Internists Call for Health Insurance Mandate

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T he American College of Physicians has for the first time called for mandated universal coverage for all U.S. residents and has urged law- makers to consider a single-payer system as one option for achieving that goal.

In a lengthy analysis and health care re- form proposal, the ACP also recommends greater use of cost-control incentives di- rected at patients, perhaps including greater sharing of costs and more use of health care savings accounts.

The report also recommends a uniform billing system for all services, more pri- mary care training programs, federal sup- port for a capitated, pay-for-performance, a universal information technology infrastructure, and greater in- vestment in medical research (Ann. Intern. Med. 2008;148:55-75).

Robert Doherty, the ACP’s senior vice president for government affairs and public policy, and one of the authors of the report, said that the ACP will not pursue specific legislation at the coming year aimed at implementing the recommenda- tions, but hopes to bring health care re- form to the forefront of the presidential and congressional election season.

However, the college supports provisions in the pending Medicare/State Children’s Health Insur- ance Program (SCHIP) bill that would re- quire Medicare to pay physicians in up to 100 practices around the country for co- ordinating care through a medical home.

David Karlson, Ph.D., executive director of the Society of General Internal Medi- cine, said that his organization is in “broad agreement” with the principles outlined by the ACP. “Many SGIN members have been even more favorably disposed to sim- plified (e.g., single-payer) approaches to health insurance financing, and place an even greater emphasis on physicians avoid- ing conflicted relationships with indus- try,” he said in an interview.

In advocating for universal coverage, the authors of the report compared the U.S. system with the systems of selected other countries, including those with a single-payer system of universal coverage (Cana- da, Japan, Taiwan, and the United King- dom) and those with a “pluralistic” system, in which private and public institutions fund the costs of care for all residents (Australia and New Zealand) and coverage is guaranteed regardless of ability to pay.

Single-payer systems, the report said, are generally more equitable, have lower ad- ministrative costs, and have lower per capita health care expenditures than do systems using private health insurance. Single-payer systems also have high levels of patient satisfaction and high perfor- mance on measures of quality and access. However, shortages of services as a result of price controls are a risk.

“Placing faith in a universal coverage program would ensure universal access while allowing individuals the freedom to pur- chase private supplemental coverage,” the report said (available at www.medicalletter.org/).