

## Leslie Conner and Robert Quinn: The government's role in health care

The Patient Protection and Affordable Care Act -- otherwise known as health care reform -- was passed last year after vigorous debate.

To clarify the issues at stake, members of the Health Improvement Partnership HIP of Santa Cruz County have agreed to share their reflections. HIP is a local, countywide collaborative of health, foundation and government leaders dedicated to increasing access to care and building a stronger health care delivery system.

Dr. Robert Quinn is a HIP board member, specialist in rehabilitation medicine and chief medical officer of the Dominican Medical Foundation.

Here is an edited version of a recent conversation between Quinn and HIP Program and Policy Director Leslie Conner about the role of government in our health care system.

LC: You completed your medical training in Canada and practiced there for a few years. What are your observations about the Canadian health care system, compared to ours?

RQ: For both physicians and patients, the U.S. health care system is far more complicated, and we spend more of every health care dollar on administrative costs here. For Medicare beneficiaries, though, the experience of obtaining health care is very similar to what it's like for the average Canadian except there are very limited co-pays in Canada.

My Medicare patients, many of whom are disabled and/or elderly, can choose their providers based on quality and the services they need -- not whether or not their doctors happen to be in a particular network. They have the peace of mind that the care they need will be in place for them over the long haul as they go through rehabilitation.

The potential loss of insurance is a source of stress for many patients with commercial insurance -- stress that no one needs when facing the aftermath of a life-altering stroke or injury. Overall, I get fewer complaints about access and quality of care from my patients who are on Medicare, compared to those on commercial insurance plans. From my experience as a doctor, I believe the Medicare program works well for both doctors and patients.

LC: If Medicare -- a government-run health care program -- works well for so many people, why is there so much resistance to the very idea of government involvement in health care?

RQ: There's a lot of rhetoric about government takeovers and loss of choice that really distracts from the hard work of designing a better system -- one that offers quality, access and sustainability. People do worry about third-party interference with the treatment plans they develop with their physicians. There are flaws in the Medicare program, but interference with treatment plans is not one of them, in my opinion. And it is odd to hear so much about a government "takeover." The government isn't going to take over -- it's already here.

Between Medicare, Medicaid, and the Veterans Affairs, the U.S. government is the single biggest provider of health care coverage in the country. Among my patients, most of the beneficiaries are satisfied consumers.

LC: What's overlooked in the current conversation?

RQ: Accountability, transparency and a focus on quality are important features of an effective health care system and of health care reform that I think are undervalued. Rules proposed for Accountable Care Organizations ACOs, which are local or regional networks of hospitals and doctors with shared responsibilities for caring for patients, will keep the focus on quality measures, evidence-based best practices, and cost-effectiveness. In particular, the rules emphasize serving the "at-risk and frail/elderly," which is a large and hard-to-serve part of our community.

LC: Where can people go for more information?

RQ: The recently released ACO guidelines are long, but good summaries are available, including ACOs Explained <http://www.npr.org/2011/04/01/132937232/accountable-care-organizations-explained>.