COVERING A NATION

Access and Coverage Critical, But Other Issues Need Air Time Too

BY JEFF TIEMAN

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The U.S. Census Bureau recently released updated figures for the number of uninsured people living in the United States. According to the bureau's calculations, more than 47 million people, including nine million children, continue to lack even the most basic health insurance coverage. That is two million more people than last year.

As others have pointed out on the pages of this journal, systemic reform involves much more than insurance coverage. It involves truly repairing a dysfunctional system in which 80 percent of the spending is focused on 20 percent of the population; in which prevention is not a priority; in which quality and outcomes are not as strong as they are in other developed nations. For this dysfunctional system, the U.S. spends more per person on health care each year–approximately $5,700–than any industrialized nation in the world, including all those where everyone has health care (median annual spending per person is approximately $3,000 among other industrialized nations).

Knowing that these and related problems need close and careful attention, two years ago we set up the Covering a Nation steering committee with several goals, one of which was to influence the national discussion and help bring a broader perspective to it. Some people have argued, quite passionately, that fixing our health care system is about much more than expanding insurance coverage. Indeed, it is about creating a true "system" for health care, which, it can be easily argued, does not currently exist here in the U.S.

Consider the first entry in the dictionary for the word *system*: "An assemblage or combination of things or parts forming a complex or unitary whole." Our health care system definitely includes a combination of things and parts, which are undeniably complex. Together, however, they do not create a "unitary whole." If the health care system was in fact an assemblage of parts forming a unitary whole, our system would be far more coordinated. In fact, it might even be strategically managed.

For more information on the figures recently released by the U.S. Census Bureau, visit the Covering a Nation web site, www.chausa.org/coveringanation, or the bureau's web site at www.census.gov.

What this means, exactly, is an important subject for us and our government to seriously consider and discuss. That discussion should be pragmatic; a conversation which illuminates the best policy options. But it also needs to be values-based, expressing the crucial point that health care reform is not just another issue with implications only inside the Beltway.

Often, the focus in Washington–and even in the states–is on coverage and access. These are important issues that are central to the conversation. However, they are not the only issues to address, and thinking that they are neglects the other systemic problems that need to be corrected, including:

- A lack of attention to, and resources spent on, prevention and wellness
- Too much money spent on administration versus direct care
- A significant profit motive in lieu of a focus on human dignity
- Misguided priorities regarding public financing of health care, including the Bush administration's willingness to finance an expensive and unpopular war but lack of willingness to expand the State Children's Health Insurance Program
- Insufficient planning and coordination of both care delivery and financing

Over the summer, CHA collected feedback from around the ministry on a set of draft reform principles we published under the title, *Vision For U.S. Health Care.* Rather than prescribing a

specific plan, or detailing legislation to expand coverage, the vision lists principles for reform, including the Catholic and faith-based values that should guide the discussion and ensuing action.

We heard from professionals across the ministry representing mission, ethics, advocacy, sponsorship, clinical care, and administration. More than 200 people sent written comments, and many others participated in conference calls and in-person meetings to discuss and revise the principles so that they reflect ministry consensus.

Once a final version of the document is complete, CHA and the Covering a Nation steering committee will make a concerted effort to publicize the vision and present it to lawmakers and others for whom a values-based road map may be more helpful than a specific or even controversial new plan.

By identifying criteria that must be met in a redesigned U.S. health care system, CHA and members of the ministry will be able to assess and comment on proposals by comparing them to the criteria, which address coverage and access but also touch on the other major health care challenges before us.

A few of those challenges were starkly highlighted in the recent Census Bureau report but, as is usually the case, few if any real recommendations or conversations resulted from that report. It is widely agreed that health care reform will work only if it is planned in the sunshine, publicly and with input from *all* the stakeholders. New statistics may be startling—for instance, more than nine million children had no health insurance in 2006—but they are obviously not enough to move the reform debate forward.

As the Covering a Nation steering committee continues its grassroots and messaging work with the ministry and partners, we hope the *Vision For U.S. Health Care* will enable us to move the dialogue beyond coverage and access so that reform addresses those important issues but also works to create a true system—a system that meets the needs of everyone; takes on the tough issues; finds creative, workable solutions; and is planned and managed with the goal of creating a healthier nation. ■

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