

Health care plan brings in-demand reform

BY SHERRY KNOWLTON

Every four years since 1789, our nation elects a president. And every four years since 1789, it seems, we decide as a nation that it is time once and for all to "reform" our health care system.

Each of the candidates must put forth a plan, and each of the pundits must then take a turn at shredding those plans as "too Canadian" or "too expensive" or "not good enough."

I do not mean to make light of health care reform debate -- merely the political theater of it. Few issues are as important as health care, and policymakers need to focus on the significant challenges we confront.

Voters get it: Polls show that health care ranks among the top issues nationally (an October poll by the nonpartisan Henry J. Kaiser Family Foundation indicated that health care ranks No. 2 behind the Iraq war.)

But the fact of the matter is that we've witnessed at least one significant reform to our health care delivery system in recent years -- one that took place not on page one, but quietly in doctors' offices and communities across the state.

I am referring to Pennsylvania's HealthChoices initiative, which has saved taxpayers billions of dollars while ensuring that our most vulnerable and medically challenged citizens -- the men, women and children enrolled in the Medicaid program -- have access to high quality care.

Medicaid is a taxpayer-funded public health insurance program that finances essential health and long-term care for 1.9 million Pennsylvanians at an annual cost of \$14.6 billion.

Roughly 15 percent of the state's population is enrolled in the Medicaid program in an average month. Every taxpayer has a vested interest in a strong and fiscally sound Medicaid program. Boiled down, there are two approaches to the affordability/accessibility challenge: fee-for-service, which is a pay-as-you-go approach, or managed care.

My company is one of seven Medicaid managed care organizations in the state involved in HealthChoices. Working with doctors and other providers and community-based groups, we have collectively built an effective health care safety net that now serves approximately 900,000 of our citizens.

When we take on a member, we take on all their challenges. We provide an integrated "one-stop" shop approach, increasing access to quality care for special needs individuals. Our case management addresses the health and social needs of the individuals. We tackle chronic conditions head-on and coordinate health care intervention plans for enrollees.

We integrate delivery of pharmacy services for our members, a critical role with the Medicaid population. Many commercial consumers have separate insurance plans -- one for routine doctor's visits and a second for pharmacy needs. But the Medicaid population demands a different approach. Remember, many of these men, women and children are chronically ill or needy. Their health care needs mandate a comprehensive and seamless delivery system.

The MCOs have delivered a tremendous level of service. Each of the seven plans in the state has been ranked among some of the best in the nation. The seven plans combined have saved the commonwealth more than \$2.7 billion over a recent five-year period, according to a study by the health care consulting firm, The Lewin Group. That is \$2.7 billion in taxpayer resources that can be dedicated to other critical needs.

The MCOs have managed to keep the escalating costs of health care in check as well. National health expenditures have grown by an average of more than seven percent in each of the past three years. The rate increase for the MCOs has averaged less than four percent over the same period.

The HealthChoices program delivers. As discussions continue about health care reform in Pennsylvania and across the country, HealthChoices should serve as one model for providing affordable access to quality health care.