

Wellness Rebates: Motivating Patients to Reduce Health Care Costs

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The original idea behind [health insurance](#) was probably a good one. The assumption was that the risk of catastrophic illness or uncompensated injury experienced by a single individual would be borne by a group of healthy people who didn't experience a need for that level of care in a given year.

But alas, something went wrong. It turned out that health care providers, hospitals and pharmaceutical companies offered more care than anticipated. The health insurance model failed to recognize that it essentially gave medical providers (and some DCs), hospitals and pharmacies a blank check by allowing them to decide how much care to give each patient and how much to charge for it. Out-of-control health care spending gave rise to the dreaded managed care.

The [managed care model](#) seemed like a good fix. Expert panels decided (not necessarily fairly) what health care was necessary, and panel competition lowered how much providers and hospitals could charge (but not the drug companies).

Sadly, the U.S. is still experiencing out-of-control health spending, as more patients seem to need more health care. In 2004, our national health expenditures were a whopping \$1.86 trillion. By 2019, just 15 years later, that number is expected to grow almost 2 times to \$4.48 trillion, close to 20 percent of our national GDP.¹

As it turns out, the new culprit is the average patient and their lifestyle. But before we blame the average patient, let's look at the health care "promises" that have come to taint their perception of health. In virtually every magazine and on virtually every television station are advertisements from drug companies promising to resolve every ailment or condition with a pill. Regardless of the problem, there is always a medical solution. If this drug doesn't do it, there are lots more that might. If the first surgery doesn't alleviate the pain, you can always get a second, or third, etc.

Rather than expecting some level of personal accountability from patients, medical doctors are equipped with pseudo-solutions that allow them to avoid the unpleasant discussion about how their patient's lifestyle is contributing to their ailments and will eventually kill them. There is no need for a patient to exercise, eat right, keep in shape or get adjusted. If their blood pressure gets too high, they can take drugs. If they become obese, they can get the "Lap-Band." Just last March, the [International Diabetes Federation](#) announced that "Bariatric surgery is an appropriate treatment for people with type 2 diabetes who are obese."²

Drug companies are encouraging the use of more drugs. Surgeons and appliance makers are encouraging more surgeries. Insurance payers are happy because their slice of the pie keeps getting bigger.

The "good news" for patients who "need" a Lap-Band is that the \$20,000-\$30,000 surgery is covered by most insurance companies; as are their [blood pressure drugs](#), drugs to counteract the

side effects of the initial drugs and the additional care they will need as a result of not taking responsibility for their own health.

The bad news is that you and I (and the ever-smaller percentage of people who care about wellness) are going to be paying for the care required by those who continue to make poor choices based upon false promises.

Please don't get me wrong. This is not about the original intention of health care insurance, namely to cover the expenses of illnesses and injuries beyond a person's control. This is about recognizing that today's health care consumers are not necessarily motivated to live healthy lifestyles; that the related costs are bankrupting our country; and that provisions need to be made that will *reward* people for *maintaining their health*.

You, your family and most of your patients are probably among the group that uses medicine and drugs sparingly. Year after year, we "wellness folks" keep paying into a system that caters to those who believe the medical/pharmaceutical lie and choose to let someone else bear the cost of their unhealthy choices.

If our political leaders really want to address the cost of health care, they are going to have to monetarily reward people as a motivation to live healthy lifestyles. People who continually use fewer resources should at least get a rebate on what they pay in. The less they use, the greater the rebate.

It works for most other insurances, why not health insurance? Of course, this approach assumes that our political leaders are willing to enact laws and policies for the good of the country, rather than be swayed by powerful lobbyists.

Perhaps I am expecting too much.

References

1. National Health Expenditure Projections 2009-2019. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.
2. Lowes R. "[Bariatric Surgery Recommended for Obese Patients With Type 2 Diabetes.](#)" Medscape Medical News, March 28, 2011.

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