

Jeff Susman, MD
Editor-in-Chief



A package worth paying for

“So, which do we want—the health risk appraisal package, the mental health compliance add-on, or the drug benefit data mining option?”

I am sitting in a meeting to consider options for our university’s employee health insurance program. There are a myriad of options, all allegedly poised to reduce the cost of care, optimize drug utilization, and maybe even improve the health of the people they cover.

People at the meeting fire a barrage of questions:

“Who is the pharmacy benefit manager?” our Dean of the College of Pharmacy wants to know.

“Does the package provide access to [fill in the name of one of the largest, most well-known health care systems]?” someone else queries.

“What about coverage for contact lenses?” asks another.

I realize I’m witnessing the brave new world of health care, and it is not a pretty picture.

First, there’s the torrent of marketing hype in the name of customizing employee health options. With glossy brochures extolling the benefits of services ranging from counseling to risk assessment, the process feels more akin to buying a new car (do you want the rust-proofing?) than choosing health insurance coverage.

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Second, there is the only slightly veiled implication of—dare I say it?—rationing. Sure, it’s couched in terms like “active health management,” “addressing compliance,” and “adding value.” But the need to transition plan participants to less costly health care options appears, to me at least, to be based not on science, but on Orwellian behind-the-scene deals.

Moreover, I can’t help but wonder what we’re investing in. How useful are support calls from nurses halfway across the country (or maybe even around the world)?

It is really hard to tell the quality of the services we’re buying and the impact they will have; discussions tend to be swayed more by random opinion and less by informed purchasing. While much is made of cost savings and employee satisfaction, little hard data are presented and there is little talk of value.

As we muddle through the discussion of which ornaments to include on the university’s health care tree, I wonder when we are going to provide first-dollar coverage for primary care, encourage the use of a well-established patient-centered medical home, and foster the development of a trusted relationship with a primary care physician-led team.

Now that is a package worth paying for.

jfp@neoucom.edu

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EDITORIAL OFFICE
Northeastern Ohio Universities
College of Medicine
4209 State Route 44
PO Box 95
Rootstown, OH 44272
Telephone: (330) 325-6254

PUBLISHING OFFICES
Quadrant HealthCom, Inc.
7 Century Drive, Suite 302
Parsippany, NJ 07054
Telephone: (973) 206-3434
Fax: (973) 206-9378