

Duvall & Associates, Inc.

Taking Care of Business

FIXIN' THE HEALTH CARE MESS

"When you try your best, but you don't succeed...I will try to fix you." Coldplay

Sometimes you must simply state the obvious - the U.S. healthcare system is broken. Too few providers, overly expensive services annually compounding at double-digit rates, and now nationalization with all the attendant rules and regulations.

Perhaps...just perhaps...if we think outside the box, we could formulate an action plan which could help fix the system.

Herein, we shall focus on some simple economic axioms for system-fixing: (1) increase in supply, (2) services provided by the lowest tier of workers, and (3) elimination of layers in the distribution cycle.

Increase in Supply - In our standard American education system, a high school graduate must invest 11-16 additional years of education/residency before officially entering the medical work force - certainly injecting a disincentive to pursue a career in medicine. Engineers begin studying technical areas immediately upon entering college - so why can't we have medical students immediately dive in to their chosen fields as well.

Snipping four years of education off minimum requirements would entice more medical aspirants into the field - thus increasing the supply of medical providers - thus increasing access to services - thus reducing costs through competition.

Lowest Tier of Workers - I reached the point with my kids that I could personally predict the prescription given the ailment at issue - invariably amoxicillin or cortisone. But we still had to pay an expensive accredited Doc to go through the motions of diagnosis and prescription.

Without extensive research, it would intuitively seem that 70%-90% of all basic ailments could be effectively treated by a sufficiently trained Nurse as a primary provider - thus increasing access to medical services and reducing costs.

Eliminating Layers in Distribution - Really, what do pharmacists do beyond filling plastic jars with pills? I can't remember a time when I received value-added services from a pharmacist (who average over \$100,000 income).

Maybe I'm missing something here - but why not have the Nurse/Doc provide a prescription card to the patient - who then takes said card to a vending machine to have the order filled? We could even provide keyboards upon which the patient submits enough personal information the vending machine computer can issue appropriate dosages and warnings. Now we might see less Drugstores on every corner, but again access to services would be enhanced and attendant costs reduced.

And we would not have to deal with the inefficient task of attempting to read the Doc's illegible cursive writing on a tiny white sheet of paper.

Somewhere, a pharmacist is drafting a response on how to eliminate accountants in the system.

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