

The U.S. Health Care System Is Ill and Needs a Bold New Prescription

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Every day, patients suffer the inadequacies of the U.S. health care system. These patients include, but are by no means limited to, the patient with recurrent hospitalization for diabetic ketoacidosis who cannot afford insulin, the woman with a small breast lump who forgoes mammography fearing that the copayments for evaluation will be beyond her limited budget, the patient with knee osteoarthritis in need of a joint replacement whose Medicaid insurance is not accepted by any orthopedic surgeon within a day's drive, the patient battling opioid addiction who cannot access addiction therapy, the patient plagued with collection notices for laboratory bills for tests not covered by insurance, and the many uninsured patients who wander from emergency department to emergency department because they lack a relationship with a primary care practitioner.

The U.S. health care system is gravely ill, and the symptoms are many: Costs are too high, many people lack affordable coverage, incentives for hospitals and physicians are misaligned with patients' interests, primary care and public health are undervalued, too much is spent on administration at the expense of patient care, and vulnerable individuals face daunting barriers to care. Health care expenses are the leading cause of private citizen bankruptcies in the United States (1).

The American College of Physicians (ACP) Ethics Manual states that it is physicians' "collective responsibility to advocate for the health, human rights, and well-being of the public. . . . They should work toward ensuring access to health care for all persons" (2). The ACP takes this responsibility very seriously, as reflected in its mission "to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine." Consequently, the ACP has long advocated universal access to affordable health coverage (3) and has developed many policies over past decades aimed at reforming the U.S. health care delivery system. In 2009, the ACP supported the Patient Protection and Affordable Care Act, in large part because it decreased the number of uninsured Americans (4). Although the Affordable Care Act was not perfect, it led to increased coverage of nearly 20 million patients (5). Unfortunately, legislative actions have subsequently stripped away many Affordable Care Act provisions that helped to expand coverage. In recent years, significant changes related to the roles of private and public payers, the escalating cost of prescription drugs and other components of care, and the recognition that too many patients remain uninsured or underinsured have all led ACP leadership to recognize that the U.S. system is past due for a new vision.

The ACP does not have all of the answers, but we have expertise in diagnosis and development of treat-

ment plans for complex problems. Two years ago, the ACP Board of Regents directed its committees and councils to envision a better-functioning health care system that would provide universal access; control costs; decrease administrative complexities; and appropriately support primary care and, in particular, the specialty of general internal medicine. The position papers in this special collection (6-9) outline the ACP's vision for a better U.S. health care system. This vision is powered by ACP's commitment to an evidence-based approach to policy. The U.S. health care system is like a chronically ill patient, and ACP is proposing a new prescription. Simple market solutions have been unsuccessful elsewhere, and we do not believe that health care is a commodity. Issues of health are intensely personal, and care is not an item on a store shelf.

The ACP presents 4 papers with a bold "New Vision" for health care. We are not surprised that when the ACP advocates policy that will have an impact on patients and physicians, some admonish the organization not to be political. Yet, to enact policy through the legislative and regulatory arms of government, one cannot avoid politics. Policy and politics are intertwined. Renowned German pathologist Rudolf Virchow stated it well: "Medicine is a social science and politics is nothing else but medicine on a large scale. Medicine as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution; the politician, the practical anthropologist, must find the means for their actual solution." Physicians must engage in the political arena to optimize care for our patients. However, patient care is not a partisan issue. The ACP's vision for U.S. health care is "ACP green," not partisan red or blue.

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