

Consumer advocates renew push for single-payer system

Critics still question feds' ability to manage

James Crawford Jr. knows what it's like to wait in line for hours at a free health clinic to see a doctor, only to be turned away at the day's end; he spent five-plus years living on the streets.

Doctors serving in clinics like Baltimore's Health Care for the Homeless (HCH) can only see so many patients in one day. And the lines are getting longer.

"Over the past year, the number of people we've had to turn away has exploded due to the recession," said Adrienne Breidenstine, health policy organizer for the National Health Care for the Homeless Council, whose clinics serve about 750,000 people nationwide, 70 percent of whom are uninsured.

With personal experience as his guide, Crawford backs the health care advocacy efforts of the National Health Care for the Homeless Council.

"We strongly support a publicly financed and privately administered national health care system structured around a 'single payer' financing mechanism," Breidenstine said.

A single-payer system would mean that one entity, in this case the federal government, would administer health care insurance — collecting fees and paying out money to cover costs.

Supporters of a single-payer system say it would save on administrative costs. One such advocate, Physicians for a National Health Plan (PNHP), estimates cost savings could be between \$350 and \$400 billion a year. But critics question the government's ability to effectively manage the nation's health care, pointing out that Medicare is slated to go broke by 2017. Crawford, a client advocate for HCH, has been on both sides of the health care access equation. Though he's an honorably discharged veteran of the U.S. military and therefore entitled to comprehensive health care benefits

through the Veterans' Administration, his stint on the streets made it extremely difficult to access them.

"Health care, housing, a livable wage — you take any one of those legs away from the stool and it's going to collapse," Crawford said.

Now that Crawford has a permanent residence in Baltimore, he benefits by innovative elements of the VA's health

plan. Telehealth allows him to send regular updates to his doctors at the local VA hospital from his home. He's comforted knowing his medical records can be accessed electronically at any VA-affiliated health facility in the world. Crawford shrugs off concerns voiced by critics of a single-

payer health care system.

"We already have socialized medicine through the VA. And it works," he said.

David Knowlton, a consumer health advocate and consultant to the Gaithersburg-based nonprofit HealthWell Foundation, also believes in improving access to affordable health care. But he thinks a critical component has been left out of discussions on health care reform.

"Quality is being pushed aside as we focus on two big hydraulics — access and cost. It's got to be about quality," Knowlton said.

Consider primary care medicine, he added: "Right now, we only pay them when they do something, not for their cognizant skill set. Primary care doctors will interrupt you in less than one minute because they need income to drive their practice."

**'QUALITY IS
BEING PUSHED
ASIDE AS WE
FOCUS ON TWO
BIG HYDRAULICS
— ACCESS AND
COST.'**

David Knowlton
HealthWell Foundation