

Wisconsin could be a model for health care reform

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RACINE - Wisconsin has a story to tell that could help those currently debating our health care system in this country, according to Stephen Brenton and Kenneth Buser.

Some of the things that are happening around the state, including right here in Racine, could offer some direction to people trying to chart a course through the murky waters of the health care reform, Brenton, president and CEO of the Wisconsin Hospital Association, told the Journal Times editorial board Monday.

Brenton and Buser, president and CEO of Wheaton Franciscan-All Saints, "would like to see a Wisconsin perspective, at the end of the day, with whatever passes Congress."

They're concerned that it might be lacking in what is currently being discussed, but there's a long way to go yet, Brenton said.

Wisconsin ranks high for the quality of health care, the number of insured people and for providing health care at a relatively low cost, Brenton said. The state has the third highest rate of coverage and usually ranks first or second among the rest of the states in the country in terms of quality, Brenton said. There's still a need for reform, he added.

"Our organizations support health reform, but it needs to be done right and it needs to also take into account what we're doing extremely well in Wisconsin," Brenton said.

The focus of much of the current debate is the high cost of health care in this country, rather than reform and expanded coverage, Brenton said. Hospitals like All Saints have figured out how to do more with less. Wisconsin is one of the bottom five states for Medicare reimbursements, Buser said.

"We do provide care more effectively and efficiently. We've learned how to do it over longer periods of time using less resources," Buser said.

Brenton and Buser are concerned about the reforms being discussed currently, especially the idea of a government-run public option that would provide competition to commercial insurance providers.

A plan that expands Medicare to more residents would be difficult to maintain because Medicare currently pays less than it costs, they said. They're worried about any national reform might be a setback to state's like Wisconsin that have already been forced to make their own incremental reforms.

An ideal reform plan, by Brenton's and Buser's standards, would include: insurance reforms like portability and doing away with denials for preexisting conditions; transparency; proposals that deal with prevention and wellness; and appropriate incentives for organizations that provide high-quality, low-cost service.

The rhetoric that both sides are engaged in currently has slowed things down in Washington, Brenton said. He hopes moderation will prevail when lawmakers return and ideas that can be supported more broadly will be in play.

There needs to be an appropriate mix of private and public sector involvement in reform, Brenton said. Government is needed to do a better job of regulating insurance, expanding Medicaid programs for the most vulnerable uninsured, among other things.

"There are those that say a public option is the only way to get to health reform. I don't subscribe to that viewpoint. (I believe that) health reform can best be done, from a delivery perspective, by provider organizations," Brenton said.