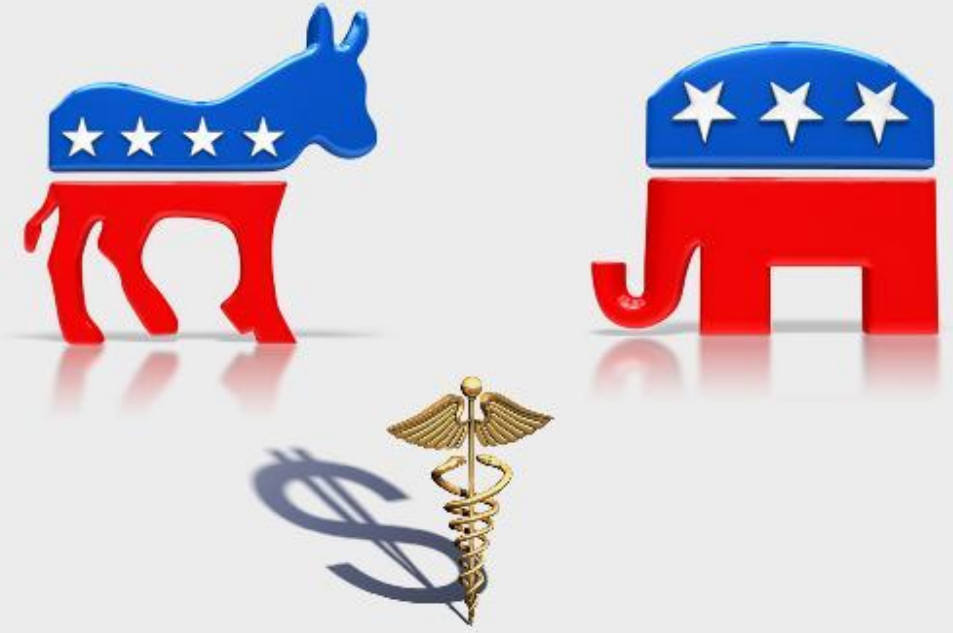
Obamacare

The Good, the Bad & the Missing



John A. Lynch

What Obamacare Misses &
Its Free-Market Opponents Would Make Even Worse

OurHealthcareSucks.com

Obamacare
The Good, the Bad & the Missing

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First Edition

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"If it ain't broke,
don't fix it."

Bert Lance

Chapter 5

The Problem with Medicare Isn't Medicare

Medicare has become even more of a political football this election season than usual. This is due to the controversy around Obamacare and the Republican political priority to curb the growth in Medicare and other government "entitlement programs" that will face financial insolvency without some changes made.

Governor Romney is campaigning to replace the "inefficiencies" of Medicare with supposedly more efficient private health insurance by offering future Medicare beneficiaries – beginning in about a decade – the choice of staying with traditional Medicare or choosing a private health insurance plan that bids for their business.

We'll get to some of the many flaws with this approach, but its main failing is that **its premise is not only wrong, but backwards**. Medicare has repeatedly proven to be far more efficient than private health insurance- and by a wide margin. If this is true – and it is – then what's the benefit in offering enrollees a choice of less efficient options?

The benefit is to the government, because it won't be footing the bill for these inefficiencies – future beneficiaries who choose these plans will. And the benefit, of course, will also accrue to the private insurance companies that will profit handsomely from this expanded market opportunity of high-risk, higher-premium customers.

Who *won't* benefit are future beneficiaries – both those who choose these private plans and those who remain with traditional Medicare that will be diluted with fewer beneficiaries and will therefore cost them more for what's currently covered under Medicare.

This chapter discusses the Medicare pros and cons of both Obamacare and the Romney-Ryan "premium support" voucher alternative being proposed by them for future Medicare beneficiaries (those who become eligible for Medicare in 2023 and after).

One of the key difference is that Obamacre attempts to achieve savings for Medicare by lowering future payments to Medicare Advantage insurers and non-physician providers,. The Romney-Ryan plan perpetuates those payments and thereby fails to achieve any savings in the actual delivery of care.

Contrary to the allegations by some of its opponents, Obamacare doesn't reduce any benefits to Medicare beneficiaries. In fact, it adds benefits in the form of lower medication costs for those caught in the infamous Part D "doughnut hole" and with free annual wellness visits and preventive screening exams.

Even though physician payments aren't targeted by Obamacare, many physicians feel threatened by it anyway. That's because fee-for-service payments that constitute the lion's share of current Medicare payments are likely to be phased out faster with Obamacare.

Here's what one prominent physician - Dr. Marc Siegel of NYU Langone Medical Center, who favors a Romney-backed free-market solution - had to say about why doctors have come to like Medicare's fee-for-service formula:

> "The advantage of Medicare for practicing doctors like me has always been that **we can order the tests and treatments we need without excessive restrictions or denials…**
>
> "This may seem like a waste of the government's money, but it is the only way we are able to work with an insurance program that covers patients with more medical problems because of their age, yet pays us less to see them than we are paid with private insurance that covers younger patients with fewer problems."[1]

That's as close to a public defense of medical overtreatment as you're likely to find – and it's predicated on doctors' financial expectations rather than patients' actual needs.

[1] How Obamacare hurts seniors *NY Daily News*. 8/22/12

And it's the opposite of market-driven healthcare serving unmet medical needs – and the kind of medical excess Obamacare targets with its Medicare savings.

So what do you think will occur with either less growth in Medicare payments under Obamacare *or* under Medicare vouchers with private health insurers and no reduction in future payment growth?

Obamacare increases Medicare benefits & saves money by reducing future payment increases to non-physician providers

Under Obamacare, many doctors may compensate for lower fees by ordering even *more* unneeded tests and procedures – although Obamacare phases-out fee-for-service over time to off-set this selfish physician behavior.

Under Romney's free-market approach, those future seniors who choose a voucher to subsidize private health insurance over traditional Medicare will subject themselves to the higher cost future of private insurers (see graph on next page).

They may be younger and healthier when they switch to a voucher system, but they won't *stay* younger and healthier – and they'll be **left holding the bag for higher-cost private insurance as they age.**

Opponents of Obamacare cite a study published in the *Journal of the American Medical Association* in mid-2012[2] by three Harvard economists suggesting that private insurers participating in the Medicare Advantage plan – basic Medicare with sweeteners – actually cost 9% *less* than traditional Medicare. If this were true, then the above argument against Medicare vouchers could be wrong. But *is* it true?

One of its economist authors - Dr. David Cutler - says it is not.[3] He cites several reasons why "savings" by Medicare Advantage (MA) plans aren't likely to materialize in real life, including the following:

[2] Potential Consequences of Reforming Medicare Into a Competitive Bidding System. *JAMA*, 2012;308(5); 459-460.
[3] Hey Republicans! Stop Misusing My Medicare Study. *The New Republic*, 8/21/12

- **Obamacare savings for traditional Medicare** – The study period was for 2009, before any of the Medicare savings built into Obamacare take effect. These are likely to reduce or eliminate any of the purported savings by MA plans;

- **Bids vs. payments** – The 9% savings reflected the *bids* of these private plans, not what they're actually paid – which is considerably more. Another Obamacare feature is reducing these Medicare overpayments to MA plans;

- **Risk Differential** – MA plans attract younger and healthier patients who use fewer resources and cost substantially less as a result. A separate study by The National Bureau of Economic Research found that adjusting for this "risk differential" between the two patient populations effectively eliminated the reported 9% savings by itself;[4] and

- **No medical education or safety net costs** – MA plans don't have to subsidize medical education at academic medical centers or special funding for disadvantaged safety net hospitals, as does traditional Medicare.

After adjusting for health differentials between enrollees in MA plans and sicker patients remaining with traditional Medicare, **MA plans actually cost 14% more** than traditional Medicare.[5]

In addition to all these factors that would more than eliminate any potential savings from substituting private insurance vouchers for traditional Medicare, Dr. Cutler made the crucial point that MA plans build on a pricing baseline established by Medicare that's substantially below the prices the same insurers pay providers in their other insurance product lines.

That's because Medicare is able to essentially dictate the prices it's willing to pay providers, while private insurers have fewer subscribers and must negotiate rates that start at a price well above Medicare payment levels.

[4] How Does Risk Selection Respond to Risk Adjustment? Evidence from the Medicare Advantage Program. *The National Bureau of Economic Research*. April 2011

[5] Medicare Doublespeak on the Campaign Trail. *The Fiscal Times*, 8/22/12

Since private insurance vouchers will dilute Medicare's leverage with fewer beneficiaries in traditional Medicare, this baseline leverage will be also be diluted and MA plans would end up paying providers higher prices than they're able to pay currently.

As Cutler observes in *The New Republic* piece,

> "The private (Medicare) plans are cheaper because they are very good at attracting…the healthiest seniors least likely to run up medical bills - or because they don't also subsidize other parts of our health care system. In effect, they may be **gaming the system**…
>
> "If (private) managed care plans are able to select healthier enrollees…traditional Medicare will end up with less healthy seniors, driving up its costs. **The system will spiral out of control** (emphases added)."

As for the greater choice in health plans that premium support voucher plans will supposedly offer, those who choose such plans will actually have **less choice of medical *providers***. That's because private insurers have networks of doctors and hospitals with which they contract and their subscribers have to remain within those networks or pay much higher prices to out-of-network providers. Medicare, by contrast, is universally accepted by hospitals across America because it represents almost half their revenues.

Private insurers have never been less expensive than Medicare

Since the free-market model would maintain fee-for-service payments more than Obamacare – which seeks to phase them out over time – it's worth examining the **inherent conflicts of interest embedded in the fee-for-service payment system.** These, after all, are largely responsible for our history of medical spending growth at multiples of non-medical inflation - and they'll be responsible for *ongoing* medical overspending in a deregulated free-market healthcare system:

Fee-For-Service Conflicts-of-Interest

Patient Interests	Physician Interests
Long-term coordinated care • ↑ *teamwork* = ↓ *malpractice risk/errors* • ↑ *time with patients required*	Short-term episodic care • Fragmented care = ↑malpractice risk/errors • ↓time with patients to ↑incomes
Prevention-driven	Transaction-driven
Frequent monitoring to ↓ disease complications • ↓ *unnecessary utilization* • ↓*treatment-induced disease*	Poor control of risk factors complications • ↑unnecessary utilization • ↑treatment-induced disease
Healthy lifestyle support and encouragement	Disincentives for healthy lifestyle support and encouragement
Not conducive to billable codes	Easily billable transaction codes
Team approach welcomes patient participation	Defensive medicine sees patient as adversary

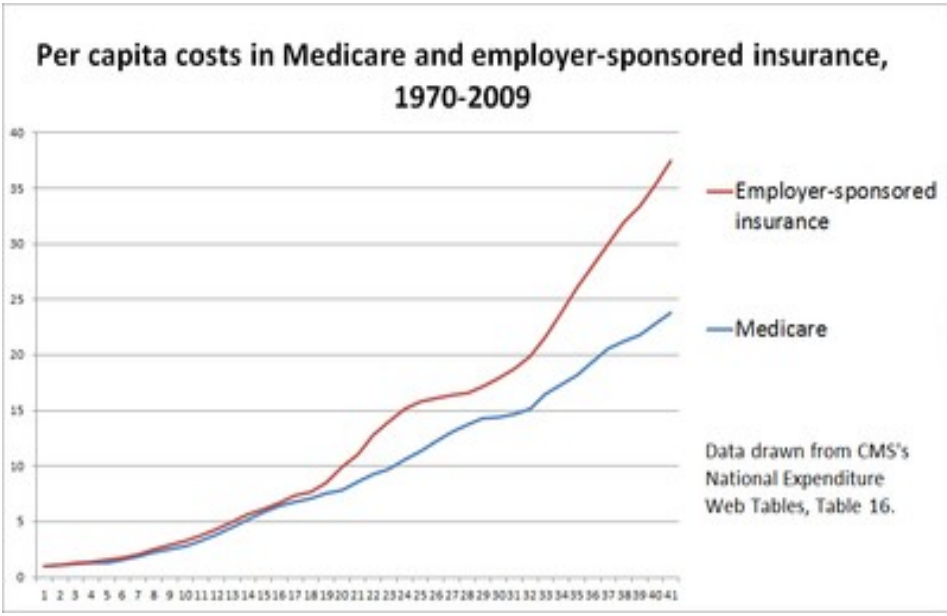
Source: *Our Healthcare Sucks*

Medicare Vouchers Transfer These Risks to Patients

With all these free-market consequences, the Republicans' premium support voucher plan for future Medicare recipients – those under age 55 as of 2012 – would transfer the financial risk for future healthcare increases above a formula tied to GDP growth rather than to healthcare costs that grow at a rate well above GDP growth..

For an idea of how this risk might affect these future beneficiaries' finances, here's a look at how private health insurance outpaces Medicare costs – those affected by this proposed change would pay the difference in the future:

It Ain't Broke



Source: http://en.wikipedia.org/wiki/Medicare_(United_States) - Adapted

As indicated by the blue line, Medicare spending growth has trailed well behind private insurers – indicating Medicare's greater efficiency rather than the lesser efficiency required for the Romney-Ryan plan to make sense. Why would anyone want to buy into private insurers whose costs – indicated by the red line in the above graph - are growing so much faster than Medicare's?

And this trend is projected to continue. According to a report in *The New England Journal of Medicine*,[6] the CBO projects that Medicare costs - incorporating the savings included in Obamacare - will increase on a per enrollee basis by an average of 3.1% per year from 2012 to 2022, while private insurers' costs will increase by an average of 5% a year. **Over ten years time, this translates into a 76% greater increase for private insurers than for Medicare**. Add a few more years and it'll be double Medicare's growth in costs.

The problem with Medicare isn't Medicare, but baby boomer demographics that threaten to increase the number of Medicare enrollees to the point that the aggregate costs for Medicare are unsustainable.

[6] Medicare and Medicaid Spending and the Deficit. *NEJM* 8/2/12

It's not that Medicare is less efficient than private insurers; quite the opposite, in fact. Which means that dumping these enrollees isn't a less efficient private insurance system will only compound this problem by increasing the total costs of care rather than increasing the *value* of care received so the cost per enrollee actually declines.

Obamacare attempts to do this by containing the underlying growth in medical costs by regulating provider payments. The Romney-Ryan plan for Medicare, on the other hand, effectively gives up on controlling healthcare costs – relying instead solely on free-market competition among health insurers to constrain future healthcare costs. As the chart on the last page demonstrates, they don't do so well at this.

The problem with Medicare isn't Medicare

Indeed, the Romney approach to our healthcare crisis - for Medicare and more broadly - focuses exclusively on private insurance as the vehicle for achieving cost savings. This will affect both future Medicare enrollees who choose a private insurance plan and non-Medicare buyers of insurance plans as well because current constraints on costs imposed by Medicare will be weakened. The Romney-Ryan measures include:

- Allowing insurers to sell products across state lines to increase insurer competition;
- Reduce plan requirements so cheaper plans are available;
- Purchasing pools for individuals and small businesses to spread risk and lower premiums (like the exchanges in Obamacare);
- Expanded use of Health Savings Accounts allowing use of pre-tax dollars for health-related costs, including insurance premiums (so self-insured treated same as employer-paid premiums); and
- Consumer Reports™ - type ratings for insurance plans.

These each have merit and should be further considered for the next phase of healthcare reform. The problem with them is that the vast **majority of our medical costs - 80% or more - are driven by medical providers, not insurers.**

And private insurers have had little success to date in controlling those provider costs - far less than Medicare has, as demonstrated in the previous chart.

Ignoring provider costs - or relying on health insurers to negotiate them down when they've failed so miserably in doing so to date - is effectively **giving free rein to medical providers to dictate their own pricing.** This is exactly what's been driving medical over-spending in America's largest urban markets where dominant hospital chains are able to price-gouge based on their regional market leverage.

And with further provider consolidation underway as Accountable Care Organizations assume financial risks that turn them into quasi-insurers themselves, **insurers will have even less negotiating leverage to contain provider costs.**

While future Medicare beneficiaries would be able to remain with traditional fee-for-service Medicare if they choose, this would come with an important condition. According to a report in *The Boston Globe:*

> "Under the Medicare plan on Romney's website…the fee-for-service Medicare option comes with a caveat:…
>
> "'If it costs the government more to provide that service than it costs private plans to offer their versions, then the (Medicare) premiums charged by the government will have to be higher, and seniors will have to pay the difference to enroll in the traditional Medicare option."[7]

One probable outcome if this plan materializes is that younger and healthier Medicare beneficiaries will be attracted to private insurance plans, leaving older and sicker beneficiaries in traditional Medicare.

Covering an older and sicker population will accelerate traditional Medicare costs and, if they exceed private insurers' costs in covering a younger and healthier Medicare population - as they will - traditional Medicare beneficiaries will end up paying more out-of-pocket for continuing Medicare coverage.

[7] Two very different visions on future path for Medicare. *The Boston Globe*, 8/18/12

In short, the premium-support voucher approach will shift medical costs to Medicare beneficiaries – which will be particularly onerous for the oldest and sickest patients. And the $8,000 annual premium support envisioned under Romney's plan translates to $666 a month. That $666 a month will barely buy insurance coverage – with a $2,000 deductible – for a healthy 60-year old today, much less coverage for an unhealthy 80-year old ten years from now when our healthcare costs will have doubled.

The premium-support voucher approach will shift medical costs to Medicare beneficiaries

Is it really responsible – or fair – to expect an 80 or 90-year old with declining mental capacity to understand the financial impact of competing health insurance plans? What kind of person would want to subject them to that – and the related surge in scams that prey on elders?

Relying on free-market forces - essentially **putting all your faith in insurance companies** - to contain excessive medical costs will fail for all the reasons previously cited. It's hard to believe its proponents don't recognize they're turning reality on its head when they say, as the Romney website states:

> "By replacing the inefficiency of the current (Medicare) system with a competitive, market-oriented system in which every provider – including the government – wants to find the most efficient way to provide high quality care, the plan puts the future of Medicare on a sound footing to meet the needs of future generations."[8]

The problem here is that - as the previous graph demonstrates - **Medicare is actually much *more* efficient than private insurance.** Rather than "replacing the inefficiency of the current (Medicare) system", Romney's plan actually *exposes* traditional Medicare to the inefficiencies of the private health insurance market. That's because private insurers have much higher administrative costs, and profit requirements, than Medicare and are also unable to negotiate the steep pricing discounts for medical services that Medicare is able to command with its huge share of the medical market**.**

[8] http://www.mittromney.com/issues/medicare

According to the non-profit Center on Budget and Policy Priorities, in 2022 – when the proposed voucher premium support plan in Congressman Ryan's original plan would take effect – the combination of higher medical costs for private insurers and less financial support from Medicare would **more than double the average Medicare beneficiaries' medical costs** from a projected $6,150 annually to $12,500 a year. That difference of $6,350 a year represents over $529 a month on average. For people on fixed incomes like Social Security, that kind of increase will effectively bankrupt many older Americans.

Most telling in this analysis is that in order for Medicare to save an estimated $600 a year per beneficiary, individual Medicare beneficiaries would end up spending an additional $6,350 a year - or **ten times the expected government savings.** That huge mark-up represents the increased costs of private insurance over Medicare costs – as reflected in the earlier graph. This concession to private insurance inefficiencies will fall entirely on the backs of Medicare beneficiaries and their families.

Romney's plan exposes Medicare to the inefficiencies of private health insurance

While the Romney plan is expected to be less onerous than Ryan's original plan, it moves the Medicare market in the same direction while lacking the specifics to know how much less, if any, of a financial impact it will have for future Medicare beneficiaries. And that impact will only grow over time as the value of the proposed vouchers tied to GDP growth fail to keep pace with the growth in medical spending. Wherever the precise numbers end up, it's Medicare beneficiaries - especially older and sicker ones (which we'll all eventually become, if we're lucky) - and their families who'll be left holding the bag.

Finally, while there's legitimate concern that slowing the growth in Medicare payments to hospitals and other non-physician providers could cause some to no longer accept Medicare patients, this is unlikely. The reason is these providers accepted these terms – and they're not reduced payments, but a slowing in the growth of payments – because they'll be serving more insured patients under Obamacare to offset this.

Their bad debt for currently uninsured patients will be reduced and they've calculated this will more than allow them to continue serving Medicare patients indefinitely. Since Medicare represents 50% and more of revenues for most of these providers, it's far more likely that a **voucher system that dilutes Medicare's current market leverage will lead to reduced access via restricted provider networks**, as mentioned earlier.

Before moving on to the specific impacts of the Romney-Ryan plan for Medicare, it's worth noting - lest this be construed as a defense of traditional Medicare practices - that there's plenty of room for improvement in Medicare. Examples include the RUV physician compensation process discussed earlier, tolerance of regional disparities in medical practices, unneeded surgeries and procedures, and fee-for-service reimbursements that are the fundamental flaw in our payment system that drives so much medical misuse and abuse.

But for all these shortcomings, it remains far more efficient and capable of controlling medical costs than private insurers.

Romney-Ryan Plan WOULD Cut Current Medicare Benefits

Governor Romney has claimed his Medicare plan would have no impact on current Medicare beneficiaries, but this is inconsistent with the facts. Repealing Obamacare – which he's promised to do – and converting Medicaid to block grants would eliminate the benefits that Obamacare is already providing to current Medicare beneficiaries.

These include the following benefits:

- Reduced prescription drug costs as the infamous Part D "doughnut hole" is eliminated under Obamacare by 2020;
- Free annual wellness visits with physician;
- Free screenings for preventive health purposes; and
- **Nursing home coverage** for estimated 9 million Medicaid-eligible elders beyond the 30 days paid by Medicare.

In addition, by restoring payments to providers that Obamacare moderates to extend the solvency of Medicare to 2024, Governor Romney's plan would accelerate the insolvency of Medicare to 2016 – meaning Medicare would be unable to pay all of its hospital bills by the end of his first term in office, an obvious impact on current beneficiaries.

So while it's true that Obamacare does anticipate spending an estimated $716 Billion less on Medicare over the next decade, these are all in the form of slowed payment growth to providers and removal of overpayments to Medicare Advantage insurers rather than cuts in Medicare benefits. This greater efficiency is what's expected to extend Medicare's fiscal solvency for an estimated eight additional years.

Medicare In A Nutshell

Healthcare Plan	Reduce Benefits	Shift Costs	Lower costs/ ↑ value	Medi-care solvent until	% costs covered in 2030*
Obamacare	No	Yes – to insurers/providers	Yes	2024	75%
Romney-Ryan	Yes	Yes – to Medicare benefic-iaries	No – relies on insurers	2016	32%

*For new enrollees in 2023 and after.

Further, according to a Bloomberg.com analysis citing Medicare actuaries, Romney's plan would require a 17% cut in Medicare hospital payments in 2020.[9] That means that either hospitals would have even bigger payment reductions under Romney's plan than those he criticizes under Obamacare or Medicare beneficiaries would pay the difference.

[9] Romney and Obama are Both Medicare Double-Counters. *Bloomberg View*. www.bloomberg.com 8/24/12

Dangerous Free-Market Fantasies

These potentially devastating effects won't be limited to just Medicare if Obamacare is repealed and replaced with the kind of free-market approach advocated in the Romney-Ryan plan.

Their effects could be even more dramatic for younger adults as private insurers are starting from a higher payment baseline than Medicare and have none of its pricing leverage to moderate the potential for price escalation in an unregulated medical market.

For all the reasons outlined in the last chapter as to why healthcare is uniquely unsuited to unregulated free-market theory - as well as the more practical and tangible effects this untested approach will have on Medicare – Obamacare offers consumers far better prospects for an affordable healthcare future, albeit with the need for more informed and assertive consumer behaviors.

Free-market healthcare – including Medicare vouchers – will expose more patients to unregulated excesses responsible for our medical misspending

The following table of pros and cons of Obamacare vs. its free-market alternative is not exhaustive, but may help readers assess the options.

Obamacare vs. Free-Market Reform Alternative

Obamacare Pluses	Obamacare Minuses	Free-Market Pluses	Free-Market Minuses
Preserves Medicare benefits until 2024	Retains Fee-for-Service with payment pilot projects		Keeps Fee-for-Service payments/Preserves Medicare bens till '16
Adds Medicare bens – free screenings, lower Rx costs, etc.	More screenings may promote unneeded testing & procedures		No added Med bens/ removes free screenings & Rx savings
Preserves/expand Medicaid – including nursing home cov'g			Converts Medicaid to state block grants=less nursing home cov'g
Slows Medicare spending growth starting in 2012			No slowing of Medicare spending growth until 2023,
Medicare contains costs below private insurance			Relies on pvt sector to contain costs – poor record for doing so
Slows growth in medical costs slightly	Fails to correct specialist MD payment inequities		No direct cost controls /Fails to correct payment inequities
ACOs improve quality /coordination of care	Fails to aggressively target medical errors		No impact on care or medical errors
Expands coverage to 30 million Americans	Little increase in MD supply reduces access	No impact on access – except Medicare voucher pts ⇨	50+ million uninsured/ provider networks restrict Medicare access
	High-deductible insurance will dominate (w less use of HSAs)	HSAs help using pre-tax $ for deductible & out-of-pocket costs	High-deductible insurance will dominate
Modest effort to assess treatment effectiveness	Only .03% of medical spending budgeted		No effort to assess treatment effectiveness
Bans more MD-owned services	Retains current MD-owned services		Would expand MD-owned services
Regulatory approach contains costs & prevents abuses			Deregulation increases costs/courts remedy abuses after injury
	No significant attempt at malpractice reform	Limited malpractice reform (capped damages only)	Not shown to reduce medical costs
Increases insurance transparency & consumers' ability to compare plans			Vouchers dilute Medicare/increase future beneficiaries' costs by >$6,000/year
+12	**-9**	**+3**	**-14**

Like What You've Seen?

If you'd like to learn more about healthcare reform and the threats our fragmented, fraudulent, and dangerous medical system will continue to pose no matter our political future, read the rest of the book. Take a look at the Table of Contents to see how much more there is to learn.

Table of Contents

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