

Doctor's Orders

Health insurance used to cover mainly catastrophic illnesses. Now it covers most health care, and the more it covers, the more it controls.

Administrative costs are high because the insurance is complicated. First, there's the definition of "health care". At first it was only care from medical doctors. Now, let's think about other providers:

Dentists
Optometrists
Psychologists
Physical Therapists
Chiropractors
Acupuncturists
Homeopaths
Massage Therapists
Biofeedback Practitioners
Herbal Medicine Consultants

Next, let's think about plastic surgeons. They do a lot of work to repair injuries from car wrecks and other accidents. Also babies born with abnormalities. And people who feel like some part of their body is not good enough, maybe their nose is too big, even though they are within the range of normal.

There can always be some health treatment that improves our quality of life. In practical terms, insurance companies have to set limits on what they cover. So all the details are specified in the contract.

Then there's the question of how much they pay for each item they cover. If insurance companies paid whatever the doctors wanted to charge, then doctors could make as much money as other top-dollar professionals. What could be more valuable than saving lives?

Now the real kicker: what treatments get paid for, for each patient? The story from the insurance industry is: we'll pay for the treatment that has evidence for being the most cost-effective. The story from doctors is: Now we're treating data instead of patients. Patients are individuals, and a doctor who knows the patient can make better treatment decisions than some administrator looking at statistics.

I welcome your comments, and I would especially like to hear from doctors!