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Canadian Physicians Speak Out
"America, embrace health care reform"

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If power, wealth and talent alone determined how a nation serves the needs of its people, the United States would be second to none in health care. Yet America's health care system clearly ranks behind those of Canada and most other developed countries. The precious opportunity that US President Barack Obama's health care reform proposals offer to Americans is currently threatened by partisan disunity, which could once again deny Americans the quality and accessibility of health care that they should receive.

Canada's "socialist" health system is the favourite whipping boy of antireform lobbyists, who employ fearmongering and myths about rationing, waiting lists and lack of choice to persuade the American public to accept their status quo as better. As Canadians, we agree that Canada's health system is not perfect. We have said so many times in *CMAJ*. Nevertheless, it takes only a few comparisons to show how much better Canada's health system is than that of the United States — and how much Americans could hope to gain from embracing reform.

Consider the following statistics, taken from the Organization for Economic Co-operation and Development's health data for 2006. We start with the most basic outcomes any health care system is supposed to optimize: life and death. The life expectancy of an average American is nearly three years shorter than that of an average Canadian (78.1 v. 80.7 years). That survival gap starts from the moment of birth: infant mortality is higher in the US than in Canada (6.7 v. 5.0 deaths per thousand live births). Yet the US economy spends — or increasingly, borrows — more than half again as much for health care as does Canada's (16% v. 10.1% of the economy). And despite spending so much more, Americans get to see their doctors a third less often than Canadians (3.8 v. 5.8 doctor visits a year).

While these differences result from many factors, the inescapable truth is that, compared to Canada, America is achieving poor value for money from its health care system, and that is killing Americans. The potency of that truth is the reason why antireform lobbyists are now turning to attack Canada's system.

Attack on Canadian System Ungrounded

As Republican strategist Dr. Frank Luntz puts it, the opposition's strategy rests on "health care denial horror stories from Canada." Yet the attacks are so absurd and full of fantasy that they would be laughable — if not for the fact that many Americans believe them. Canadians do not, in fact, conduct euthanasia on our elderly. If we did, then Canadian life expectancy would hardly be longer than American. There is no such thing as a "death panel," neither in Canada's health care system, nor in President Obama's reform proposal. Nor is it true that in Canada, the system imposes a government bureaucrat between a patient and their doctor to decide what care to provide. On the contrary, that is a routine feature in America's system, where doctors and patients struggle endlessly with insurance company "bureaucrats" for payment.

The only accusation that has even a shred of evidence, albeit heavily misrepresented, is that Canadians face waiting lists for health care. But that does not mean Canadians routinely die waiting for tests and operations, because the lists are for elective procedures, such as joint replacement surgery, and not for emergency or life-saving care. Prioritizing actually helps ensure the seri-

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ous cases are seen first.

We cannot condemn strongly enough the intellectual dishonesty of the lobbyists and politicians whose distortions of Canada's health system camouflage their appalling rejection of reform for uninsured and underinsured Americans. All 32 million Canadians are insured. To be sure, some are unhappy to wait and some are denied treatments it would be better they had; no system is perfect or pleases everyone. But even the least fortunate Canadian is better off than the 47 million uninsured Americans, for whom no treatments are covered and for whom the wait is forever, unless they can afford to pay the health care bills.

Realism and Honesty Needed in Debate

If America wants to improve its citizens' health — as it must — then some negative attitudes need to be turned around. Here are some.

First, the US$1 trillion that the Obama administration says it will cost to cover America's uninsured over 10 years is not a burden; per capita, it is a screaming bargain. Canada spends about US$156 billion each year to cover fewer people than America's uninsured. For Congress to hesitate at the outlay is penny-wise and pound foolish, when economic studies suggest that the cost of not investing could be greater still, owing to lost productivity and lost jobs, provided that expanded coverage goes hand-in-hand with cost-containment measures. Still, when Congress last year dropped US$700 billion at a sitting to bail out Wall Street, it is hard to understand why a lesser annual amount for public health insurance provokes so much anxiety.

Second, all health care systems ration care — including the US system. The only cruelty in rationing health care comes in doing it the wrong way. When America's private insurers routinely refuse to cover persons having pre-existing health conditions, that is the worst kind of rationing, aimed mercilessly at those who need medical care most. In Canada, nobody is denied coverage for pre-existing conditions, and there is no cut-off age. Instead, Canada aims to ration medically futile treatments. Where we occasionally make mistakes is in rationing new treatments that in hindsight prove to be useful, not futile. In Canada's deferential culture, we correct such mistakes slowly by pressuring the public insurer. In America's litigious culture, suing the public insurer is likely to correct such mistakes more rapidly. That difference, we believe, is likely to make rationing fairer in American than Canadian hands.

Third, certain members of Congress need to get over the bogeyman of "socialist" medicine. Thinking about the military may help. All of America's closest NATO allies, including those, like Canada, who fight alongside the US in Afghanistan, receive "socialist" medicine back home. Furthermore, when Americans join the military, they qualify for public, government-run health insurance that provides access to care at Veterans Administration hospitals. When Texas Republican Congressman Louie Gohmert described Canadian health care as "a bureaucratic, socialistic piece of crap," was he also implying that America's soldiers are getting bureaucratic, crappy care?

Fourth, freedom-loving Americans who value making their own medical and economic choices ought to be outraged at how the status quo restricts their choice and freedoms. Because private insurance plans are usually provided through one's employer, changing jobs often means losing existing coverage and having to re-qualify for new coverage (if one can) under a new plan — a risky move. Private insurance has become the freedom-destroying leash that ties Americans and their families to jobs with less pay or satisfaction than other opportunities that might exist. Canadians, in contrast, can change jobs in our universal, portable public system and stay insured throughout.

Fifth, and perhaps most importantly, America has reached an economic tipping point where the "public option" is inevitable, if only because households (read: voters) find the current system's costs unsustainable. Canada's first meaningful foray into public insurance happened in 1940s Saskatchewan, when public anger boiled over as health bills forced families — including many in the middle class — into bankruptcy. That same tragedy is replaying in America, where more than half of personal bankruptcies are medically related. This number will only worsen as health costs rise in America, as

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You're Not Making Money? Why Not?

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DMS Young Physicians

- Essential steps for practice survival
- How much is too much involvement in running your practice?
- What accounting checks and balances are in place?

Tuesday, November 17

6:00 Cocktails and hors d'oeuvres
7:00 Dinner begins
7:30 Program starts

Strings Restaurant

1700 Humboldt Street

RSVP to (303) 377-1850 or dms@denvermedsociety.org for yourself and a guest by November 13.

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DMS member David Downs, MD, was one of the Colorado physicians who met with Denver Rep. Diana DeGette and other members of the Colorado Congressional delegation to deliver the message that physicians from our state want systemic change now.

Physician Leaders Lobby Washington

Colorado physicians were well represented by a delegation of physician leaders and CMS staff who visited with all seven Colorado Representatives and both Senators in Washington, D.C. in early October. They carried the message that our physician community is closely engaged in the healthcare reform debate, sharing recommendations from the Physicians Congress on Healthcare Reform that were approved at the CMS Annual Meeting in September. Among the topics discussed were the need for a permanent fix to the Medicare SGR physician payment formula, the importance of action this year to bring needed reforms to the healthcare system, and the urgency of addressing professional liability issues as part of reform.

Welcoming the "Dental Home"
The Children's Hospital and the University of Colorado School of Dentistry Offer Support and Resources to Physicians

The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) have recently adopted guidelines stating that children should "see a dentist within 6 months after eruption of the first tooth and no later than age one." While the prevalence of caries in primary teeth has declined over the past several decades, research has shown an increase in caries rates among children 2-5 years old. In Colorado, 23% of children starting kindergarten had untreated decay. This is an alarming statistic considering the unique and challenging treatment options that must be considered for young children. Since dental caries is a mostly preventive disease, researchers and public health policy makers are emphasizing the Age One dental visit and the Dental Home now more than ever.

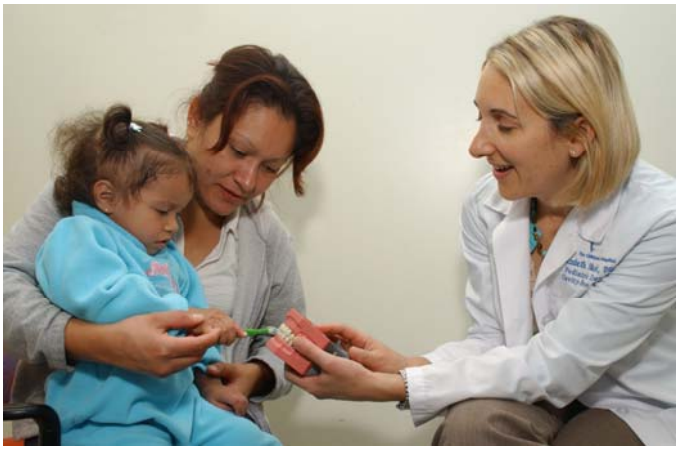
Medical Home and Dental Home Convergence

The Dental Home is based on the Medical Home concept developed by the AAP. It simply states that children should have continuous high quality dental care including a family-centered relationship with a dental health professional beginning at age one. Clinicians know that seeing children younger to begin counseling and anticipatory guidance may help decrease the decay rates in young children. Physicians and other health care providers may also incorporate oral health counseling into wellchild visits since they see children early and frequently in the first three years. This oral health counseling in conjunction with proper and timely referral to a dental home may vastly improve oral health in their patients. Good communication and teamwork among physicians and dentists in the community will enable young children to obtain the dental care they need.

The Children's Hospital Dental Clinic in conjunction with the University of Colorado School of Dental Medicine has created the Cavity-Free at Three Program to help address the need for preventive dental care in young, underprivileged children. The program serves children less than three years of age with the primary goal of preventing dental decay by educating caretakers about the best oral health care practices for their children. The program accepts Medicaid, CHP+, all insurance types and offers payment plans for self-pay patients. At each appointment a board certified pediatric dentist, together with the child's primary caretaker, reviews oral hygiene practices at home, fluoride exposure, diet considerations, risk factors, and general anticipatory guidance principles. The child also receives a dental prophylaxis, dental examination and fluoride varnish application to help remineralize the teeth.

Helping Physicians Address Oral Health

The Cavity-Free at Three Program also offers training to physicians and primary care providers in the community so they may offer oral health counseling to patients. After proper training, clinicians may also apply fluoride varnish in their offices. Oral health counseling and fluoride application should begin as soon as the first tooth erupts and can be performed at the 6 month, 12 month, 15 month, 18 month, 21 month and 24 month wellchild visits. Children can then be referred to the Cavity-Free at Three Program, as it serves as a dental home for any child who would like to enroll. Parents may be instructed to make an appointment in the Cavity-Free at Three Program by calling (720) 777-6788. Further information about health care provider training and referral pads can be obtained by calling Dr. Elizabeth Shick, Cavity-Free at Three Program Director, at (720) 777-7038.



Oral hygiene instructions at the Cavity-Free at Three Program

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Massachusetts Physicians Support State Health Reform Effort

As the topic of discussion, both pro and con, as a model for health care reform, the Massachusetts experiment with universal health care coverage made the news again recently when *The New England Journal of Medicine* published the results of a poll of Massachusetts physicians that demonstrated overwhelming support for the health reforms implemented. The study was conducted by the Harvard School of Public Health and funded by the Robert Wood Johnson Foundation and the Blue Cross Blue Shield of Massachusetts Foundation. Over 2100 practicing physicians responded to the survey conducted between August and September of this year. The survey assessed physician perceptions in terms of their overall support for the reform program, its effect on their own practice, and its effect on health care throughout the state.

Despite reports of escalating cost concerns, the Massachusetts program has resulted in an estimated 2.7% rate of uninsured three years after initial implementation in 2006, the lowest proportion of uninsured residents in the country. Asked whether they supported the reform legislation, 70% responded affirmatively and 13% responded that they opposed it. Support among primary care physicians and specialists was similar. Given a choice about the law's future, 46% supported its continuation with changes, 29% supported continuation in its current form, and 7% favored repeal. The most frequent suggestions for changes were expansion of coverage (34%) and addressing costs (23%). Improvement in reimbursement was suggested by 13% of respondents.

Physicians were also asked about the impact of the reform legislation on 22 aspects of their practice including such things as the administrative burden, patient waits for an appointment, continuity of care, and their medical practice overall. In 21 of these areas, reforms were seen to either have had little effect or a positive effect. The highest percentage of positive impact responses were in the areas of the numbers of uninsured in their practice (48%) and patients' ability to pay for care (42%). The most significant negative impact was the administrative burden on practices (35%).

Assessing the impact of reforms on overall health care in Massachusetts, physicians were asked to rank the impact on 10 aspects of care including overall costs, ability to see a physician, quality of care, and the impact on specific stakeholders including the uninsured, physician practices, and hospitals. The only feature that received a majority negative evaluation (53%) was the overall cost of health care in the state. The other nine features received positive or neutral ratings by the majority of physicians.

Overall results seem to indicate physician support for most aspects of the Massachusetts reform but also point out the need to carefully monitor and balance impacts of any reform framework.

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the population ages and as the US dollar loses ground as a reserve currency. Even if Congress and President Obama fail to achieve a public insurance option this year, in the long term the smart money is against any political party whose name becomes attached to these personal medical bankruptcies.

If Americans find the courage to embrace change, they could enjoy health care that is second to none. Canada's example has many positive lessons — and a few negative ones — to teach reformers. Lamentably, in the current partisan circus playing out on Capitol Hill, analysis is short and sophistry of the Louie Gohmert variety is long. America must move beyond this if it ever hopes to be able to provide the best care for all its people.

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Need Help Understanding HIT?

The new Colorado HIT (health information technology) page accessible at denvermedsociety.org offers resources and tools to assess readiness and understand your options. The Stimulus Fund Calculator easily estimates how much federal money you may be eligible for, and the EMR Comparison Tool compares pricing, capabilities, and technology of 11 EMR systems popular among Colorado practices.