## With or Without a Bill of Rights, Patients Deserve the Right to Choose

\*Source: International Foundation of Employee Benefit Plans

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The beltway buzz says that 2001 is the year for Congress to pass a pro-consumer Patients' Bill of Rights. Republicans and Democrats alike pledged to push for it in the last election. President Bush promised his support, too.

So, isn't the crisis about to be solved? Shouldn't Congress and the White House be able to agree on the right to sue a health plan? Won't the threat of litigation restore balance in health care?

These questions get front-page attention, but in reality, the debate over patients' rights is stuck on a misguided issue. Moving health care into the courts won't solve the problem. It will almost certainly make things worse. The focus on legal remedies distracts us from a more fundamental rights issue; the fact that buyers (patients, employers and health plans) are forced to take their business to the most expensive sellers (physicians).

If decision-makers really wanted to improve access and cut spending, they would ensure fair competition in the medical marketplace. Our laws would guarantee a patient's right to choose among all qualified health professionals, not just participating physicians. Congress and the White House would break up the medical monopoly that protects doctors from competition by other health professionals who are just as qualified to meet the majority of our health care needs.

Nurse practitioners (NP) are a perfect example of the choice that should be a right of all Americans. Their graduate education and clinical experience enable them to diagnose and treat a wide variety of health problems. NPs gain their knowledge and learn their skills in the same academic health centers that educate doctors, often from the same teachers. And they are equally accountable to standards of professional practice and liability. Contrary to the image conveyed by a common misnomer, nurse practitioners are not mid-level providers. NPs are as good as physicians in the broad range of their defined scopes of practice. They are especially well qualified to provide primary care, an area in great need of more clinicians in this country because two-thirds of our physicians are specialists.

In other Western countries with healthier people and lower health expenditures, that ratio is reversed. Giving patients more primary care choices would be one of the best ways that we could quickly improve our health care delivery system. Today's medical monopoly holds us back because it is so heavily specialized.

Freeing America's nurse practitioners to deliver a larger share of primary care will translate into better patient care and smarter fiscal policy. Imagine the economic benefits of being able to choose a qualified nurse practitioner at a competitive fee without having to go through a middleman, the doctor. Physicians don't mind letting patients see a nurse

practitioner in their practices, as long as they can pocket the substantial difference between what they charge the patient and what they pay the NP.

According to the *Harvard Business Review* (Sept.-Oct. 2000), "Nurse practitioners typically devote more time to patients . . . than physicians do and emphasize prevention . . . to a greater degree . . . These clinicians can . . . reliably diagnose and treat . . . disorders that would have required the training . . . of a physician only a few years ago. But many states have regulations that prevent NPs from diagnosing diseases or prescribing treatment that they are fully capable of handling." We're all paying a high price for laws and regulations that prevent informed consumers from going directly to these cost-effective and able practitioners.

Physicians like to argue that NPs are undertrained, but the facts may be just the opposite. Many physicians are overtrained for meeting most of our health care needs. Sure, physicians are required for the relatively small percentage of patients who require complex care, but NPs are equally well suited for primary care. Nurse practitioners are highly qualified to deal with a wide range of acute and chronic illnesses, and they know when to refer to a specialist. Yet, the health care system continues to hinder a patient's right to access a nurse practitioner directly.

Happily, a growing number of doctors are speaking out in defense of NPs as qualified caregivers, but the medical monopolists still prevail. They will continue to protect their pocketbooks by raising concerns with quality, but the monopolists will continue to be wrong. The studies all show that nurse practitioners are at least as good as, and in some areas better than, doctors in providing many health services. If government decision-makers really want to address the problems of cost and access, they will promote competition, not courts, as a patient's right whose time has come in 2001.

## BIO INFORMATION

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The Patients' Bill of Rights roared through the United States Senate. But the House equivalent appears to be bogged down, put on the back burner to make room for other

legislation and to buy time so the Republican leadership can search for votes to pass a version the president can sign.

President Bush's veto threat looms large, which may be why the House is cooling its heals on the health care reform issue. Yet the American public wants health care reform – real reform – and they want it now. Real reform means taking the argument beyond the question of litigation. Real reform means adding competition to the formula. Competition means leveling the playing field so all qualified primary health care providers, including nurse practitioners, are made available to patients and are compensated fairly for their services.

On behalf of nurse practitioners, I urge you to reconsider the Patients' Bill of Rights with an eye toward the core ideals of competition and fairness. Plug these factors into the larger formula, and the debate takes on a completely new light.

If cost is of such concern to President Bush and many in Congress, then they should seriously debate the central issues at hand: the "cost" that consumers pay due to outdated mandates that limit care. It's time to give nurse practitioners parity.

Please consider these issues in your future coverage on the Patients' Bill of Rights. Thank you for your time and consideration.

Sincerely,

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