

Opinion

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Focus on choice, not health coverage

BY MATTHEW HISRICH

Recently, researchers at the Rand Corp. took up the challenge of busting a modern-day medical myth. Health care coverage, it turns out, has little effect on the quality of care that patients receive.

Publishing their results in *The New England Journal of Medicine*, health care analysts at Rand revealed that the overall level of quality is a far greater issue in the United States.

The researchers analyzed more than 400 indicators of quality care for thousands of survey participants across the United States during a two-year period. Contrary to the widely accepted assumption that quality coverage translates into quality care, they discovered that the quality of care was virtually the same regardless of the type of health insurance. Even more surprising, this was true even for those with no coverage at all.

The more troubling finding has to do with the level of quality reported. The study's authors note that participants received just more than 50 percent of recommended care. This number varied little regardless of age, race, economic background or geographic region.

Such a widespread and unvarying level of dissatisfaction underscores deeper problems within the health care system. Indeed, something fundamental has to take place to realign health care to better meet consumer needs.

This realization should lead policymakers in Kansas to reconsider the state's current approach to Medicaid. "The entire Medicaid program is predicated on the conventional wisdom that being insured matters," according to John Goodman of the National Center for Policy Analysis. "Now we know that what really matters is seeing a doctor. Two deterrents are rationing by waiting and physician fees. Both hurdles could be overcome with funded health savings accounts."

A shift toward a real marketplace along these lines could have a profound impact throughout the health care system. Providers will begin to judge themselves and be judged by patients on quality rather than arbitrary and abstract statistical measures.

Such findings should give pause to those who argue that expanding coverage should be priority No. 1 for state policymakers in Kansas. Expanding coverage to a troubled system yields little and costs much at a time when budget pressures threaten the collapse of many state programs. We now know what some have long suspected: A focus on health insurance coverage through Medicaid or other state or federal government programs merely distracts from the far more important goal of patient empowerment.

If Kansas policymakers take the well-being of Kansans seriously, then their efforts should concentrate on allowing the market forces of competition and consumer choice to flourish within health care.

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