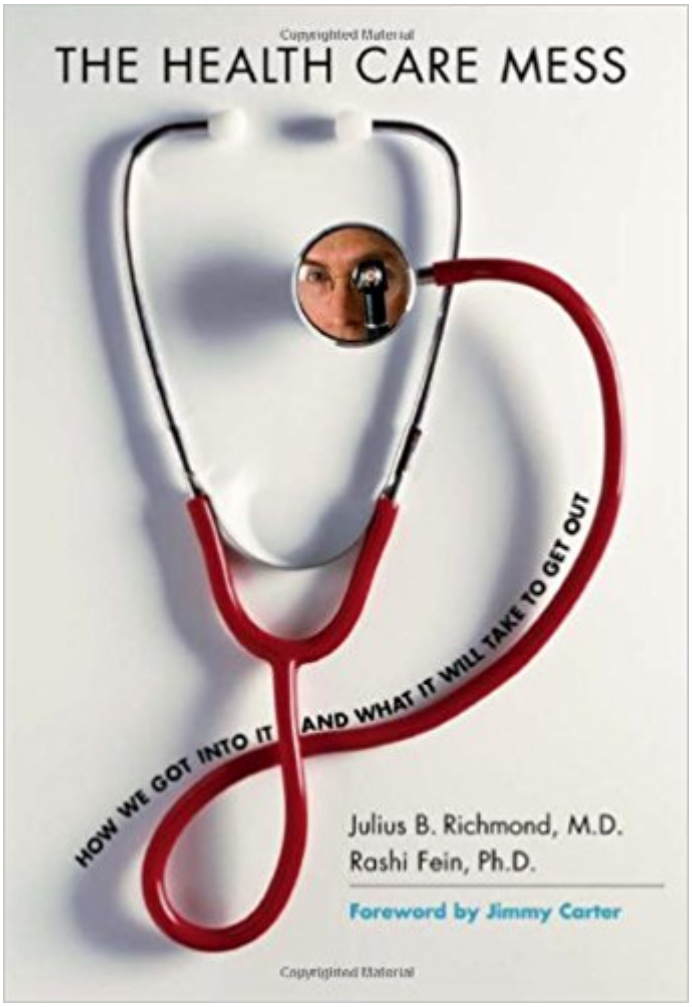
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The Health Care Mess: How We Got Into It And What It Will Take To Get Out



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Synopsis

If we can decode the human genome and fashion working machines out of atoms, why can’t we navigate the quagmire that is our health care system? In this important new book, Julius Richmond and Rashi Fein recount the fraught history of health care in America since the 1960s. After the advent of Medicare and Medicaid and with the progressive goal to make advances in medical care available to all, medical costs began their upward spiral. Cost control measures failed and led to the HMO revolution, turning patients into consumers and doctors into providers. The swelling ranks of Americans without any insurance at all dragged the United States to the bottom of the list of industrialized nations.Over the last century medical education was also profoundly transformed into today’s powerful triumvirate of academic medical centers, schools of medicine and public health, and research programs, all of which have shaped medical practice and medical care. The authors show how the promises of medical advances have not been matched either by financing or by delivery of care.As a new crisis looms, and the existing patchwork of insurance is poised to unravel, American leaders must again take up the question of health care. This book brings the voice of reason and the promise of compromise to that debate.

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Customer Reviews

As Americans become healthier and live longer, we increasingly concentrate on preventing illness or injury from making some of those extra years an agony. We spend far more than any industrialized country on health careÃ¢â ¬â •and get far less for it. How did we get here? Former

surgeon general Richmond and medical economist Fein offer a judicious, account making it blindingly clear that any decentralized system with multiple centers of influence (HMOs, employer-sponsored insurance plans, etc.) will force each segment of the health-care world to act in its own interest: the young and healthy opt out of mass coverage plans, which prevents their contributions from being spent on the aged and infirm; companies pass costs on to government or its own employees. In such a climate, what starts as rational self-interest inevitably morphs into a never-ending "quest for profits," which is where we are today. Bringing to this dry yet important subject authoritative knowledge and insight, the authors slice through the intricacies like an experienced surgeon. Their proposed solution is government-financed universal health insurance, though they admit our legislators have not had the stomach for it in the past. (Sept.) Copyright Ã Â© Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. --This text refers to an out of print or unavailable edition of this title.

In this authoritative and thoughtful book you will find what we need to know if we are to do anything about health care in America. (Daniel Schorr, Senior News Analyst, National Public Radio, and author of Don’t Get Sick in America!)From their vast experience as both policymakers and respected scholars, Richmond and Fein have produced an authoritative account of the circumstances that created our present predicament and, more important, a thoughtful roadmap for how we can extricate ourselves from the quagmire. Their message is both practical and hopeful: the future of health care in this country is not ’preordained’ by past decisions but will emerge from the choices still to be made. Their abiding optimism is both refreshing and timely. (Jordan J. Cohen, M.D., President, Association of American Medical Colleges)The book is a tour de force, a cogent, comprehensive and deeply informed review of the condition of the American health care system. Highly readable and carefully referenced, it is a guided tour over the very complex terrain of American health care, including the complexities and disparities that make its potential benefits unavailable to so many and so expensive to all. The authors’ plan for universally available health care offers a basis for a renewed national debate around the ideal of equity and justice in our health care system. This wonderful book should be read by everyone interested in better health for the American population. (Jeremiah A. Barondess, M.D., President, The New York Academy of Medicine)Two of the giants of American medicine, public policy, and health policy have combined to produce a masterpiece detailing how our healthcare system came to be what it is, and how we can take it to the next level--providing quality care and access for all. It is must reading for students of medicine, public health and health policy. (David Satcher, 16th US Surgeon General and Assistant

Secretary for Health)Rashi Fein and Julius Richmond bring a wealth of knowledge, long practical experience, and a welcome historical perspective to this excellent volume on the many aspects and causes of the steadily worsening health care crisis facing the nation. It's a continuing outrage that in today's America, the best and the worst in health care have existed side-by-side for so long in countless communities across the country. In this extraordinary era of nearly miracle-a-day new medical breakthroughs to prevent, treat, and even cure disease, inaction is unacceptable in the face of vast numbers of Americans with no health insurance, soaring inflation in the cost of health care, huge profits for the health insurance and pharmaceutical industries, and the very real danger of terrorist attacks with biological weapons. Genuine health reform is more urgent than ever, and the impressive recommendations of Fein and Richmond give us timely and important ideas about the direction such reform should take. Other modern nations have met and mastered this challenge, and America can too. (Senator Edward M. Kennedy)We spend far more than any industrialized country on health care and get far less for it. How did we get here? Former surgeon general Richmond and medical economist Fein offer a judicious account...Bringing to this...important subject authoritative knowledge and insight, the authors slice through the intricacies like an experienced surgeon. (Publishers Weekly 2005-07-11)What sets Julius Richmond and Rashi Fein's The Health Care Mess apart from the pack is its expanded perspective. Rather than approaching health as a purely political issue, they detail the evolution of the health-care industry, especially the research sector, teaching infrastructure, and hubs of care delivery. For them, health care is a story not merely of failed political machinations but of new medicines and more advanced treatments. As both were involved in government efforts to expand care during the 1960s and 70s, they're particularly strong when discussing the 'bumper crop' of transformative health legislation and failed efforts to achieve universal coverage during that period. (Ezra Klein American Prospect 2006-01-05)Over the course of their distinguished careers, the authors have participated in innumerable debates on matters of health care policy, large and small. They are veterans of fights over covering the uninsured, physician training, mental health, and substance abuse, and over funding for research, patient care, and medical education. They have extensive experience with the behavior of federal and state agencies, academic medical centers, insurers, and bureaucrats and bureaucracies, along with deep knowledge of the varying ways in which the United States has financed and delivered health care services. This book distills these experiences into a sophisticated historical and institutional perspective on why our health care system looks the way it does...The book is worth reading for the authors' perspective on how we ended up where we are and on ways and means of getting somewhere else. (David A. Hyman New England Journal of Medicine 2006-03-23)

In reading the previous reviews, I must say that they are quite accurate in many of their findings - the style of writing tends to be verbose and there isn't much in the ways of "how to do fix the US health care system." But that is not what this manuscript is about.Let me quickly rebut a few points from each of the previous reviews.From Mr. Weston: " When I bought the book, I was hoping the authors' would answer the question "What is equitable health care?" Is it equitable for the government to pay for medications that control blood pressure, insulin response, and bone density when all of these could be managed by diet and exercise? Americans have a problem giving welfare to those who can work. Why give "healthfare" to those who can diet and exercise? "First of all, equity is in the eye of the beholder. This is an area where even the most brilliant health economist cannot give a true answer. Our basis for equity depends upon our own moral upbringing.Secondly, it is obvious from the latter half of his comment that he does not have anything to do with the health care delivery system. Lifestyle modifications for hypertension, diabetes, and osteopenia/osteoporosis, while certainly beneficial, are not effective to the degree needed to prevent stroke, heart attack, or hip fractures. However, I will concede that doctors often over-utilize healthcare resources of limited benefit.Moving on to Ms. Clendenen's excellent review:" The three that immediately come to mind are the complete neglect in discussing the impact that the cost of pharmaceuticals has had on the overall cost of health care, the impact that malpractice litigation and the threat of malpractice suits have had, and the incredible cost of the administrative labyrinths that exist for most providers. "It would appear that for her, a serious health economist, this book misses the mark. There, however, is a brief discussion of malpractice litigation in Chapter 7. I believe the authors spent considerably less time on this subject than on the subjects of medical education and "orgranized medicine" because malpractice litigation appears to have limited effect on total national health expenditures (estimated to be about 1/2 of 1%).I agree with her that this book does little to explain the impact of administrative complexities on physicians. I can firmly attest that I spend far too much time doing paperwork than seeing patients. However, in the concluding chapter, the authors suggest a system - albeit a system closer to the single-payer edge of the political spectrum - that naturally would result in less administrative hassles for everyone involved compared to our current "nonsystem".And now onto Ms. Craig: Her thoughtful review begins to introduce the concept, not discussed in this book, that a small percentage of patients represent the largest percentage of medical expenditures. She also refers to ICU stays - where I have witnessed survival rates less than 30% - that account for a tremendous fraction of our health care dollar. As a nation we do spend too much money on care in the last 6 months of life. Unfortunately, we often times

cannot tell when someone will die. Additionally, even when death is virtually around the corner (by that I mean, when there is no chance for a "meaningful" life) we have families who want doctors to keep their loved ones "alive" for extended periods of time. As a nation, our culture of life may be in opposition to our appropriate use of health care resources.Okay, enough of the rebuttals (I only do it because I liked this book). I believe the point of "The Health Care Mess" is to introduce the layman to the history of the American healthcare system. It does this while addressing issues relevant to physicians - medical education and the American Medical Association’s persistent interference with progressive health reform. I believe this book may not be best geared towards the practicing health economist or the policy maker. "The Health Care Mess" is best designed for motivating a sleeping constuency - medical professionals and medical students. These folks are far too overburdened with their work to realize that they also need to be involved in the health care debate. Perhaps that is why the authors suggest making our current disorganized health care system focus attention on the academic medical centers as "hubs" for healthcare.You will not find answers in this book. But you will find that political stumbling blocks are typically the reasons why most recommendations to modify our current system have failed. It is the politics, not the science, that is important in changing health policy. This is where the focus lies in "The Health Care Mess."

This book does a good job at pointing out how broken the American health care system is. I really enjoyed the retrospective look at how we got where we are today. Some of the reasons for the problems are pointed out well, as in the discussion of community rating of insurance. Unfortunately, the book misses some of the most important reasons for the health care mess. The solutions proposed also strike me as at best unworkable.The book’s authors are big fans of national health insurance. As they point out, national health insurance does have some things going for it. However, I just don’t see how national health, if implemented in today’s health care climate, would bring about any savings at all. The Medicare program is the closest thing we have now to national health insurance; far from saving us money, from what I see its costs are completely out of control and headed through the roof. The book never discusses this. The book makes no mention at all of how to deal with bringing down costs at the high end; the 5% or so of patients who create probably 80% or more of all health care costs. The fact is that at some point you have to be willing to say no, we are going to send this patient to a hospice to die instead of treating him, because his treatment is just too expensive.I see the American health care system as caught in a trap of diminishing returns. In terms of quality of life, we get by far the most benefit from the first few dollars spent on a patient. By the time you get up to spending millions of dollars on a single patient, you are getting next to

nothing for your money. Keep in mind that money has to come from somewhere; taxes, or premiums, or cuts in quality of service. Spend a million dollars on a one-pound micro-preemie in a neonatal ICU, and it will take hundreds of overburdened nurses scrimping on their time with other patients to make up for it. Some of those neglected patients will die as a result. No amount of money is going to relieve the human condition. All of us are going to die someday, no matter what is spent on our care. The authors never seem to realize this.The book also misses the biggest problem with medical research today, which is that a treatment available only at exorbitant cost is actually worse than no treatment at all. Take the use of heart transplants to treat heart failure. By definition, each heart transplant requires at least two complex and expensive surgeries and decades of follow-up care due to immunosuppression. Many transplant patients die on the operating table or in the postoperative period, which pushes the cost per successful outcome even higher. There are also huge costs from maintaining the system to allocate donated organs. When you look at how else the money could be used, treatments like this hurt more people than they help. Research focused on complicated high-tech medicine is making public health worse.As I see it, we have only two choices if we really want to cut medical costs: we can regulate the industry to outlaw the most costly procedures; or we can get rid of medical insurance altogether. I don’t see much hope of the former. We may end up getting the latter by default. Medical insurance suffers from the basic problem that the doctors who are the ones who make the decisions over what care will be provided aren’t the ones who have to deal with the people who pay the bills. This leaves us in a fog filled with conflicts of interest. Our current legal standards for malpractice cases, which don’t allow cost considerations to enter into medical decisions, only make the problem worse.The authors also ignore the reasons behind Americans’ poor lifestyle decisions. Doctors are always telling us to eat less and exercise more. Somehow the doctors never mention that sweet and greasy foods are subsidized by our government to the tune of billions of dollars every year. Agricultural subsidies are what make corn syrup, bread, rice, cooking oil, hamburger, and cheese cheaper than fruits and vegetables. Government subsidies, crazy zoning laws, and parking requirements are why we live so far from our jobs and end up driving everywhere.For a far more interesting perspective on the health care mess than the one provided by this book, I would suggest Hadler’s "The Last Well Person." For more on what the automobile is really costing us, see Kunstler’s "The Geography of Nowhere" and Shoup’s "The High Cost of Free Parking."

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