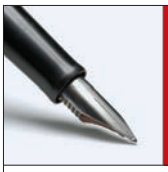

LETTER FROM THE EDITOR-IN-CHIEF

'What to Expect When You're Expecting': The Birth of a Public Health Plan

With healthcare reform imminent, the question on everyone's mind is: "How will this impact me?" While there is almost universal support for reform—what you might call the *why* of a healthcare fix—there is considerable disagreement about the *how*, *when*, *who*, and *where*.

While the details of reform may change a bit over the next several months, there are a few things we should consider invariable:

1. The Democrats' solid control of the Executive and Legislative branches of government gives them the power to push through legislation and executive initiatives with little in the way of meaningful resistance.
2. Bipartisan and medical industry input and support is sought for healthcare reform; however, it should be clear that no one has the ability to derail this train.
3. The final bill will have several components that may as well be considered "non-negotiables."
   - There *will* be a new Medicare-style public health plan. This plan will cover most of the uninsured, but it will also compete with the private insurers to cover others who determine that the public plan is a better deal.
   - This new plan *will* attempt to reign in costs in several ways.

   Restrictions on high-cost, low-yield procedures *will* be a cornerstone of what the government calls a "comparative effectiveness" strategy. Some of the targets: unnecessary knee arthroscopies, spine surgery, cardiac catheterizations, and "advanced imaging procedures" (MRIs, etc.).

   Increased competition in the insurance industry, it is believed, will promote a more favorable cost structure for "all things healthcare," including drugs and reimbursement for doctors and hospitals.

   Health information technology, quality-linked payment systems, and hospital readmission bundling are all likely to be implemented over the first five years of the plan.
4. Additional components on the table:
   - A tax on employer-supplied insurance benefits, lowering subsidies to hospitals for seeing the uninsured, tort reform.

So what does this mean to you?

Reimbursement under the plan will likely take the shape of a "Medicare plus." The most conservative estimate for physician services is 110% of the Medicare Fee Schedule. There is considerable support for additional, higher payments for primary care services and lower payments for specialty services.

The plan will likely cover the majority of the 45 million uninsured. In addition, some estimate that the public plan will attract up to 120 million Americans away from private health insurance.

Opportunity for Urgent Care?

This may add up to an opportunity for urgent care. Consider the following:

- Medicare is a prompt, reliable payor.
- If the public plan approaches 120% of the Medicare fee schedule for primary care-related services, urgent care stands to benefit significantly.
- The public plan will not only increase the number of insured, but it will significantly decrease the number of "underinsured."
- Access to care will increase and delayed care will decrease.
- The majority of those patients who will be newly covered on the public plan are otherwise healthy 20- to 50-year-olds—in other words, the urgent care demographic.
- The primary care shortage will not be fixed for a very long time. The rolls of the insured will increase overnight, and wait times to see primary care will increase dramatically. Urgent care is uniquely positioned to fill the access gap.

I feel a public health plan represents very little risk and a tremendous upside for urgent care.

Fear not! ■

Lee A. Resnick, MD
Editor-in-Chief
JUCM, The Journal of Urgent Care Medicine