enable people to band together to achieve greater savings on health care and prescriptions. Such groups can amass valuable negotiating power with health insurers, pharmacies, clinics and hospitals. A central management team can ask for the same high standards of care at a lower cost in return for a steady flow of patients.

■ <u>Promote greater personal responsibility and better decision-making by individuals (healthy choices).</u> We can and must do a better job of incentivizing our citizens to live a healthy lifestyle. Here in Michigan,

Blue Cross Blue Shield recently instituted one example of this approach by waiving the deductible for annual physical exams. Getting a physical exam at least once a year is a proven way to improve preventive care and help address small problems before they grow into big, expensive ones.

Many groups and states are experimenting now with similar incentives around smoking cessation, diet, weight reduction and so forth. When it comes to health, we are all in this together. This is only a partial list of the many ways we can reduce health care costs without sacrificing patient care. I look forward to speaking with all concerned parties and listening to their ideas for continuous improvement in this area.

Health care policy affects everyone. Your input matters to me. To use the comments box on our website, go to *www.BizonforMichiganSenate.com.* Or visit our Facebook page at *#bizonformichigansenate.* **Thank you!**