

Our *carpe diem* moment

Execs, clinicians must help policymakers find the way to universal coverage

Leave it to a long drive across mid-America to give you a reality check on the obstacles facing health reform in this country. Somewhere along the 1,200 miles, I heard a talk radio host pose the question: How can anyone consider “social justice” a plausible reason to reform America’s healthcare delivery system and cover the uninsured? The system works for 85% of us, he declared, so why disrupt the system with a “government takeover” to care for people who, if they really need it, can latch onto one of many public-service programs.

I was struck by the ease with which such caricatures of our system are drawn. With many more miles of highway ahead of me, my thoughts turned to this question: If we are serious about reform, what are we—America’s leaders in healthcare—prepared to do?

First, it is critical that healthcare leaders and clinicians play a forceful role in this debate. We see both the human and economic toll of our current patchwork system and the dire impact it has on the people who are marginalized. We know firsthand what happens when an uninsured diabetic postpones treatment and ends up in the emergency room, or is hospitalized for a preventable complication. We treat the cancer patient who convinced himself to ignore early warning signs, fearing the expense associated with the lack of insurance coverage. These are human tragedies as well as avoidable costs.

We also see how irrationally the system is organized and financed. A patient who is employed struggles to find the justice in not having insurance coverage while another patient is fully protected through her employer. As we get to know the patient, we learn that she faced a family premium in the individual market priced at one-third her annual salary, or that she was denied coverage because of a pre-existing condition.

As America’s healthcare leaders, we grapple with an inefficient payment system that reinforces fragmented care and a lack of prevention. We must speak up for the tremendous potential of a health-delivery system that is truly accountable for quality and outcomes and that is appropriately rewarded for “healthcare” vs. the current “sick care” model.

Second, we need to understand the gravity of our responsibility as leaders. While politicians are focused on healthcare reform now, today’s impassioned speeches could very well devolve into endless debate and ideological stalemate with no meaningful transformation once the



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election is over. We need to mobilize now so that the next administration and the next Congress will know that they not only have our unequivocal support, but also our insistence that this be a top priority come January 2009.

There are times in the history of healthcare when leaders are called to an especially bold and pioneering path of change. For those of us in Catholic healthcare, we recall the courage of sisters who headed West on ox carts, often establishing many of our nation’s first hospitals in communities where they were called to serve. For others, it may be the dramatic shift in medical training that occurred a century ago after the 1910 publication of the *Flexner Report*. Or, it may be the transformational vision of people who founded our nation’s leading academic medical centers and multispecialty clinics.

Is this not another moment in history when we must find a way? Those of us who are carrying the torch in healthcare have a unique and undeniable responsibility to help the nation forge a new path—to cover everyone in a cost-effective and quality-driven system of care.

Fortunately, many of our country’s associations have developed excellent foundational documents to help us make this case. The Catholic Health Association recently published *Our Vision for U.S. Health Care*, the American Hospital Association is promoting Health for Life, and the Federation of American Hospitals

is leading with its Health Coverage Passport.

More than a year ago, Trinity Health developed its *Essential Elements of Systemic Healthcare Reform*. It is not just a statement of reform principles; it is a specific description of core ingredients for transformational change. We are embracing these essential elements at Trinity Health through initiatives such as a systemwide electronic healthcare record and a multimillion-dollar investment in coordinated care for persons with chronic disease. In meetings with members of Congress, we found that our document dispels some of the misperceptions and opens the discussion to a far broader range of paths to a reformed health system.

Third, we must help policymakers and others overcome cynicism and realize they can find a way. Conventional wisdom says that reform won’t happen because of ideological differences and entrenched interests. We need to create a different convention: that competing views must find common ground.

This is already evident in at least one bill in Congress, the bipartisan Healthy Americans Act, sponsored by Sens. Ron Wyden (D-Ore.) and Robert Bennett (R-Utah). This bill blends ideas from across the political spectrum, including coverage for all, rationalizing the tax code, insurance competition based on quality, and consumer-driven incentives. The bill also belies the myth that healthcare reform means diminishing what works for the currently insured.

While there is still time to debate whether this bill is the optimal model, it is critical that we as healthcare leaders become fluent on the details and possibilities for health reform and insist that our leaders collaborate on solutions. Like so many pioneers before us, we need a resolute and tenacious spirit. It is incumbent on those of us within the healthcare industry to provide the leadership necessary to get it done. This is a genuine *carpe diem* moment, a time to seize our opportunity to make history. We must find a way. <<

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