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The Principles of Good Health Care in the U.S. in the 2010s

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President (2007-2013)

ABSTRACT

The purpose of this investigation is to define the principles of good health in the U.S. in the 21st century. The interdisciplinary, civilizational methodology is applied to establish roots of this health care at the national level. Among findings are: well-being of Americans is the constitutional opportunity of an American, good health of Americans is a constituent of their well-being, basic health care should be perceived as the controlled right of a citizen. Human and societal wisdom requires mentally healthy people. Human and societal wisdom requires well educated citizens. The state of health care of the Americans is in a state which is not appropriate for the most richest and powerful country in the world. The quality of health care is at the level of 54 percent. Vision of American society has been defined as well as its goals and strategies for the next 17 years, till 2030. Practical implications: If the integration of well-being, health care, and information infrastructure-oriented components into one comprehensive solution is not provided and if each one is treated in isolation, the improvements in health care won’t be lasting and positive. Social implications suggest: political will and leadership at all levels of the nation must reach agreement; otherwise the society will be declining in its physical and mental health.

Key words: constitutional well-being, health care, health care principles, health care rights, health care vision, health care goals, health care strategy, health care implications.

INTRODUCTION

In order to pursue the universal reform of health care in the U.S. one must define the principles and aims of this reform. The principles of 2010s Reform of Health Care in the U.S (known as Obama Care) should include the following:

1. The basic laws of the U.S. should be the foundation for the concept of health care:
   a. The Declaration of Independence of the U.S. (1776) states that “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of happiness.
   b. The United States Constitution (1787) is also the base for the concept of health care. In the Constitution’s preamble is stated: “We the People of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America.”
   c. The concept of “Happiness” and “Welfare” in the 18th century were slightly different than today. We can assume that both terms currently mean “Well-Being of Americans.” This value is the constitutional opportunity of an American. Well-being is a very time and process-oriented value that cannot be guaranteed forever. Once accomplished, it can be lost to many internal and external factors. On the other hand, the American constitution supports this value by providing tools that help in pursuing this opportunity.

2. Good health of Americans is a constituent of their well-being. In other words, good well-being is usually a determinant of good health. Without good well-being, Americans may not have good health.
3. Good health care is the **constitutional opportunity** of Americans. Today health care is very expensive. If it is free, it certainly will not satisfy the high expectations of Americans. Do they often perceive death as an option? The choice is between the right and privilege of having health care. It depends on the state’s economic situation and societal and political support. In this respect today, Americans are divided almost equally between the right and privilege. Due to almost 16.3% percent of the population not having health insurance (49.9 million) in 2012\(^1\) and high inequality (for 2010, 40.8 % are below perfect distribution, according the GINI index, comparable to Morocco’s and in contrast to Norway’s 25.8% in 2000 (2007 World Development Indicators, World Bank, pp.67 -68), in times when 10 percent is unemployed and another 5 percent is out of statistics, to have a privilege of health care it may lead to the lack of social *tranquility* which is expected by the U.S. Constitution (too long, break it down, put information in parentheses in separate sentence). Therefore, basic health care should be perceived as the **controlled right**. It means that certain medical help is secured but its use is controlled and if it is abused by unwise life styles, it can be suspended.

4. The strong effort to improve the American Health System is the number 1 in the political agenda of President Barak Obama’s administration (2009-16). The implementation of the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act under the American Recovery and Reinvestment Act of 2009 (signed in February 2009) and of the Patient Protection and Affordable Care Act (ACA) – coupled with $30 billion in funding - have led to significant changes in the adoption of electronic health records by eligible providers (EP) and eligible hospitals (EH). However, its first year of whole Act implementation, which began in October 1, led to the profound political crisis, resulted in shutting down the federal government due to the budget dispute at the Congress. This crisis is mostly caused by the lack of agreed principles of the American Health Care System and limited to the insurance issues.

5. Some positive changes have been implemented in 2009-2013 as the result of the mentioned Acts in p. 4, namely in quality reporting, population health monitoring, electronic health record (EHR) certification for Meaningful Use and adoption and the start of major healthcare practice and payment reforms\(^2,3\). The Obama Care Act triggered many positive changes in the improvements of the American Health Care System; among such improvements one can notice; (1) vendor investment in the healthcare sector has grown significantly since 2009-2010. (2) there are created; Federal Advisory Committees (FACA) for HIT Policy and HIT Standards guiding development of standards and working to improve interoperability and reduce cost, improve quality reporting and increase transparency. However, many individual physicians implementing EMR reduced their productivity and lowered health quality by limiting good bedside manners (looking in patients’ eyes) by replacing them by a look at the screen of a computer.

6. Well-being of Americans means an equal access to sustainable economic vitality with minimized inequality, based upon a sustainable environment which delivers healthy food, fresh water and air, and culture-oriented activities.

7. Well-being of Americans is achievable through human and societal wisdom, meaning prudent choices made in economic, cultural, and technology-oriented processes.
   a. In particular, political wisdom is very important, since it leads the whole regions and nation.
   b. Human and societal wisdom requires mentally healthy people.
   c. Human and societal wisdom requires well educated citizens.

8. Good health is possible if the Americans’ life styles are wise and good.

THE STATE AND AIMS OF THE HEALTH CARE REFORM IN 2013

The U.S. state in 2013:

- **The state of the Americans** is below its peak in 1960 (so-called fabulous years). In the 20th century America towered over its rivals. At the end of the Second World War, America’s dreams were collectively ambitious but individually modest. Nowadays, the collective ambitions of America have shrunken but the individual aspirations of its citizens – their dreams of prosperity, freedom and happiness (2013) – are undiminished (Brands, 2010). The question for the future is whether the relative decline of America (due to unregulated globalization) means that the dreams of individual Americans will need to be downsized as well.

- **The state of the well-being of the Americans** is low. The service economy is too weak to support the American Way as used to be. The off shore outsourcing of manufacturing is the permanent cause of high unemployment. The Americans borrow too much money and capital and soon may be internationally bankrupt. The 2008-13 financial crises indicate that the Managerial Revolution (executives intercept dividends under a form of huge bonuses) is at the peak. Wall Street turned the American financial system into casino. Bad economy limits taxes at all levels and as the result, schools are closing (ex. 44 in Detroit in 2009) and colleges are in financial crises. The national IQ of 98 is far behind too many countries. In terms of social-civilizational wisdom the U.S. is not the first, as its level of Academia could indicate. Mass culture lowered standards of social taste and behavior, which is reflected in this statement: “no logic, be nice and have fun.”

- **The state of health care of the Americans** is in a state which is not appropriate for the most richest and powerful country in the world. The quality of health care is at the level of 54 percent. The cost of health care per capita is twice bigger than in some developed countries and life expectancy is lower (e.g., Japan and Sweden). Even in the U.S. the same difference is among northern (New England) and southern states (Louisiana and Texas) as between the U.S. and leading countries.

- **Vision of American Society.** Americans achieved the highest standard of living among large nations in the second part of the 20th century and should strive to maintain it throughout the 21st century. It can be achieved if manufacturing will return to the U.S and business will secure jobs for the Americans as its best well-being customers. Schools and colleges should shift from education based on the knowledge to wisdom inquiry and rise national IQ from 98 to 105. This will lead to the shift from the fun to a wise, good, and healthy society. Mental health should be meaningfully improved. Such society should practice wise life styles and pursue of happiness as it is aimed in the Declaration of Independence, 237 years ago. Furthermore, Americans play a role of a stabilizing force in the world affairs in the last almost 100 years (since 1914). Despite of declining their economic ability in the 21st century, there is no other state in the world which could play this role instead of the U.S. Americans are perhaps the only nation which is interested in almost all countries’ state of affairs which means that Americans’ well-being in general defines well-being of other countries.

*Creed:* Wise Americans are healthy.

*Goals:* are defined in the scope of Well-Being (Table 1), Health Care (Table 2), and Information Infrastructure (Table 3). These goals are defined first at the big-picture of the national level and when is necessary they are also defined at the small-picture of levels below the national one.

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4 Smile: USA ranks 17th among world's happiest countries. *USA Today.* September 9, 2013.
Table 1. The Main Goals of Well-Being of the Americans in the 2010\textsuperscript{th}

<table>
<thead>
<tr>
<th>AREAS</th>
<th>GOALS</th>
<th>2013-2020</th>
<th>2020-2030</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENHANCE EDUCATION</td>
<td>WBG1. Shift for knowledge to wisdom inquiry</td>
<td>10% of schools and colleges</td>
<td>60% of schools and colleges</td>
<td>Wiser graduates, future professionals, managers, leaders, and politicians</td>
</tr>
<tr>
<td></td>
<td>WBG2. Enhance national IQ</td>
<td>From 98 to 101</td>
<td>From 101 to 105</td>
<td>More able citizens</td>
</tr>
<tr>
<td>ESTABLISH SUSTAINABLE ECONOMY</td>
<td>WBG3. Minimize statistical and structured unemployment</td>
<td>From 10%+5% To 8%+4%</td>
<td>From 8%+4% To 6%+3%</td>
<td>Middle class restored</td>
</tr>
<tr>
<td></td>
<td>WBG4. Regulate food business ’s products and consolidation</td>
<td>Increase the number of food making companies by 200% Reduce the volume of unhealthy food by 30%</td>
<td>Increase the number of food making companies by 500% Reduce the volume of unhealthy food by 80%</td>
<td>More local versus global food production and services</td>
</tr>
<tr>
<td></td>
<td>WBG5. Reduce Inequality</td>
<td>From 0.40 to 0.35 (of GINI index)</td>
<td>From 0.35 to 0.25 (of GINI index)</td>
<td>Larger middle class developed</td>
</tr>
<tr>
<td>GREEN-UP ENVIRONMENT</td>
<td>WBG6. Increase fresh water availability</td>
<td>Expanding the scope of sources by 5%</td>
<td>Expanding the scope of sources by 5%</td>
<td>Healthier consumption</td>
</tr>
<tr>
<td></td>
<td>WBG7. Increase availability potential of timber, fiber, and fuel</td>
<td>By 5%</td>
<td>By 5%</td>
<td>Maintaining sufficiency of civilization</td>
</tr>
<tr>
<td></td>
<td>WBG8. Increase availability of fresh air by reduce C2O emission</td>
<td>By 20%</td>
<td>By 30%</td>
<td>Slowed warming of climate and healthier air</td>
</tr>
<tr>
<td></td>
<td>WBG9. Increase recycling</td>
<td>By 20%</td>
<td>By 30%</td>
<td>Better use of unrenewable resources and better management of waste</td>
</tr>
<tr>
<td>INCREASE SOCIAL AWARENESS</td>
<td>WBG10. Implement curriculum (or electives) of</td>
<td>In 25% of schools and colleges</td>
<td>In 95% of schools and colleges</td>
<td>More aware graduate</td>
</tr>
</tbody>
</table>
environmental study and civilization study

<table>
<thead>
<tr>
<th>WBG11. Increase the number of green organizations (campuses, enterprises, institutions)</th>
<th>By 25%</th>
<th>By 50%</th>
<th>More social awareness in promoting green workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBG12. Establish prestigious awards systems for best practices in sustainability of civilization</td>
<td>Several</td>
<td>Several</td>
<td>More inspirational ruling and society</td>
</tr>
<tr>
<td>WBG13. Reduce super-consumerism</td>
<td>Expand the education curricula in the area of secular spirituality (virtues and values)</td>
<td>Intensify the education curricula in the area of secular spirituality (virtues and values)</td>
<td>More wiser and ethical business and consumers</td>
</tr>
</tbody>
</table>

Table 2. The Goals of Improving Health Care of the Americans in the 21st Century

<table>
<thead>
<tr>
<th>AREAS</th>
<th>GOALS</th>
<th>2013-2020</th>
<th>2020-2030</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULATION</td>
<td>HCG1. Stabilize the growth of American population</td>
<td>Reduce the annual growth rate of population from 0.89 to 0.75</td>
<td>Reduce the annual growth rate of population from 0.75 to 0.50</td>
<td>Better use of strategic resources. Stabilize population in 2050 below 400 million.</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>HCG2. Reduce the number of mentally ill to the level of leading countries</td>
<td>To the level of the Czech Republic</td>
<td>To the level of Japan</td>
<td>Better decision-makers within the society</td>
</tr>
<tr>
<td>PREVENTION---LIFE STYLES</td>
<td>HCG3. Popularize healthy diets</td>
<td>Reduce the obesity of population from 60% to 50%</td>
<td>Reduce the obesity of population from 50% to 25%</td>
<td>Reduce rate of mortality and cost of health care of diabetic and heart-born patients</td>
</tr>
<tr>
<td></td>
<td>HCG4. Implement Wellness Programs</td>
<td>Increase the number of participants by 20%</td>
<td>Increase the number of participants by 30%</td>
<td>Healthier people</td>
</tr>
<tr>
<td>QUALITY</td>
<td>HCG5. Increase quality of health care</td>
<td>From 54% to 65%</td>
<td>From 65% to 75%</td>
<td>Healthier patients and lower curing cost</td>
</tr>
<tr>
<td>HCG6. Increase life expectancy</td>
<td>From 78 to 80</td>
<td>From 80 to 82</td>
<td>Pleasure of living and the sign of well-being and health</td>
<td></td>
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<td>-----------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>COST</td>
<td>HCG7. Reduce the cost/capita</td>
<td>From $6,000 to $5,500 (in 2010 dollar)</td>
<td>From $5,500 to $5,000 (in $2020 dollar)</td>
<td>The containment of cost growth</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>HCG8. Improve insurance system</td>
<td>Develop the national system of controlling rights to basic health care at the level of individual patient (NBHCS)</td>
<td>Improve the NBHCS according to issues of practice</td>
<td>Less abuse basic rights for health care by those who do not care about their lives styles</td>
</tr>
<tr>
<td></td>
<td>HCG9. Improve the 2010 Health Care Law</td>
<td>Remove errors and misuse solutions</td>
<td>Implement the universal health care insurance law</td>
<td>Insurance system more suiting the right of basic health care</td>
</tr>
<tr>
<td></td>
<td>HCG10. Improve mal practice insurance system</td>
<td>Remove solutions which abuse the health care system</td>
<td>Implement the universal mal practice mal practice insurance</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. The Goals of Improving Health Information Infrastructure of the Americans in the 21st Century

<table>
<thead>
<tr>
<th>AREAS</th>
<th>GOALS</th>
<th>2013-2020</th>
<th>2020-2030</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR-Electronic Medical Records</td>
<td>HIG1. Increase the use of EMR</td>
<td>From 7% to 25% of medical practice</td>
<td>From 25% to 85% of medical practice</td>
<td>Higher throughput of the entire health care system for the sake of patients and administration</td>
</tr>
<tr>
<td>HIE-Health Information Exchange</td>
<td>HIG2. Make it operational in all 50 states</td>
<td>At the level of basic services of a region</td>
<td>At the level of knowledge management systems (Data warehousing and Data Mining)</td>
<td>The right regional information environment for providing better and less expensive health care</td>
</tr>
<tr>
<td>NHIE-National Health Information Exchange</td>
<td>HIG3. Make it operational</td>
<td>At the level of basic services</td>
<td>At the level of regional knowledge management systems (Data Warehousing and Data Mining)</td>
<td>The right national information environment for providing better and less expensive health care</td>
</tr>
<tr>
<td>Global- Health Information Exchange</td>
<td>HIG4. Make it operational at the level of standardization</td>
<td>At the level of basic services</td>
<td>At the level of regional knowledge management systems (Data Warehousing and Data Mining)</td>
<td>The right global information environment for providing better and less expensive health care</td>
</tr>
</tbody>
</table>
Strategies:

1. The implementation of 10 well-being-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments’ levels and bottom-up engagement at the level of schools, colleges, civic organizations, and citizens. Special coordination offices should be created and supported by updated well-being indexes and information systems for reporting and analysis.

2. The implementation of 10 health care-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments’ levels and bottom-up engagement at the level of local health care providers. Special coordination offices should be created and supported by updated health care indexes and information systems for reporting and analysis. The critical issue of improving the quality of health care can be solved in the following approaches (by each one or their combination):
   a. Strong public reporting on quality (using The Quality Assessment and Analysis Systems) and pay for quality-driven performance.
   b. By increased market-oriented competition among providers. The Quality Assessment and Analysis Systems at local, regional, and national levels should be available for the public and serve in supporting their judgment and choices of the most suited providers.
   c. Increased number of physicians from 2.3 (2000) to 4.0 per 1,000 people.
   d. Physicians can be reimbursed by pay rate per day.

3. The implementation of four information infrastructure-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments’ levels and bottom-up engagement at the level of local health care providers. Special coordination offices (ONC-Office of National Coordinator for Health IT, OLC- Office of Legal Counsel, and other) should be created and supported by updated indexes and information systems for reporting and analysis.
   a. The critical issue of the successful Health Information Infrastructure is in implementing EMR at the physicians’ level. The major improvements in the health care delivery cannot occur without physicians making transition from paper medical records to EMR (Lee and Mongan, 2009:76).
   b. The biggest barriers that prevent most American physicians from adopting EMRs are in their cost ($15,000 to 50,000 per physician) and their probable loss in productivity (due to slower data entry in comparison to quick notes on paper). According to a popular doctors’ opinion, this system raises costs, without increasing revenues. On the other hand, those physicians who implemented EMRs never gone back to paper charts (Lee and Mongan, 2009:86).
      i. Part of the federal economic stimulus package that passed in February 2009 included a provision for physicians who accepted Medicare patients to earn $44,000 over five year if they prove they are “meaningful users” of a certified EMR system. The rule also includes a 1 percent penalty on Medicare reimbursements for physicians who don’t adopt records by 2015.
      ii. Being electronic and connected to the Internet allows physicians to access records on an iPhone or Blackberry. The mobile system does not contain all functions available in the office, but physicians can view patient summary information in real time for active problems, allergies, current medications and immunizations, social history, and values from the most recent lab tests.
   c. Perhaps the user unfriendliness of some EMR software packages is the reason that physicians do not want to use this solution. It is a room for nation-wide standardization and acceptance rules for EMR software. Then the best solutions (certified) would be more successfully applied.
CONCLUSION

The implementation of this comprehensive concept of goals and strategies leading to better well-being and healthy Americans requires:

1. The integration of well-being, health care, and information infrastructure-oriented components into one comprehensive solution. If each one is treated in isolation, the improvements won’t be lasting and positive. (Figure 1).

2. Political will and leadership at all levels of the nation
3. Professional leadership at all major professional associations (ex. AMA)
4. Academic leadership at selected schools and colleges, at the preparatory phase of the program
5. Business leadership of this program-oriented health care providers
6. Media’s support in developing and implementing this program
7. Other necessary initiatives.

At the time of publishing this paper (Fall 2010), the author is rather pessimistic about possibility of successful implementation of this program. The American national political and societal climate is negative for large-scale and innovative initiatives. The status quo is the most popular policy among established political and professional leaders. This is because the 19th century attitude was supposedly very successful in developing of Americanism (efficient way to wealth and “happiness”). Unfortunately, after the passing of almost two centuries, today we enter a new epoch of new societal issues and required solutions, which require bold conceptualization and tough choices, through the 21st century.

Perhaps, the American Medical Association (AMA) and medical schools should take the lead in promoting professional and political ways of wise and good health care in the U.S.

BIBLIOGRAPHY


