

Managed Care: Who Wins -- Who Loses

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The main purpose for all health care professions is service for the patient. It is the patient who should be at the epicenter of all health care attention. States passed legislation restricting health care practice to only licensed individuals. Why? Because, the states wanted to protect the health, safety, and welfare of their citizens from unqualified persons. This is the historical patient/doctor relationship.

Now comes managed care which radically changes the patient/doctor role. Patients are now viewed no differently than a product within a manufacturing plant. Costs become the key element in decision making. The managed care organizations will tell you about the need for quality and how quality patient care can be achieved, and at the same time cut costs. I might add that this premise has not been proved in any state in our nation, nor region in the United States. Yes, some Managed Care Organizations (MCO) do show some savings here and there. HOWEVER, MANAGED CARE IS CLEARLY AN UNPROVEN HYPOTHESIS.

MCOs can save money by withholding treatment and forcing patients to pay out of pocket, but this is cost shifting, not successful managed care. Furthermore, the recent California case, in which \$77 million was awarded to the family of a patient who died from breast cancer because necessary care was denied by Health Net HMO, is only the beginning. This is inevitable and will escalate as long as MBAs and not doctors make health care decisions.

Do you remember when I said the patient should be at the epicenter of our attention? Unfortunately the HMOs have it upside down. MBAs want to decide what is covered and what is not reimbursable. This means decisions for the patients are made above the patient and "trickle down" to quote a phrase. Thus, what is good business becomes by extrapolation good health care.

America was founded on the principle of human rights. We rejected the "above down" authoritarian philosophy. Americans do not like dictators. Are we now developing an MCO dictatorship? Why do you think an unproven hypothesis is being publicly touted as the last free enterprise attempt to control health costs. Other options such as the single payer system etc., have been relegated to a less important level.

Could it be the big employer/insurance complex wants to remove the patient from a human status toward total depersonalized health care? For example, one social security number (the patient) receiving care from another social security number (the doctor).

My intuition tells me that this will all come crashing down after it ruins what is good about American health care. Taxation without representation caused a revolution to happen. How long will it take before the public rises up against the MCO mentality? It is merely a matter of time before the health care revolt gets into full swing. Our legal system is positioned and ready to challenge the dictatorial landscape.

The chiropractic profession should join in this revolt to defend our patients and fight for their rights as well as ours. What are your feelings?

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