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HEALTH CARE REFORM

Uninspiring progress so far

Congress has taken its first swings at health-care reform, and they've been ruled foul. Not barely foul; way foul.

The umpire making the call, Congressional Budget Office Director Douglas Elmendorf, told the Senate Budget Committee on Thursday that bills crafted by House leaders and the Senate health committee fall so short of the fundamental changes that are needed in health-care delivery that instead of reducing the increase in costs, "The curve is being raised."

The nonpartisan CBO is the official judge of the cost of proposed legislation. Elmendorf said the measures put forth so far spend about \$1 trillion over the next decade to ensure coverage for nearly all Americans, but don't come close to doing what's necessary to pay for it by restraining costs or adding revenues.

He suggests taxing employee health benefits as the income they really are, and getting serious about changing our health-care payment system from one that rewards the number of procedures performed to one that rewards prevention and coordinated care. Incentives must be created for reducing costs, he said.

Gee, you think? Yet here we are, less than a month away from a deadline set by Obama and House Speaker Nancy Pelosi to have a comprehensive reform bill passed by the House, and sufficient cost savings aren't part of it.

Obama called on lawmakers Friday to act on recommendations they've received on how to hold down Medicare and Medicaid spending — suggesting they've been ignored.

The evidence that costs can be cut while quality is improved is abundant. Much of it has been gathered here, in a highly successful Medicare demonstration project conducted by The Everett Clinic, and in a series of comprehensive reports by the Puget Sound Health Alliance that are improving the value and effectiveness of health care locally, and saving money.

The latest Community Checkup by the Puget Sound Health Alliance, released last week, offers sound, proven suggestions for reducing costs and increasing effectiveness in the treatment of depression, the No. 1 driver of health-related costs in the workplace. It shows how medical groups can learn from local clinics that are providing care to Medicaid patients that exceed national benchmarks. And it reports that far too many patients continue to waste money on brand-name prescription drugs when equally effective generics are available.

Obama wants all or nearly all Americans covered, without adding to the budget deficit. But that can't be done without dramatically slowing the rise in health-care costs, which are strangling business, government and family budgets. Congress has yet to show it understands that.

If it doesn't see the light soon, it's hard to see how Obama gets the health care home run he's pushing for this year.