



# Health Cost Reform - Whose Ox Gets Gored?

by Jerry Reeves, MD | Clark County Medical Society Delegate Chair



**Jerry Reeves, MD**  
**Corporate Vice**  
**President Medical**  
**Affairs,**  
**HealthInsight**

There has been much ado in the news about health care reform, health coverage reform, health payment reform and clinical practice reform. All are tangential references to the real elephant in the room – health cost reform.

Why has the elephant grown so large? Who cares if our elephant is the largest in the world? Is there a combination of diet and exercise that can help our elephant become slim and trim?

Your perspective on the reasons and solutions depend on the part of the elephant closest to you.

If near the poor unhealthy uninsured patient part of the elephant, mandatory affordable health insurance for all is the ticket. If near the insurer part of the elephant your focus is reducing the discretionary price gouging, cost shifting, and wasteful choices of consumers and providers. If near the employer and plan sponsor part you may wonder whether replacing employees with robots may be the better way to avoid health costs. Those near the care and treatment part fuss about the onerous rules, processes and habits that interfere with engaging patients in achieving and maintaining better health. Those near the social and mental health part of the elephant see a need for allocating more resources to prevention and education than to rescue.

Everybody sees that the big elephant is crowding out other important things desired for the room like

wage increases, job protection, life choices, equitable access, and security.

All parts of the elephant need to shrink to a more normal size. The March 2013 Time Magazine article by Steven Brill- Bitter Pill, Why Medical Bills Are Killing Us (<http://content.time.com/time/subscriber/article/0,33009,2136864,00.html>) describes many wasteful practices that perhaps could be curtailed. But where do we start? Whose ox gets gored?

We Americans tend to prefer “nudges” to affect sustained change rather than voting for more government mandates typical in other lower cost countries. Therefore, perhaps we should leverage all available resources to favorably influence the choices of healthcare users and providers to affordably improve our health.



We need to seek first to understand and prioritize what is most important.

What are the most reasonable and achievable demands of health care to prioritize? If current preferences don't make the cut, how can we best reduce the availability of those preferences while reducing adverse consequences of those reductions? Address the demand side of the elephant.

What are the most valuable health care and social services currently being supplied that demonstrably improve the health of our community residents? How can we best avoid adverse impacts on our health care work force and institutions from cutting out wasteful practices that do not improve health, satisfaction, and cost of care and services? Address the supply side of the elephant.

We currently devote less than 10% of our health expenditures to efficient primary care teams with incentives aligned for coordinating high value care for correctly diagnosed patients managing their own high-risk conditions.

We can do better.

Jerry Reeves, MD