February 10, 2020

## The Importance of Considering Quality and Choice of Health Care in Addition to Cost

**Richard Fleming, PhD, MD, JD; Matthew R Fleming, BS, NRP; Tapan K Chaudhuri, MD** | FHHI-OI-Camelot; Eastern Virginia Medical School

The study by Tipirneni, et al is an interesting look at the out of pocket costs, for care reported, for individuals covered by the Affordable Care Act (ACA) Medicaid expansion program. It is not, however, a study of the *quality of care* provided or the *choice of care* provided to these individuals.

There are several reasons why out of pocket expenses can decrease. The first would be an actual improved quality of care - with the patient's office and hospital visits being covered in addition to the costs of testing, prescription drugs, and other related health care costs. That, of course, is the inference being made by this study and a Medicare-for-All approach. It is not, however what is shown here.

There are unfortunately multiple other reasons – which are not covered in this study – which can also explain why reductions in out of pocket costs can occur. Including, inter alia:

1. Decisions to *not* seek medical care because the provider the patient is required to see is different from the provider they would *choose* to see, if they had another insurance.

2. Decisions by patients to not seek medical assistance due to costs and their expectations that they will *not* receive the same *quality* of care provided to people with private insurance, expectations that are at least to some extent founded by what is and isn't covered under this government-run healthcare program.

3. Decisions about whether the patients can afford to fill prescriptions under the ACA Medicaid expansion, given the continued run away prescription drug prices resulting from an uncontrolled BigPharma.

4. Decisions not to undergo medical testing due to lack of coverage for such tests.

5. Decisions to avoid hospital admission due to failure of coverage of such admissions or the requirement that they most go to a hospital different from the one they would *choose* to go to if they had private insurance.

While this is by no means an all-encompassing list, it does demonstrate the tiered - caste system - level of medical care resulting from a government-run health care system.

This paper by Tipirneni, et al, points out the limitations with the current ACA. It would be nice to think ACA provided better health care for people as a result of being part of a government-run health care program – unfortunately it does not.

**CONFLICT OF INTEREST:** None Reported