

Serendipity: Sustainable Health Care, Part I



Politics aside, there are ways to manage the complexities of cost and access

By Karen Telleen-Lawton, Noozhawk Columnist | Published on 08.29.2009

“The greatest threat to our nation’s balance sheet is the skyrocketing cost of health care. It’s not even close.” — [President Barack Obama](#), March 2009

At last we’ve come to the issue that has been the blue whale in the bathtub for at least 15 years. To face it down, we need to be prepared to pull back from the politics — from the polemics of public or private insurance — to look at health care and health-care insurance from a broader perspective.

The intertwined issues of cost and access are admittedly complex. They can’t be resolved but only continually managed. The good news is, there are examples of model health-care systems in the United States that show us what is possible.

Insurance for health care is a relatively new idea. The first medical insurance was accident insurance, which developed in the mid-1800s to capitalize on a reasonable alignment of costs and benefits between the insured and the insurer. Accidents are a good match for insurance because they are:

- » Economically significant — that is, so potentially costly that people are willing to share the financial burden.
- » Beyond the control of the insured — making false claims or overuse unlikely.
- » Affect few people at a time — unlike a catastrophe such as wildfire or earthquake that can bankrupt an insurer as well as an insured.

As the benefits of insurance became evident, the idea spread to other areas, despite the less-than-perfect match between insurer and insured. In the United States, commercial insurers began marketing hospital insurance in the 1930s and major medical insurance in the late ‘40s.

The overall wealth of U.S. society increased dramatically in the 20th century, and most came to agree that it was no longer acceptable to leave our sick and injured poor on the street. Yet, this now happens routinely.

As [Jim Wallis](#), CEO of [Sojourners](#) — an NGO exploring faith, politics and culture — writes, “Seeing your child sick is a horrible feeling; seeing your child sick and not having the resources to do something about it is a societal sin.”

After watching news clips of cash-strapped hospitals abandoning homeless patients on skid row, it’s hard to argue against universal access to basic health care. But there are better ways to control costs than denying access to the needy.

According to Wallis, about 46 million people in our country are uninsured; many more are underinsured. Moreover, a majority of bankruptcies in 2009 will be because of medical bills, despite the fact that three-fourths of those filing for bankruptcy have health insurance.

One of the biggest differences in opinion between the insurance company view and a faith-based view is whether medicine is underutilized or overutilized. Insurance companies are scared to death of overuse. Judging from the cost alone you can’t blame them. Costs have escalated dramatically, and most new treatments increase rather than decrease cost, as happens with many other technologies.

One way to reduce cost is to improve access to nontraditional health care, which is typically less invasive and thus less costly. But even within Western medicine, there are American communities whose experiences can yield approaches to avoid and to follow.

We’ll explore these in the second installment on health care.

— *Karen Telleen-Lawton’s column is a mélange of observations supporting sustainability. Graze her writing and excerpts from Canyon Voices: The Nature of Rattlesnake Canyon at www.CanyonVoices.com.*