Why our healthcare system is broken
Part II - Neglect of the obvious

In Part I of this series we discussed the problems associated with our healthcare system's infrastructure. As we said before, our system wasn't always broken. As a matter of fact, it served many of the needs of most of our people for many years. It must also be said that it did so DESPITE the inaction of our politicians, industry leaders AND the medical community to fix what were built-in structural weaknesses.

In the 50s, the family doctor and his practice (primarily a man's province at the time) were an integral part of American life. My great grandfather had such a practice and at one time owned a pharmacy. Some communities had only one GP, but others were luckier. In my small southern Wisconsin town of 2,400 people we had two. Both maintained regular offices on Main Street and both made house calls in an area covering maybe 50 square miles. My great grandfather worked out of his Victorian two-story home from the turn of the century until his death. Our town had no hospital or clinic. Serious cases were transported by ambulance to a hospital 30 minutes away in a neighboring community where there was no waiting time to be seen or admitted.

Today, that picture of rural American medicine seems Norman Rockwellian. But whatever it seems today, it worked reasonably well then. As the years turned to decades and our country's population grew, the demands on the family doctor also grew, so they banded together, shared offices, equipment and patients. As communities expanded, new hospitals were built with advanced diagnostic equipment and better operating theatres. But in time, the pyramid of care turned upside down and the pressure of too many patients (many of them aging with lower incomes) and too few practitioners was being acutely felt, largely in the cities. The insurance industry was growing by leaps and bounds. Pharmaceutical companies were investing billions in research to develop new drugs to tackle America's rapidly growing problems with heart disease and diabetes, much of which resulted from a sedentary lifestyle and poor diet. A convergence of bad health choices, inadequate preventative measures to stem the tide of these diseases and escalating costs for insurance premiums characterized the 1960s.

Then came Medicare in 1965, and many in government and some in the industry felt they had dodged a bullet. In fact they had, momentarily, but in its wake a ticking time bomb for both the system and for poor Americans was left untouched. Instead of taking Medicare to its next logical conclusion and using it as a way to have a national debate on national healthcare, politicians and the industry punted. One cog in a huge wheel was greased while the machine, itself, was left to slowly break down. Affordable healthcare and lower insurance premiums were never mentioned in the same sentence nor achieved. Instead of correcting the root causes of our declining national health with preventative medicine, the pharmaceutical industry gave us new drugs and our doctors moved away from holistic patient treatment and began a regimen of treating Americans' *symptoms*. Overmedication was soon added to our roster of national diseases.

A pill culture developed, encouraged by an army of pharmaceutical salesmen that sought out and won the acquiescence of doctors. Americans were hooked. Meanwhile, our healthcare delivery system was starting to show its structural *human* weaknesses. Specialization lured more medical school students away from general practice, the result being fewer GPs to serve our needs. Specialized hospitals were also built to accommodate those doctors and provided expensive rooms for their patients. The vertical integration of medicine had turned its back on general practice, and many smaller American communities could no longer attract GPs as those that were left had migrated to America's cities.

Rural America suffered as did the poor who couldn't afford the insurance to cover costly out-patient diagnostic care and testing. The insurance companies were getting richer as our collective health was deteriorating.

In the 70s, 'prepaid plans' for healthcare were developed by physicians and consumer activist groups to attempt to reverse the curve by decreasing costs and providing high-quality comprehensive care to their communities. The 'Health Maintenance Act' was signed into law in 1973 which allowed HMOs to negotiate directly with a specific network of physicians and facilities. As such, they were often able to demand lower premiums, fewer co-pays, and reduced deductibles. Now consumers had a choice to move to a network of specific providers with an HMO or stick with a PPO (Preferred Provider Organization) and enjoy more flexibility, albeit at a higher cost. Again, federal legislators patted themselves on the back for dodging yet another healthcare bullet, thanks to the HMOs.

For many years, the 'gold standard' of PPO healthcare insurance coverage was considered to be Blue Cross and Blue Shield. (It is now a licensed non-profit HMO). Currently, the company covers more than 106 million Americans from 36 independent and locally-operated BCBS entities. It is but one of the many insurers that now comprise the $1.1 trillion U.S. health and medical insurance market which is currently growing at a 6.6% rate. Remember that figure because it represents a powerful segment of the entire healthcare industry that must be reckoned with if and when America truly dares to confront the critical challenges that lie ahead for our national healthcare.

Government's patchwork solutions

To their credit, many legislators saw at least some of the handwriting on the wall and were pressured to do something so they enacted five important regulations: HIPAA, the HITECH Act, MACRA, Medical Necessity and Chain of Custody. (*For more information on these go to: https://online.maryville.edu/blog/5-important-regulations-in-united-states-healthcare/*). And while each of those regulations has helped deal with specific areas of medical practice, they have only applied patches to the gaping hole we know as America's complex healthcare problem. Part III of this series will explore ways to permanently fix our system and guaranty equality of coverage for every American.

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