

## **“What Were They Smoking?”**

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative, Sauk City

We are regularly reminded that people can think and act really strangely. Those of us who grew up in the '60s often ask, “What were they smoking?” Given recent news alerts, kids growing up today will ask, “What ‘meds’ were in their water?”

Maybe I’m just getting older and crankier, but this winter seemed to bring a lot of bad ideas about health care. Here are just three of my favorites. They each break medicine’s oldest rule, “first, do no harm.”

**Any Data Will Do:** To sell more health insurance, a national company has decided to be a “quality leader.” Their approach is simple. “Better” doctors get more stars by their name. Patients are encouraged to go to “better” doctors by owing less out of pocket when they see doctors with more stars. Many rural doctors don’t have any stars. They don’t have stars because the company doesn’t have enough data about rural doctors, not because the doctors aren’t good doctors. It’s like you get an “F” because your teacher’s dog ate your paper. The fact that we have a growing shortage of doctors and need all those we have, isn’t on their radar. But that is a topic for another column.

**Anything But Flexible:** If you think the Federal government doesn’t have a sense of humor you would be wrong. Most rural hospitals participate in Medicare through something called the “Rural Hospital Flexibility (Flex) Program.” It is becoming anything but flexible. Try being a rural community with a fifty-year old hospital that needs to be torn down and rebuilt. In that case you may be out of luck, as Medicare requires you to prove that the community is exactly as it was when the hospital first entered the Flex Program. If the hospital has recruited more doctors, or if unemployment has gone down or if younger families have moved into the area, the hospital may be stuck with the out of date facility.

### **RWHC Eye On Health**



“They seem to think we won’t smell that it’s bull if they say it with a straight face.”

**Blocking Federal Funds:** We are in an era when shouting slogans masquerades as leadership. I love a good one liner at least as well as the next guy; but to get something done, you eventually need to sit down and think through an issue. In Wisconsin, the so-called hospital “tax” or assessment is just such an issue. Yes, hospitals would have to pay into a State fund in order that the State would be eligible for additional federal dollars. This isn’t rocket science. If a rich uncle offers me two dollars for every one I raise at home, I’d take the deal. Everyone knows that there is a much larger “hidden tax” in every hospital bill to make up for what the Medicaid program doesn’t pay. This is the tax people need to focus on.

I started this column thinking I was writing about stupid ideas. In fact, I realize I am talking about decisions made by some very smart people. The insurance company wants to sell policies and is less con-

cerned about the impact on patients and physicians due to misleading data. Some of the people running Medicare seem “just not to like” the Flex Program so it makes sense to them to try to force hospitals out of the Program. And all sides understand the need to reduce the Medicaid “hidden tax” but some would rather take the “I’m tough on taxes” story line into the next election.

The bottom line is that we live in a world with many competing agendas, and that if the idea from a business, agency or politician doesn’t make sense to us, we need to keep digging. It probably makes sense from some perspective, even if we disagree with it. Figuring out to whom and why a bad idea makes sense is a necessary step in dealing with it.