Talking About Health Care Toolkit: Letters to the Editor

The following two examples incorporate the framing research to advance a new frame about improving our health care system’s management and relevant reform policies, and contain language that can be incorporated into your own writing.


To the Editor:

Can American doctors say ‘No’ to an aggressive and high-tech treatment they’re used to providing even when it turns out a less heroic and cheaper one works just as well?

This is the question posed in David Brown’s excellent article (Washington Post, February 7, 2012) on the challenges in our current health care system. Brown points out that individual doctors today cannot possibly keep up with the evidence that is constantly released by health care research. Of course doctors work hard and seek to do their best for their patients; however, the health care system needs to be fixed in a way that it builds a scaffold for doctors that allows them to be networked into information and resource systems to help them identify treatments that effectively optimize patients’ health.

We all agree our country needs to have an efficient health care system, where to achieve better health with fewer tests can also mean cost is minimized and health outcomes improve for us all. One way to think about fixing our health
care system is like building a strong, functional house. Like a general contractor understands how all the subcontractors’ jobs fit together and coordinates their efforts, where time and money are saved for everyone and the result is a more functional house, our health care system also needs a general contractor to coordinate health care. In other words, we need a health care system where general contractors—the doctors, hospitals, and insurers—are incentivized to coordinate all of our health care so that we stay as healthy as possible while avoiding costly wastes of time and money for expensive, and oftentimes, unnecessary tests.

This is what Blue Cross Blue Shield of Massachusetts (BCBSMA) and others have begun to realize as they create more networked systems, with people treated better locally, treated earlier, and tracked for appropriate follow up and prevention. The old health care system was built on a fee-for-service model that our country and the medical profession have outgrown. The new model must be built on the networked doctor who is able to use evidence-based data to inform their practice and to determine exactly what is required when and where to foster patient health.
In Response to “America’s high health-care expense: It’s all in the pricing” (Ezra Klein, Washington Post, March 4, 2012).

To the Editor:

While Ezra Klein’s (Washington Post, March 4, 2012) article offers many explanations for the high cost of health care in the U.S., unfortunately, he doesn’t offer a lot of answers. Most experts agree that the fee-for-service model on which our current system of health care is built is out of date and needs to be fixed so that it can be run more efficiently and managed more effectively. Perhaps we can think about improving the health care system in ways we think about running a good auto mechanic shop. In many ways, the two are similar because running a good auto mechanic shop requires incentives that are aligned with outcomes. A shop that makes more money when your car runs longer and safer is incentivized to do the best thing for your desired outcome. Similarly, a health care system that is incentivized to keep patients healthier longer will prioritize those important things, even when they seek to be cost-efficient.

Despite the current problems in the health care system, there is also plenty to build upon to make the needed repairs. At Blue Cross Blue Shield of Massachusetts (BCBSMA), we are developing different approaches to help repair the system: to deliver better quality care and lower costs. Through various quality of care metrics, we realized that Massachusetts already has a network of local health care providers that provide high-quality care at lower costs, but people just aren’t using them enough. Also, there are new technologies in place that give providers the power to alert patients to schedule preventive visits and to be able to follow up with them after visits. We also have evidence that points to the ways networked doctors are able to use case managers and other health care professionals to monitor care, while avoiding costly inefficiencies. But little of this information is getting through to the public who need to demand a responsibly managed system that delivers more quality health care for less cost.

At Blue Cross Blue Shield of Massachusetts, we’ve been able to harness the health care infrastructure in these ways and to show marked improvement in care for preventive care and chronic illness. It can be done.