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## Renate Pore: Health care needs leadership, cooperation

HEALTH reform is not a one shot effort, but rather a continuous process to align new discoveries in science and technology balancing the desire of people to live as long and healthy as possible and the fiscal realities of paying for unlimited medical care.

My colleagues and I at the West Virginia Center on Budget and Policy recently interviewed opinion leaders from state government, the West Virginia Legislature, academic medicine, and community medical providers about what it will take to move health care from the current high cost, inefficient and wasteful system to a high performance system that is within our means and offers good value by providing services that are efficient and of proven effectiveness.

To guide our discussion, we used the work of the Commonwealth Fund Commission on a High Performance Health System. The Commonwealth Fund publishes state scorecards and ranks states on 65 different measures. In the most recent scorecard, West Virginia ranked 35th overall. The state's lowest rankings were on measures of avoidable hospitalization (47th) and population health status (50th). West Virginia ranked among the top ten states for health insurance coverage for children.

Surprisingly, West Virginia leaders from various sectors came to similar conclusions. The state leaders agreed that West Virginia has an especially difficult problem because the health status of the population is very poor. We have higher rates of mortality, higher rates of diabetes, obesity, asthma and disability than most other states. This is especially true in the southern counties, and should give us cause to think how poverty, low educational levels and environmental degradation become costs in the health-care system. West Virginia leaders thought that our economic, environmental, and poor health problems should not be an excuse to not do better but admitted that the state's health-care system is not well adapted to deal with today's chronic diseases.

They agreed that early investment in education, good jobs and public health will provide a substantial return on investment both financially and in increased human capacity.

Leadership is important in any public endeavor. West Virginia leaders were critical of state government not providing the kind of consistent and persistent leadership required to improve the quality and affordability of the health-care system. Every four to eight years leadership at the top changes and the new administration has a huge learning curve to understand the forces at work in the health-care system. One physician noted the current politics of reform make it especially difficult for political leaders to get out front on the issues. In general, they believe governors and legislators have a poor understanding of the health-care system.

Along with leadership comes the ability to work together over time to solve difficult problems. Leaders in the public and private sector in health care need to trust and respect each other. Looking out for your organization and looking out for the public good are two important but very different goals. Nevertheless, we are all in the same boat together and need to figure out how to align private and public interests. We can continue to row in different directions or we can decide to work together to shore up a system that is increasingly unsustainable.

The people we interviewed pointed to some outstanding efforts at collaboration but agreed that overall we need to do much better.

One thing we have now that previous generations of reformers have not had is information technology. The health-care sector has been reluctant to embrace information technology but generous federal incentives and technical support are moving West Virginia forward. The goal is to have electronic medical records and data analysis at the practice level to help physicians and other practitioners know how well they are doing. We also need analysis at the macro level to help providers know how they compare to others within the state and the nation. The people who pay

for health care, employers and government need to know that they are getting good value for their money. Data on what value we get for our Medicaid dollars, for example, is not readily available.

Some years ago, when I worked for Governor Caperton's Health Care Planning Commission, I saw a sign next to the library at West Virginia University Health Sciences Center. It said, "You give us the money, we'll give you the miracles." West Virginia health-care leaders understand that the money is not endless. What is needed today is not additional money. It is leadership and cooperation by state government, medical providers, and consumer advocates, if West Virginia is to move to a high performing health-care system.

A copy of the report, Lower Cost, Higher Quality is available at [wvahc.org](http://wvahc.org).

Pore is director of health policy for West Virginians for Affordable Health Care and the West Virginia Center on Budget and Policy.

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