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SUPPLEMENT: VISION FOR U.S. HEALTH CARE | 21 JANUARY 2020

The American College of Physicians' Endorsement of Single-Payer Reform: A Sea Change for the Medical Profession FREE

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Article, Author, and Disclosure Information

1 Comment

SUBMIT A COMMENT

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• FHHI-OI-Camelot; Eastern Virginia Medical School • February 5, 2020

Medicare-for-All isn't Quality-Medical-Care-for-All.

Medical billing changed in the mid-1960s when CMS and the Texas State Teachers insurance – later known as BCBS of Tx - began. While the concept of a one-provider method of payment may on the surface seem like a good idea, there is a considerable difference between Government run healthcare and freedom-of-choice quality medical care.

The introduction of CPT, DRG and ICD codes may have helped insurance companies and CMS; but it has not helped physicians, patients, hospitals or other healthcare providers. While CMS and insurance companies have the motivation to reduce payments - treating medicine like a business, and telling patients which doctors they may see, what tests patients may receive, what medicines will be covered and which hospitals they may be admitted to – doctors and patients are focused on improving the quality of healthcare. Two diametrically opposed forces.

When patients worry about healthcare costs, what they are not told is that it is the involvement of CMS and the insurance industry, which have distorted the billing and payment of costs over the last several decades. When patients worry about prescription drug costs, they are not told that BigPharma has two lobbyists for each member of Congress and that lobbying power has been fine-tuned to control drug prices. In some instances BigPharma has even misrepresented their drugs to the FDA and doctors, increasing sales and profits at the expense of patients who have to choose between drugs and food.

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When politicians tell voters nothing will change under Medicare-for-All, we should all worry, because the system that exists now has failed and the solution being offered – by those running for election – is cheaper care, but not quality care.

Medicare-for-All, or any medical care directed by lawyers in Washington, D.C., or in your State capitals, isn't better medical care for all; it's remnant medical care for all. We would encourage the ACP and any other medical group to not repeat the mistakes of the 1960's, which started us down this pathway. We encourage physicians and other healthcare providers to take back control of medicine - where it belongs – returning it to patients and those of us who went to Medical School, Internship, Residency and Fellowship, and took our Medical Oath on behalf of our patients - an Oath which precedes the origins of the U.S.A. and BigPharma.

More government involvement and control is not the answer – it's the problem.

FULL ARTICLE

References

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