



Mark K. Belknap, MD

Invited Editorial

Society must lead the way in reforming health care system

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A 50-year-old female convenience store manager from the Upper Peninsula of Michigan was recently referred to me from the emergency department (ED) for evaluation of heart failure. She had presented to the ED with progressively severe shortness of breath and leg edema. She had no health care insurance and had not seen a physician for several years. Following an episode of rheumatic fever as a teenager, she had a history of a murmur. An echocardiogram was performed, and it showed severe mitral stenosis and severe pulmonary hypertension. I referred her for cardiac catheterization, which confirmed the findings of the echocardiogram, and she underwent mitral valve replacement.

Several aspects of this patient's case are typical in patients without health insurance. Because she had no personal physician, she initially presented to the ED, where care is much more expensive. Her costs exceeded \$60,000 and she has since applied for "compassionate care." She presented at an advanced stage of her disease because she had not had regular ongoing health care. It is likely that she developed rheumatic fever and, subsequently, mitral valve disease because of lack of access to care for her initial episode of streptococcal pharyngitis. As a

consequence of her need for mitral valve replacement, she will need life-long anticoagulation with warfarin, with its attendant cost and risks. It is uncertain at this point how much of her pulmonary hypertension is reversible, and she may continue to suffer the morbidity of this condition because she did not receive care in a timely manner.

At last tally, the US Census Bureau reported that 45.8 million people, or approximately 16%, were without health insurance in the United States in 2004.¹ In Wisconsin, this figure was 571,000, or approximately 10.6% of the population.¹ Employers' health care insurance costs are rising, insured employees are shouldering more costs in the form of increased deductibles and copays, and increasingly employees are losing their health care insurance altogether. This census survey reported these trends: reduced numbers of employees covered by health care insurance, increased numbers of people covered by Medicaid, and increased numbers of people buying their insurance individually. This is at a time when the Federal administration is proposing sharp cutbacks in Medicaid funding, and nearly every state is in crisis in regard to funding their portion of Medicaid cost. Additionally, costs for individually purchased insurance are rising much more rapidly than group insurance purchased by employers.¹ These trends portend an impending

crisis in the funding of health care and in access to health care.

Despite these trends, approximately 84% of Americans still have some form of health insurance (89% in Wisconsin), and there does not seem to be a widespread realization of the impending crisis.

Several attempts have been made over the last century to create a national system of universal health insurance coverage, and all have fallen short of achieving this goal. There has never been sufficiently widespread political will to successfully push meaningful reform through the difficult legislative process, nor does the present political climate seem conducive to reform. Needed ingredients include a strong champion to guide reform through Congress, agreement between the legislative and executive branches on the need for change, and wide-based grassroots support for reform to make legislators put aside their partisan differences and work together to find a solution. Until these ingredients coalesce, health system reform likely will not occur, and the situation will continue to worsen. Various factions have championed one of four basic models of health system reform, but until there is a widespread realization of the urgency for change, we will continue to flounder in bickering about the need for change, the degree of change needed, and the form that change should take.

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My goal this year as president of the Wisconsin Medical Society is to raise the level of consciousness of the variables contributing to lack of access to health care and to address the reasons for this lack of access and the need for health system reform. As physicians, we must take the lead in informing society of the urgent need for change. We may each have our own picture of how the new health care system will be organized, but before getting too far in debating the relative merits of various models, we must first work to inform our patients of the urgent need for reform. To continue with the status quo will subject our patients to an increasing lack of access to care that can lead to negative consequences such as those of my patient described above.

As a way to refocus the Society's efforts on this topic, the Society Board of Directors and staff have recently gone through a re-examination of the Society's strategic plan. In doing so, we have developed and approved new mission and vision statements that, in light of the current developing crisis in health care funding and delivery, are integral to our success in playing a vital role in helping to solve this crisis. Our active participation as a Society and as individual members in pursuing the mission and vision as stated has never been needed more. I am personally gratified that we have agreed by consensus that the guiding principles of physician professionalism are the foundation for our strategic initiatives and goals. These principles focus our efforts as we work with our health care

partners to reform our health care system with the aim of achieving universal access to health care and of improving quality of care. We in Wisconsin, and our colleagues nationwide, need to understand and develop ways to fund health care to achieve equal access to proven, effective, patient-centered care for all.

Reference

1. *Milwaukee Journal Sentinel*. Available at: www.jsonline.com/bym/news/aug05/352156.asp. Accessed November 4, 2005.

Editor's note: See page 19 for the Society's new strategic plan, which was approved by the Board of Directors in July 2005.

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