

THE WEISBERG PLAN FOR MAKING AMERICA'S
HEALTHCARE SYSTEM GREAT AGAIN

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America's healthcare system is broken and no longer works.

If you are unaware of this, you are either not in the health profession – not a doctor, nurse, or other healthcare provider – or you haven't had to see a doctor or be hospitalized in the last 20 years. There are many problems with the healthcare system, a large percentage of which are caused by the health insurance companies. Other problems are caused by personal disregard for health as people smoke, drink alcohol and eat to excess. No doctors practicing now are happy with the way the insurance companies control medicine, and most patients are unhappy not only with the benefits they receive from the health insurance companies but also with the lack of choice they have in who cares for them. Patients are also upset by the exorbitant cost of the medications they are taking and their inability to receive the exact medicine their doctor feels is best for them.

Any proposal to completely redo the healthcare system in the United States must address these problems as well as keeping in mind that small businesses must not be run out of business by the healthcare costs for their employees. These are just some of the goals of the WEISBERG PLAN and there are many others which I shall address.

First, everyone in this great country has to have health insurance from the poorest to the wealthiest. No one should die because of lack of finances and preventive medicine should be available to all. Second, insurance has to be affordable and no individual should go bankrupt due to healthcare costs.

The third factor is that I am proposing a single party payer which is the federal government, and the costs have to be contained so that the government won't lose money with this system. Fourth, the insurance needs to be attractive to doctors. Now the health insurance companies hold the upper hand and tell doctors how to practice medicine and what they are going to get paid, an amount that decreases yearly. This matter of reimbursement must be fair to doctors so that they feel they are getting paid an adequate amount for the time they spend in school and in training as well as for the long hours that they work and

the risks that they take.

Fifth, there have to be incentives for the drug companies. There will have to be a cap on the amount that drugs can cost or else this would break the system. Allowing the pharmaceutical companies to have longer times to keep their drug patents so there won't be generic knock-offs may be one bargaining tool to lowering the drugs' cost to the consumer.

Sixth, this plan completely eradicates health insurance companies and gets rid of this unnecessary and harmful costly middleman. The exorbitant salaries of healthcare executives and the pay to their workers would be immediately gone in this system. The cost of medicine has increased over time, partly due to new technology and better drugs, but also due to the colossus of health insurance companies.

Seventh, there need to be hospitals set up as Centers of Excellence with certain high-price procedures such as brain surgery, heart surgery, joint replacement surgery, and transplant surgery are performed. These centers would be chosen on the basis of best patient outcomes and lowest cost. Not every hospital needs to do these procedures and by selecting a few in each state and equipping them with the best surgeons and support staff, patients would have the best opportunity to have a successful surgery and the complication rate which drives up cost would be reduced dramatically.

Number eight on my plan is that all doctors would again see Medicare patients. Being over the age of 65 years now brings very limited choices as reimbursement from Medicare and the punitive regulations that it has drives most doctors away from Medicare patients. If there was one health insurance plan for all Americans, the payments to doctors would be the same whether the patient was 25 or 85 years old.

Number nine concerns catastrophic events and the need for the individual to pay exorbitant amounts for hospitalizations or complex surgeries like organ transplant. This part of my plan, the catastrophic insurance part, would be funded by taxes on cigarettes, alcohol, and high-sugar beverages which lead to obesity. There would be a limit on what the patient had to pay which I would put at \$50,000 with the rest of the payment covered by these "vice" taxes.

Number ten, the insurance has to be portable so that it can be used in any state since all Americans would not have the same plan.

Number eleven, there can be no revocation of insurance

due to pre-existing conditions. We are all in this together. Our healthcare pool is our entire country. No one must be left behind no matter what their illness may be.

Finally, number twelve, there has to be insurance for those capable of paying nothing – either the very poor who make less than \$20,000 a year, or the mentally or physically disabled who are unable to contribute their share to their healthcare.

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In order to implement the Weisberg Plan, the first thing to do is to get rid of the health insurance companies. I think almost all doctors who are dealing with health insurance companies realize that these companies made up of high-paid bureaucrats have taken over the practice of medicine in our country in the last 20 to 30 years. They decide what medications the patients get. They decide how much the doctors and hospitals get paid. Finally, they decide which doctors the patients see by determining which doctors have value and which don't, including only their "valued doctors" on their directories for the patients to choose from.

One way the insurance companies decide on a doctor's value is by seeing how often that doctor's patients undergo certain procedures. For example, in my field of gastroenterology, it is accepted and good practice to bring someone back within a year for a repeat colonoscopy if that patient has had a large precancerous polyp removed. This ensures that none of the polyp, which leads to cancer, is remaining. However, the health insurance companies no longer feel that these doctors are cost effective due to the increased number of colonoscopies they perform, and they label them as "poor value doctors" and try to remove them from their lists of quality doctors on their health insurance panels. This penalizes the gastroenterologist for taking his time doing the colonoscopy and finding these large hard-to-find polyps which often are flat and blend into the wall of the colon. The doctor is penalized for removing these polyps and making sure they are completely gone with a second-look colonoscopy after all the burned tissue has healed and the polypectomy site can be adequately assessed. So the health insurance companies penalize gastroenterologists for following up according to the established guidelines and label them as "poor quality." If these polyps weren't found and turned into cancer, the cost would be 50 times the cost of the colonoscopies as the patient would need surgery, hospitalization, and possibly chemotherapy. The health insurance companies are bold enough now that they are unwilling to negotiate what constitutes a quality doctor and they feel that they practice medicine better than

doctors.

The health insurance companies shouldn't be the ones to determine what medications patients take but they do this by setting up formularies which are lists of drugs that they will pay for. This can be dreadful for patients who have done well on a certain medication for years, but are forced to abandon this medication by their insurance company's lack of coverage.

The only answer to the health insurance company plague is to set up a single payer system run by the federal government. If the health insurance companies were let back into the health insurance market, they would slowly expand their powers and take back over the field of medicine. I think that the government has to have a single payment scale which applies to patients of all ages and this amount can never be reduced or renegotiated. This insurance would be mandatory for every person living in the United States. There would still be an established co-pay on all medical costs incurred by the patient of 10 percent.

All deductibles would, however, be eliminated. The insurance would pay doctors 130 percent of Medicare payments as set up for 2015 for outpatient visits and procedures and 140 percent of Medicare for 2015 for inpatient hospital treatment and procedures. These numbers would not be subject to any decrease but would rise yearly based on inflation. This would incentivize doctors to go back to the hospital and work on healing the sickest patients. This has been lost in the 20 years where we have two sets of doctors, one inpatient and one outpatient. It is, unfortunately, the inpatient doctors who know the patient the least who are responsible for taking care of them when it is the most critical and challenging. This is well dramatized in my 2014 novel, The Hospitalist.

How to pay for the government system is the next issue.

I think that each person who is working will have to pay 5 to 10 percent of their previous year's income for health insurance on a sliding scale. People who make less than \$20,000 would not have to pay anything - they would receive charitable care. Starting with over \$20,000, patients would pay 5 percent of their previous year's income as a tax to the government. The amount of payment would go up to a maximum of 10 percent for those earning over \$500,000.

Everyone would have the same insurance and benefits. Age and income would no longer determine what healthcare you receive. Those over the age of 65, though, who are currently on Medicare would be put back into the pool of paying this tax based on their previous year's income.

What would happen with catastrophic insurance? In order to pay for catastrophic insurance which I am classifying as any insurance cost greater than \$50,000, a

tax would be introduced on cigarettes, alcohol, and beverages deemed to contain too much sugar and which contribute to obesity. These taxes would be collected by each county in America and each county would be responsible for paying the doctors and hospitals for those bills which exceed \$50,000 in their county. We know how much cigarettes and alcohol and obesity increase the healthcare cost to our country so this tax would try and rein in these

costly vices as well as reimbursing those practitioners and hospitals involved in expensive care. Patients would only be responsible for a maximum of \$50,000 out-of-pocket and there would always have to be arrangements set up to make payment plans for this balance over a period of years. There would also be an option in my health insurance plan to cover patients up to \$50,000 by paying an additional 1 to 2 percent tax on their previous year's income.

The next problem to discuss is children. Every child would be covered by their parents' insurance until age 26. This would give them time to complete schooling including college and post-graduate work as well as getting established in jobs. After the age of 26, if a child desires to remain on their family's insurance plan, there would be an additional 3 percent tax for each child.

In order to keep healthcare costs down, part of my plan would focus on preventative measures. As mentioned previously, there would be taxes levied on cigarettes, alcohol, and too sugary beverages in order to pay for catastrophic insurance by each county. Obesity is a significant drain on the healthcare system, so bariatric surgery would need to be moved up higher on the weight loss algorithm and be affordable to all who want it. Doctors would need to be instructed to refer those with obesity to a registered dietician, and three visits with the dietician yearly would be covered by my plan. The 90/10 coverage of insurance to patient pay would apply for dietician visits also.

Preventative measures would also extend to screening for diseases that are preventable if caught early enough. Colon cancer screening would be provided for following guidelines set up by the American Gastroenterological Association. However, if colonoscopy is needed more than the established guidelines, the patient would have to bear more of the financial burden. For breast cancer screening, patient guidelines would have to be set up to determine how often mammograms would be done since it still hasn't been shown scientifically that doing mammograms and detecting breast cancer at an early stage actually increases women's life expectancy. Boards of excellence would need to be set up in all fields in which screening is to be done including gastroenterology for colon cancer, oncology and gynecology

for breast cancer, and urology for prostate cancer. These guidelines would need to be followed strictly in order to be paid for by the insurance. Genetic issues would override the screening guidelines and would need to be paid for by the insurance.

There would have to be global fees paid for certain procedures since certain procedures can be done in less or in more expensive ways. An example of this is colonoscopy. There are four separate charges for the colonoscopy: the gastroenterologist fee, the anesthesia fee, the pathology fee, and the site where the colonoscopy is performed fee. These could all be bundled together into one fee. The gastroenterologist performing the colonoscopy would then have the power to control this fee and how it is attributed by either giving conscious sedation himself to the patient instead of using an anesthesiologist or nurse anesthetist who sometimes charge more than the gastroenterologist does and by negotiating rates with the different facilities and with different pathologists.

The healthcare will be portable; patients can take it from state to state and receive the same benefits. Since we will all have the same healthcare plan, this should be easily accomplished. I live in Texas now but if I went to visit family in West Virginia and got sick, I would have the same insurance as someone in West Virginia no matter our ages. As mentioned previously, patients over the age of 65 would still be paying into this insurance plan if their income outside of social security benefits exceeded \$20,000 the previous year.

Another part of my health insurance plan would be to establish centers of excellence where certain procedures should be done and certain diseases treated. Not every hospital needs to do open heart surgery, joint replacement surgery, or organ transplant surgery. These procedures should be done at hospitals deemed excellent which would be determined by best patient outcomes and by lowest costs.

In conclusion, I am putting forth a healthcare system that works. Everyone would have health insurance from tiny poor babies to wealthy octogenarians. We would have one payer, the government, so that doctors would be able to get paid directly and would be able to reduce their overhead substantially by getting rid of all the support staff required to deal with the health insurance companies. These staff include precertifiers, contract negotiators, and billing and collection specialists.

As part of the single payment program, a watchdog

commission would have to be employed by the government. This watchdog commission would be divided into committees which would have to include doctors (something that is missing in today's healthcare system) and would decide on the centers of excellence, work with those doctors whose practices weren't deemed acceptable and bring them up to

speed or eliminate them, and finally, rid the profession of cheaters and those who attempt to defraud the government. Because of the tremendous drain on patients by drug costs, these committees would have to constantly address this issue also. No longer would Medicare patients have a donut hole where the drug benefits run out and they couldn't afford the medications and food at the same time. Since they would be on the same insurance as the rest of us, the donut hole would completely go away. There would have to be caps on drug costs determined by a formula based on what it costs to bring that drug to market and what is a reasonable profit to make on the drug. In exchange, as mentioned before, the drug companies would be given a longer time to have the exclusive right to manufacture that drug.

A large part of the problem with Obamacare is that the people who got the insurance were the poor sick patients and not the wealthier healthier patients who could have funded the plan. In my plan, the entire country would fund the plan and costs would be reduced by aggressive preventative care, establishing centers of excellence for certain diagnoses to reduce costs, and capping drug charges.

There are problems with any healthcare plan – it is impossible to construct one that is perfect. There will always be the chance for unforeseen problems to arise. However, we need to address the major concerns and my healthcare plan does so. The only losers in my plan are the health insurance companies who have feasted at the cost of illness for too long. By taking over the practice of medicine and telling doctors what to do, all in the name of their profit, they have disqualified themselves from being part of a future solution. There will be a rise in the number of patients over the age of 65 in the next 30 to 40 years, and this plan ensures that they will continue to receive health insurance. They will receive the same health insurance as the rest of us, but they will also contribute to the insurance as long as their income keeps them eligible. This makes more sense given the increasing life expectancies we are seeing and the productivity that comes from those in their 70s and 80s. The 20 million people with Obamacare will soon be left uninsured as the Republicans repeal this legislation, and they will need to

be covered by my plan so there is no drop-off in their families' health.

My plan came about not only from my personal experiences as a physician and gastroenterologist, but also from the large number of talks I have given around the Dallas area in conjunction with my novel, The Hospitalist.

People feel the healthcare system has failed them and want it to change. The costs are astronomical, the medications are unaffordable, and all too often doctors don't want to

WEISBERG PLAN
Page Eight

see them because of their age. In my plan, the patient costs would be fixed, there would be caps on drug costs, and no one would be denied care due to age or pre-existing condition. We are America, the world's greatest country, yet we can only say our healthcare is as good as that offered to our poorest sickest citizen. Under my plan, we can honestly say that even the most underprivileged are afforded the best healthcare our country has to offer.

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