

Healthcare Review

SOUTHERN NEW ENGLAND, ISSUE 1, 1999

Will Proposed HMO Legislation Guarantee Quality Health Care?

by Walt Kagan, MD, PhD

The HMO legislation in tire Massachusetts Legislature received much attention, as has the long-awaited answer to consumer demands for patient protections. But will it really improve health care? It's difficult to know for sure, because no one is certain what the bill will ultimately contain. Regardless of what they finally agree on, the answer to the above question will most likely be "no."

How serious is the problem with Massachusetts' HMOs? Legislators and consumer advocates should not lump all HMOs together. Many HMOs, like the one run by Blue Cross/Blue Shield, do a fine job managing care; however, some do not. Many managed care programs rely on the primary care doctors, not the HMOs, to manage patient care. This can be good or bad for patients. If the primary care physician is capitated the HMO, then the doctor, not the HMO, has to pay for the patients' care. Unfortunately, the financial incentives and disincentives involved when this occurs can in reality affect patient care.

What would really improve health care in Massachusetts is not contained in either version of the current bill, but a model of patient care that is gradually evolving in the West and Midwest regions of the United States would. This concept involves a totally different approach to managed care by placing the responsibility for patient care with die specialist best suited to treat the patient's needs.

Fundamentally, this model involves a concept of care in which patients with serious, chronic illnesses are cared for by specialists who know the most about their diseases. For a patient with cancer, this would mean that the medical oncologist assume the role as primary care doctor during the individual's cancer treatment. Similarly, cardiologists primarily care for patients with serious heart problems and would best manage die care of these seriously ill patients. Patients with cancer should also receive ongoing care from their cancer specialist after they have completed their treatment. Generalist's aren't expected to know about the latest drug regimens or treatment protocols available, so why would we expect them to manage care better than someone who does?

Another way to improve patient care exists within the current managed care model. This involves the methods we use to monitor or assess care. At present, hospitals and insurance companies review utilization of services, carefully looking for instances of

overutilization or abuses. Patients Would be better served if oversight committees also reviewed patient care in terms of underutilization to be sure that cancer patients are not being denied appropriate care by their HMOs or PCPs.

In short, we should compare a patient's care to established standards or guidelines that define optimum quality levels. Spelling out specific treatment guidelines for different medical conditions assures that patients receive care that is thorough, complete, and most importantly, of the highest quality.

Monitoring care using this approach enables patients to receive the services they need. Care plans for diabetic patients, for example, would call for annual eye exams, regular blood tests, nursing home visits, and insulin checks. Good managed care plans, such as some of the closed HMOs in California, are currently doing this.

In other words, let's wake health care less about regulations and more about a philosophy that puts the patient first. It's a notion of care that extends beyond oversight committees and appeal processes and focuses instead on putting care squarely in the hands of those best suited to provide it. We don't call a lawyer for building repairs, and we don't go to the supermarket to buy a new computer. So why ignore the value of medical specialists when it comes to caring for patients with serious illnesses?

Will this bill ultimately health care in Massachusetts? Improving the regulatory structure and adding procedural protections won't guarantee quality care. Placing patient care in the hands of specialists with expertise in managing certain diseases and Setting treatment standards and monitoring them to assure quality will. Let's take the necessary steps to make our current health care system work better, but let's not loose sight of the value of different approaches to delivering health services that will ultimately enable us to provide the best care every time.

Walt Kagan, MD, PhD. Is president of Commonwealth Hematology - Oncology, a Quincy-based network specializing in the treatment of cancers and blood diseases, providing community-based care through a network of 18 hospital and office sites throughout Massachusetts and and in southern New Hampshire. It is the largest private practice cancer center network in Massachusetts. Dr. Kagan can be reached at (617) 479-3550