

## **10 Health Care Commandments**

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When I told friends that I was going to write about the health care debate and suggest a title of “Where is Moses when we need him?,” my friends reminded me that Moses had wandered in the desert for 40 years. I countered that this was probably because there was some government mandate about photo ID's being necessary for entry into the “promised land,” and he also had to obtain a proper environmental impact report. The conversation deteriorated from there.

The analogy does work. Moses got the 12 tribes to rally around those still-relevant Ten Commandments – society's rules of engagement. Likewise, the health care debate needs leaders who understand human nature, our Constitution, and the economics of health care delivery. The debate needs to be about improving access and managing costs rather than a discussion on population management or forced redistribution of income.

Here is my attempt to start that deliberate, rational conversation with 10 commandments for health care reform:

1. Patients should always be free to choose their own doctor, hospital, and treatment plan. The patient and physician, working together in trusted collaboration, should make all decisions about their care.
2. Patient privacy cannot be compromised.
3. The patient/doctor relationship is confidential and personal. It should never be regulated by outside agencies.

4. Patients have the right to privately contract with any physician, provider, health care facility, or vendor that provides health-related materials. Fee schedules and price lists should be readily available.

5. Actuarial risk is the business of payers, not health care providers. Insurers should assume the actuarial risk of those with pre-existing conditions by setting up high-risk pools. Insurers should make available basic catastrophic, hospital-only insurance.

6. Payment of benefits is between the payer (i.e. the insurance provider, whether public or private) and the insured. Payment for services should be between the patient and the doctor, hospital or other provider. The two should not be mixed.

7. Any tax benefit provided for purchasing of health care or health insurance should accrue to the individual patient/insured. Employers should be allowed to contribute to their employees' health benefit without tax implications. Insurance contracts should remain under the jurisdiction of the state where purchased, and insurance should be able to be purchased across state lines.

8. There shall be no mandates.

9. Just as patients are entitled to justice if they are injured, doctors and caregivers should be adequately protected from lawsuit abuse.

10. The patient should determine quality of health care. Standards of care should remain at the discretion of specialty organizations, not the government, and should be published and available to all patients. Physicians within that specialty network should do peer review exclusively and confidentially.

The first four commandments address patients' rights to privacy and to privately contract in a transparent marketplace and their right to choose their doctor and care strategy. The current health care delivery system is expensive, redundant, and blind to the consumer and the providers. When the marketplace becomes transparent, patients can make valid choices based on value, costs will be contained and access increased. Maintaining a trusting relationship with a personal physician is the foundation necessary for allowing

patients to make valued medical decisions. Quality can only be determined by our patients in a competitive and open market.

Commandments Five and Six address the confusing way health care services payments are managed. The insurance contract must remain between the insured and the insurer. By triangulating the transaction, control has moved to the payer, adding both confusion and cost to every transaction. Moreover, the problem of the uninsured cannot be solved until we provide Americans with a product that they want to buy. Young adults are not interested in buying a benefit package that includes fertility treatments and bifocals. Basic catastrophic, hospital-only care (preferably with a Health Savings Account) should be offered in an efficient insurance marketplace.

Commandments Seven and Eight deal with mandates and regulations that interfere with the free market. Insurers should be allowed to sell plans across state lines, and, rather than giving employers tax breaks for providing insurance to employees, we should motivate individuals to purchase their own health insurance and health care with the appropriate incentives and tax breaks.

Finally, commandments Nine and 10 refer to the need for doctors to do better job of policing ourselves and protecting our patients' safety. Mistakes will be made, but we must develop a fair system that balances the need for justice for injured patients with the need to reduce frivolous lawsuits that lead to unnecessary tests and expensive malpractice insurance.

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