

OUR HEALTHCARE CONUNDRUM

October 2016

By: Dr. Victor M. Sternberg

As many of you know, the radio show I do on Fridays at 9:00 a.m. on station 1460AM, WVOX radio, is entitled "Politics and Your Health". In the course of doing this show, I've done a great deal of research to get a better understanding of the issues facing our healthcare system today.. I would like to share with you some of the insights I've garnered.

The Affordable Care Act has essentially allowed more people to receive healthcare in this country than ever before. The millions of people who have acquired insurance have done so primarily through an expansion of Medicaid in many of the states that have accepted Medicaid expansion. The vast majority of them are now getting government-paid Medicaid insurance. A smaller number are able to get private insurance through the exchanges. Based upon income, some of the private plans are subsidized by the government.

For people not receiving subsidies whose income is higher, the net effect of the Affordable Care Act has been to drive up the costs of their premiums. Our office has had to change healthcare carriers now three times in order to manage the costs for our staff. Our previous carrier, Health Republic which actually had reasonable rates, went out of business because they could not afford to pay the healthcare costs based upon the premiums they were receiving. This left doctors in the lurch who had treated patients but never received payment and it left many New Yorkers in the lurch since they had to seek out new healthcare carriers.

Many of the lower cost plans have high deductibles and a network of doctors that often does not include physicians that patients had seen prior or physicians they may want to see in the future. On a recent show, I was discussing the Stroke Center at the Westchester Medical Center. It's a well-developed program for people who are experiencing symptoms such as difficulty with vision, speech, weakness and tingling. If you go to the Westchester Medical Center, they will quickly assess within minutes that you may be having a stroke. An MRI is done immediately to determine the nature of the stroke; making sure it's not a bleeding stroke since 85% of strokes are due to clots in the brain which is important to know before you give a clot-breaking medication. I mentioned that the Medical Center was a place that you should consider going to first if any of these symptoms develop. The radio show caller told me that his insurance doesn't cover Westchester Medical Center. This issue about which hospitals and doctors are covered is a recurrent one as people have shopped for and received healthcare coverage from carriers that they or their employer can afford.

The larger deductibles make it difficult for many people to utilize their plans. The case of the EpiPen, which was over \$600 for people who needed it for their children with life-threatening allergies, became an issue when the consumers with high deductibles suddenly realized they had to pay for something that was heretofore covered by insurance. A patient of mine was recently prescribed a cream for a viral outbreak on her lips. When she went to get the cream at the pharmacy, she was told the cream cost \$450. In her case, the copay was only \$2.00 because it was Medicare but meanwhile the government paid \$448 for the cream, a generic drug. Generic drug costs have risen rapidly in this country for various reasons; one of which is the FDA making it difficult for new generic drug companies to get drugs into the market and in some cases as you're well aware, pharmaceutical companies have taken advantage of the expansion of insurance and have raised the costs enormously on heretofore generic drugs.

When the consumer is protected from the costs because they have no deductibles, the recipient of those drugs has no concern or even knowledge of what those drugs cost. Drug costs are one of the drivers of our increased healthcare expenses.

An issue that many of you may be aware of is that one of the reasons there has been a rise in healthcare premiums is that insurance companies have had an influx of patients who did not have prior insurance; a large contingent of individuals who had illnesses when they entered the plan. Previously, pre-existing conditions were excluded; now they are not. In fact, you can buy insurance after you get diagnosed with an illness, be treated for the illness and subsequently drop your insurance. This revolving door is one of the drivers of increased healthcare costs.

The second driver is that young people have not signed up in large numbers; their premiums would help defer the costs of those who are ill. The penalty for not enrolling is much less than the cost of insurance hence fewer young enrollees.

As I've mentioned in previous correspondence, unless we get a handle on preventing diseases caused by smoking, obesity, drug use and lifestyles, the ultimate cost to all of us is going to be beyond the reach of most Americans or will have a very adverse effect on our budget deficit.

If you've noticed, there's been very little discussion in the media about preventing disease but there's been a great deal of coverage on new and more effective treatments. You read every day about new drugs for cancer therapy, drugs to treat Hepatitis C but there's very little discussion about a national effort to reduce the incidence of illness.

Finally, in a number of states where insurance companies are cancelling their coverage because they've begun to lose money, they are leaving consumers in parts of our country with only a single choice for a healthcare carrier. This has reignited the interest in Congress of a single-payer or government option. This was discussed during the original formation of ObamaCare but shunned by the Democrats for they felt it might look like they were introducing socialized medicine. However with such limited choices now, a government option may become a necessity for some communities that have no other options. The politics of this are complicated and creating a great deal of dissidence in both parties and their constituents.

America is at a crossroad. Continuing down the current path with a combination of private insurance, Medicare and Medicaid is becoming continually more difficult financially and logistically. To go in the direction of the National Health Service similar to what we see in Europe and Canada would solve some of the problems we currently have but it would also create other problems. Whether our country and our medical community is ready for a European-style healthcare system remains to be seen. If you've been following the news, they have their own problems with the economics and quality of care especially in England. There are no simple answers and anyone who proposes those simple answers either is obscuring the truth or doesn't know all of the intricacies of the healthcare conundrum.

To be continued ...

Yours truly,
Victor M. Sternberg, D.M.D.

Dental Office of:
Victor M. Sternberg, D.M.D., PC
Westchester Center of Periodontal and Implant Excellence
141 North State Road
Briarcliff Manor, NY 10510
EMAIL: officesternberg@verizon.net
WEBSITE: www.DrSaveMyTeeth.com
O: 914-762-1885
F: 914-762-1880