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Lessons From Ike: Healthcare and Highways - There is a Relationship

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On a hot afternoon in late June, 1956, President Eisenhower lay in bed at Walter Reed Army Medical Center recovering from a bout with Ileitis. He roused himself to sign the bill he would later describe as the crowning domestic achievement of his presidency: The Dwight D. Eisenhower National System of Interstate and Defense Highways. We call it the interstate highway system and usually just the interstate. It is the largest highway system in the world (46,876 miles) and remains the largest public works project in our history. It took 35 years to complete and cost \$114 billion dollars.

Imagine a health delivery system for America that's like our interstate highways. Everyone has access to one and you can get on or off in any state. It is designed primarily from a safety and security perspective. The commercial value is secondary. The signs will look pretty much the same so you can figure out how to maneuver wherever you are, but the speed limits vary somewhat and the surface and maintenance is different from state to state. The states and the Feds share the burden of financing.

America's Community Health Centers (CHCs) are already pro-

viding universal access to more than 18 million users across all 50 states, territories and the District of Columbia, and have been doing so over the last 40 years. CHCs provide access to an integrated health service delivery model, including medical, dental and behavioral health. Everyone is eligible for care regardless of their ability to pay for services. Patients pay on a sliding fee, with Medicaid coupons, Medicare, and every type of coverage in between. All CHC organizations are consumer controlled not for profit organizations. The healthcare reform discussion shifts significantly if one basic principal is adopted: *If you're breathing you qualify for healthcare in America.* That is, whatever the outcome of healthcare reform, no additional healthcare dollars will be spent on "determining eligibility." It is difficult to isolate the costs embedded in our system related to determining who's in and who's out literally millions of times every day. Adopting this simple rule will begin to drive many decisions about how to build a system around this new paradigm. And that leads me back to my buddy Ike and the similar barriers he faced in creating the interstate highways system we all take for granted today.

It wasn't actually the financing

model that finally pushed the idea from concept to reality with the highways, though much like today there was plenty of noise about the money. In fact, one opponent described the idea as "another ascent into the stratosphere of New Deal jitterbug economics". Like today's healthcare debate, there were innumerable vested interests with vast war chests.

Eisenhower's vision was derived from his personal observations of the effectiveness of the German autobahns during the war. He knew that a comprehensive interstate highway system was essential to our security. There are obvious parallels to the current risks we face in the global market place due to our second tier health status. Ike used his influence to shift the discussion toward the idea of necessary investment in our national security and away from which industry or state deserved to benefit the most from the endeavor. Other countries have already crossed the universal access threshold and we can learn things from each of them, but our solution must be a uniquely American model, like our highways. For instance, Ike realized early on that he would be in a close partnership with the states every step of the way. He commissioned the Clay Committee to work with the nation's governors

to devise a unique model of financing that included the creation of the Highway Trust fund to ensure a dedicated source of funding for the entire project. The fund is also unique because most of the dollars come from user fees and gas taxes. In healthcare we call them premiums, deductibles and co-pays. They altered the ratio of state to federal match (10/90) to encourage the states to move aggressively. It worked.

Partnership with the states is a

missing element of the current healthcare proposals. Just like the highway system, every state and locality has unique and specific challenges to meet in providing access. Universal access doesn't require absolute Federal control. It can be a shared responsibility, like the interstates. CHCs already offer models for local solutions that operate within federal expectations, but are controlled by citizens themselves. We are creating innova-

tive solutions to universal access everyday in 7,000 communities around the country. America should leverage the strength of this time-tested model to build its healthcare superhighway.

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