

Rx for California Health Care

Dr. Gloria C. Duffy, President and CEO

A positive antidote to the terrorist legacy of 17 years ago, this September 11th the University of California, San Francisco hosted a symposium on Universal Health Coverage (UHC). The question posed was, given policy paralysis at the national level, will California take the lead as a state, as it has in addressing climate change, by bringing about complete access to medical care for its population?

The panelists and speakers included three international political leaders—former President of Ireland Mary Robinson, former UN Secretary General Ban Ki-Moon, and former Chilean President Richard Lagos. They participated through their affiliation with a group called The Elders, founded by Nelson Mandela. Through The Elders, these former heads of state identify important global goals and push current national leaders to bold action by sharing their own experiences of how it may be politically possible.

The Elders have adopted Universal Health Coverage as a key goal for international development. They believe that access to health care is a human right. At UCSF on September 11, Ban Ki-Moon also tied together the dangers of global warming and the need for better health care, citing the health impact of the fires in California and the spread of diseases formerly restricted to tropical climates.

Other participants included health-care economists; an emergency room physician, Joaquin Arambula, who serves in the California State Assembly; and a young physician who has tested a project in Mali to create universal health care under the most challenging circumstances of civil war, a coup and an Ebola outbreak.

The assembled group believes that incoming Governor Gavin Newsom will make UHC a top priority for California, hence their focus on California. Newsom has endorsed a single-payer health-care proposal. Arambula has co-sponsored a pending bill, AB 2517, establishing a state advisory panel to develop a plan to achieve universal health coverage and a unified publicly financed health-care system. The advisory panel would be required to submit its plan to the state legislature in 2020, with a timetable for implementing a universal health-care system. The California Nurses Association strongly backs a publicly financed universal health-care system.

Even as the stars seem to align for comprehensive health care in our state, financing is a key question. How would the cost of such a system be borne? Could moving to a publicly financed, comprehensive coverage system ultimately be more economical than our current system? Most of the experts at the symposium believe the high cost of emergency care and other costs of lack of health coverage could make universal coverage less expensive in the long run.

The key to providing health coverage for all is to spend our

health-care dollars in the right way. As Dr. Richard Scheffler, a professor of health economics at UC Berkeley, said, we need an integrated health-care delivery system rather than a system based on piece-rate charges for each service. He said 60 percent of Californians are currently part of an integrated system, such as through Kaiser. Increasing this to 70 percent of Californians covered by an integrated system, he says, would save \$48 billion, enough to cover all those in California not currently covered by medical insurance.

As former Chilean President Lagos noted, the United States spends 17 percent of its GDP on health care, the highest outlay of any country in the world. Yet our life expectancy is 22nd out of 35 developed countries, below that of Slovenia and Chile. So the efficacy of the current U.S. health-care system doesn't add up. He stressed the need for political will to bring about a change.

Lagos described a process in Chile where, as president, he was directly involved, utilizing an independent commission for advice and introducing gradual changes over five years, covering more medical procedures each year. Today in Chile, 56 procedures are covered by the national health-care system.

Opposition to universal health coverage in California will likely come from libertarians, free-marketeers, some businesses and others who are rightly concerned about the costs of such a system. This illustrates another possible parallel between health care and climate change and a potential positive force to bring about UHC.

After the oil embargo of 1973, during his first governorship, Jerry Brown championed alternative energy. The 1970s effort in California to create sustainable energy fizzled and we remained dependent on non-renewable sources. Yet several decades later, California has a thriving clean-tech industry, and expects to be 100 percent reliant on clean energy by 2045. What changed? An economic interest developed in the technology needed to bring about the evolution to clean energy.

We could see a similar development in the health-care field. There are so many efficiencies and economies that flow today from the results of genetic and other medical research, and from the application of digital technology to medicine, that strong economic interests may develop in the systems and procedures that universal health-care coverage would require. Let us hope those interests will help carry us forward to affordable health coverage for all. 



Photo courtesy of Gloria Duffy