

# Learning from foreign health care plans

BY GENEVIEVE M. CLAVREUL

## GUEST VIEW

**K**UDOS to Gov. Arnold Schwarzenegger for getting the dialogue on our health care system started. His plan, like so many others, including President Bush's health care proposals and state Sen. Sheila Kuehl's single-payer plan offers possibilities, but are far from the perfect solution.

As a person who was raised in a country known for its single-payer system, I can attest to its lack of being a perfect solution to our health care dilemma. I also find it ironic that some individuals and groups, such as Sen. Kuehl and the California Nurses Association constantly sing the "single-payer" praises without providing the full picture. And since I for one believe in full disclosure, let me provide some of the information that is so obviously missing from the single-payer mythos.

Whenever one converts to a single payer, universal or socialized medicine scheme, one must also be prepared to make what to some may seem some unpleasant choices. In Canada, cutting edge technology, drugs and therapies are often many years old before being placed into their universal health care package offering. Why? Because to buy the cutting edge technology when it's hot of the press is costly, while waiting a few years makes everything more affordable.

England had to cease offering health care to all limiting their health care to British citizens only because non-British citizens were taking trips to England for the sole purpose of obtaining free health care (this doesn't exclude emergencies). Does this sound familiar?

This summer numerous emergency rooms in Toronto had to close for lack of physicians. Canada is beginning to suffer a physician shortage because their universal health care plan leaves little incentive for people to become physicians. In addition, there is a case before the Canadian Supreme Court brought by a physician who is trying to get treatment for his patients in the United States through supplemental insurance because Canada doesn't offer the treatment they need.

As for France's system (my home country), the people who get the best and most prompt care are those, you guessed it, who can afford to buy supplemental insurance in addition to what is offered by the government. Other industrialized nations are facing similar challenges; even Japan is facing criticism on the care its socialized health care offers cancer patients.

Finally, since I strongly believe that you must always come to the table with solutions, I think we can best address our system by fixing the broken parts of it rather than trying to overhaul it or emulate other countries' problem-ridden socialized health care systems. Those in greatest need of health care are the working poor, many lower middle class families and individuals working for small companies. Allowing their companies, many of which are too small to purchase reasonably priced plans on their own, to combine into consortiums that can then buy health plans with all the bells and whistles just like the big companies.

Many not-for-profits, which alone cannot leverage good health care plans, have historically bought into consortiums and in turn been able to offer their employees fair and reasonable health care insurance.

Another area where the state could help improve the present system is continuing to encourage physicians to take self-pay patients. I know quite a few doctors who eschew insurance for self-pay patients, and prefer it to the old system — less paperwork and more quality time with their patients. Self-pay is not as costly as one would expect since most physicians charge about \$60 — \$120 for a visit, which is less than the cost of a pair of brand name jeans or a PlayStation 3 game cartridge. To make this system work there needs to be a way for the self-pay individual to cover cost of diagnostic tests and catastrophic illness/injury treatment, and this could be achieved by having labs and hospitals publish the actual cost for such services and make catastrophic insurance reasonably priced and accessible.

Finally, placing a nurse in ERs, pediatrics, PICU, NICU units, whose sole purpose is to enroll children and families into the Healthy Family Program could help increase that program's coverage of the eligible population.

Without a doubt our health care system requires some major work, and casting the net wide and thinking outside the box will help us achieve the goal of providing affordable health care to all Californians — and perhaps provide a program worth emulating by other states.

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