Given what is known from cross-national health services research, it seems to me impudent for Americans constantly to disparage other nations' health systems from the shaky platform of our own system.

In this connection, I am reminded of Jesus' famous question (Mathew 7):

> *"Why do you notice the splinter in your brother's eye, but do not perceive the wooden beam in your own eye?"*

Back to:

"CONSUMER DIRECTED" HEALTH CARE:

How should we describe it?

Some introductory remarks.

BASIC STIPULATION ON

GENUINE CONSUMER DIRECTED HEALTH CARE

Like any economist, I strongly favor genuine "patient directed" health care (CDHC), with physicians working as the patient's management consultant and partial supplier of needed other services.

After all, what properly bred economist (or sensible human being) could be against "Personal Power and Freedom in Decision Making" about health care?

Why does that *desideratum* need to be discussed?

I recently came across this item on a website for Consumer Directed Health Care.

Consumers for health care Choices
the voice of the health care consumer

Fresh Thinking on Health Policy

Number 5, November 21 2005

apers

Reclaiming Personal Power and Freedom in Decision-Making

Laurel Reinhardt, Ph.D.
author, *Healing without Fear*

Thomas Paine:
"Freedom has been hunted around the globe; reason was considered as rebellion; and the slavery of fear made men afraid to think."

The author's name alone exudes authority.

Reclaiming Personal Power and Freedom in Decision-Making

Laurel Reinhardt, Ph.D.
author, *Healing without Fear*

But for "Consumer Directed" Health Care to truly consumer directed, several conditions must be met, and these are worth reviewing.

FIRST CONDITION

Prospective patients must have access to user-friendly information on the QUALITY of the goods and services provided by INDIVIDUAL providers of health care in the relevant market area.

I believe that this is much easier said than done, because physicians and hospitals are likely to resist it fiercely and insurers have a track record of routinely caving in to those folks.

SECOND CONDITION

Prospective patients must have access to user-friendly information on the pros and cons of alternative treatments for their particular medical condition.

This condition may have a chance of being met for many medical conditions, now or in the near future.

Example: John Wennberg's video tape on alternative approaches to respond to prostate cancer.

COST SHARING BY PATIENTS

Cost sharing by patients – in the form of very high deductibles and coinsurance – can be supportive of CDHC, but it is not a necessary condition for CDHC to work.

If high cost sharing by patients is to be coupled with CDHC, those who advocate it have an obligation to make sure that the following additional conditions are met:

THIRD CONDITION

Prospective patients have access to user-friendly information on what their own total out-of-pocket spending will be at various competing providers for the treatment of given medical conditions.

Meeting this challenge should not be underestimated. We shall see how quickly the insurance industry will be able to meet it.

Unfortunately, the industry's track record in this regard is not encouraging. Glaring example: RxIntelligence™