



Principles of Health Care Reform

Submitted to the Health Care Financing Task Force
by the Board of Directors of the Minnesota Chapter of
Physicians for a National Health Program
August 25, 2015

As members of the Minnesota chapter of Physicians for National Health Plan, we are physicians health care providers, and students who believe Minnesota needs a health care financing system that covers all Minnesotans and is affordable. In working to build such a system, health care financing reform should uphold certain principles.

Quality and Comprehensive. All Minnesotans must have quality comprehensive health care. No one should be left uninsured or under-insured.

Doctor - Patient Partnerships. At the center of good health care is the relationship between people and their providers. People need to be able to choose their providers. Financing must support ongoing continuity between providers and their patients. Arrangements like Restricted Networks and Accountable Care Organizations interfere with the relationship between Physicians and their patients.

Primary Care. Having a Health Professional who knows the patient and their family and works with them over the years is the foundation of quality and cost effective care. The current financing system of payments, prior authorization, insurance paperwork, and Accountable Care Organizations puts primary care at a considerable disadvantage. We now have a shortage of primary care providers that will only worsen under our current financing system. If this is not fixed, fewer and fewer doctors will choose primary care.

Health Equity. Financing reform must address health disparities. We must ask of any proposal: Will this bring better health to those Minnesotans who currently have substandard outcomes – or will it make disparities worse?

Affordability. The cost of health care must be affordable to each family. The current trend is to add more co-pays and deductibles and coinsurance to individuals and families. This trend must be reversed.

Cost savings. The highest costs of our health care system are in the high price items --- drugs, high tech procedures, emergency room visits, complicated hospital stays, and insurance company administrative costs. It is the high price of these items, not that doctors are over-prescribing them or patients over using them. Financing reform must address the price of high tech medicine. In fact, if the burden of reducing costs is shifted to providers and patients, it will only interfere with quality and better health.

Transparency and Simplicity. The current system of applying for health insurance, understanding benefits, and dealing with the billing forms is much too complicated for people and doctors. It takes excessive effort, time and money. Finance reform must establish rules for all the participants to insure transparency and user friendly procedures.

One Health Insurance Risk Pool. We all know that cost risk sharing only truly happens when all Minnesotans are in one risk pool. The current system has the highest health risk people in the public programs. These are the people with fewer resources, harder lives, and more complex medical and mental health problems. If we continue to apply our "cost saving efforts" only to this group of Minnesotans, we will further reduce the resources available to those who take care of them. And worsen health disparities. True health care financing reform for Minnesota must look at ways to expand the "Minnesota risk pool" to eventually include all Minnesotans, both in public programs and private programs.

Buy in. Minnesota citizens are very frustrated with current health care financing. A vast majority of physicians, nurses, and other providers are increasingly overburdened by the current system. "Burnout" has become a popular topic for professional seminars. Health Care financing needs to seriously listen to our citizens and providers -- not just to the politicians, insurance companies, accountants, and data analysts. If new systems of financing are going to work -- that is improve quality, patient experience, and cost effectiveness -- it has to work better for the citizens and providers of Minnesota. The final question for Health Financing Reform: Will this help patients and providers? The best way to get the answer to this question is: Ask them.