

# HEALTH REFORM IN NORTH CAROLINA

## *Health Care Reform: My View*

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When viewing the prospects for national health reform, I am more optimistic than I've been in the past 25 years. With that being said, we have a long road ahead of us in terms of actually improving our health care system. Currently the United States has the world's most expensive health care system on a per capita basis. Nearly 50 million Americans are without health insurance, and in North Carolina alone, one in five people are uninsured. In the practice of medicine, our system often provides the wrong care, overusing ineffective therapies and underusing effective therapies. Many things that are done are not safe for patients. These issues of cost, access, and quality need to be looked at together, as they are intricately related. Fortunately, all three of these topics are now at the forefront of the policy debate in Washington, and North Carolinians have developed some nationally recognized innovative programs that can be useful.

### **Cost**

It is my belief that we have plenty of money in our health care system. We do not need an even more expensive health care system—we just need to use the resources we now have more wisely. That means taking money that's currently being wasted and using it to fund care for people currently without insurance. By wasting money, I'm referring to our not making smart decisions. For example, I think most people would admit that ordering extra tests and scans for patients is unnecessary and doesn't really have to be done. If we could implement more standardized patient protocols and provide more efficient care, in a manner that constrains (and does not add to) costs, I'm confident we could free up enough dollars to pay for the care of those who lack health care coverage and maybe even end up spending less than we do now. There are real opportunities for making progress on controlling costs, such as implementing electronic health records and doing comparative effectiveness research to guide practice and payment. We need to design health insurance in a way that pays for services that are proven effective and doesn't pay for those that are not.

### **Access**

As mentioned earlier, almost 50 million Americans lack health insurance, and because they lack health insurance they don't have full access to our health care system. There is very strong evidence that their health is worse as a result. People are harmed, and we as a nation are too. We should create a system of universal health care coverage. We don't need to have one plan that covers everybody, but we do need to ensure that everyone is covered.

The problems of the country's and our state's health system are mirrored at UNC Health Care. As a safety net hospital, we've seen a dramatic increase in uncompensated care, to unprecedented levels. In some of our clinics, 40% of our patients who walk through the door are uninsured. Due to the rapidly growing unemployment rate, people have been left without coverage and health insurance. As North Carolina's unemployment rate worsens, the tidal wave of uncompensated care will get much worse. With each 1% rise in North Carolina's unemployment rate, we lose another \$14.4 million. Since the rate has gone from 4% to almost 11%, our additional uncompensated care costs for the upcoming year are going to be close to \$100 million, totaling near \$300 million.

In terms of health care access, North Carolina is leading the way for improvement. One example is the Medicaid program called Community Care of North Carolina (CCNC), which was highlighted in the May/June 2009 issue of the *North Carolina Medical Journal*. Institutions across the state are working with community health centers and private physicians to make sure our citizens get the most appropriate care. CCNC links hospitals, doctors, and neighborhood clinics to provide a means of referring people

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without health insurance to places where they can get care in a less expensive setting. UNC Health Care is part of this program, and we have partnered locally with Piedmont Health Center. We provide funds to Piedmont so patients can get care close to home without having to come to our emergency rooms. These kinds of partnerships have proven to be effective in improving our population's health while redirecting non-urgent visits from an expensive emergency room setting to a more appropriate office-based setting.

### **Quality**

Health care quality and patient safety has been growing in importance to patients, providers, and policymakers. In 2000, the Institute of Medicine of the National Academies published their landmark report, *To Err Is Human: Building a Safer Health System*,<sup>1</sup> which revealed that close to 100,000 people die unnecessarily each year from the result of medical injuries caused by errors. In addition to medical errors, many procedures done in the health care delivery system are unnecessary and are not guided by evidence-based practices. There are administrative wastes in the system; duplication and inefficiencies are rampant. Our system doesn't always use modern information technology in a widespread fashion to produce the quality and efficiency that we all deserve.

The topic of health care quality will continue to play a role in health care reform. Quality improvement initiatives—such as pay for performance, the Institute for Healthcare Improvement's 100,000 Lives Campaign, and President Obama's push for the widespread use of health information technology—will remain key ways of linking quality and cost. Implementing new standards is not always easy, but clearly the benefits in patient care demonstrate the success of these important initiatives. I chair the board of the National Quality Forum, which has a leading role in this area, alongside many others. I advise that we should implement a health care system that covers everyone, avoids duplications and inefficiencies that run rampant in our health system today, and supports development and implementation of electronic health records.

Health reform is going to require a lot of willingness to compromise on everybody's part. For the first time in my memory, the parties of interest—community members, hospital leaders, labor unions, elected officials, insurance companies—everyone is saying, "Yes, I'm willing to compromise." Only with that kind of attitude can we expect to make progress on tackling one of the most complex problems our government has ever seen.

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### **REFERENCE**

- 1 Kohn LT, Corrigan JM, Donaldson M, eds; Committee on Quality of Health Care in America, Institute of Medicine. *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academy Press; 1999.

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