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## Kentuckians mixed on what to do about health care system

By Jim Warren and Kim Rodgers  
jwarren@herald-leader.com

Kentuckians who are interested in health care reform are watching developments in Washington with some hopes, but also with some trepidation as to what the final result might be.

"Given past experience, I'm not surprised at the potential for gridlock in Washington," said Richard Seckel, director of the Kentucky Equal Justice Center and a longtime reform advocate. "But I think it would be tragic if we're not able to move forward at all."

John Garen, the Gatton Endowed Professor of Economics at the University of Kentucky, is equally concerned that Congress might pass something that costs billions and doesn't work.

"I think there is widespread recognition that there needs to be some reform, so it makes sense that there is something on the national agenda," Garen said. "But the direction the Obama administration is going in right now calls for much heavier government involvement and, whether the administration likes to admit it or not, more taxes and government spending."

The issue has perhaps special significance for Kentuckians who remember the state's effort at reforming health care in the early 1990s. But Kentucky's reform plan — which coincided with the Clinton administration's failed national reform effort — ultimately collapsed after a number of health insurance companies pulled out of the state.

Interviews on Wednesday, before President Obama addressed health care on national TV, indicate that Kentuckians are like many others across the nation — looking for some reform of the health-delivery system, but not in agreement on what form it should take.

"I'm in favor of health care reform; at this point we badly need it," said Dr. Gilbert Friedell, former director of UK's Markey Cancer Center and a longtime advocate for improved medical care.

"There are 47 to 50 million people across the country who don't have health care because they don't have health insurance. We have rationing of health care, based on insurance company decisions. There is a lack of continuity in our health care ... The current system does not provide reimbursement for preventative care ... and there aren't enough incentives for individuals to adopt healthy lifestyles."

Friedell heads a non-partisan group — the Friedell Committee for Health Transformation in Kentucky — which contends that a new health system should include 10 key values. These include such things as accountability to the public, safe and effective care, high quality, affordability and equal access.

"Whatever system comes down the road, Kentuckians deserve the inclusion of these values," Friedell said.

Friedell contended that Obama's plan would be good for Kentucky. But it's getting resistance, he said, because "people don't want to change from what they have, even if it's not very good."

Dr. Kevin Kavanagh, a Somerset physician who also heads Health Watch USA, a health consumer group, says the system the country ultimately adopts should be "patient-driven, not profit-driven."

"I think there is overall consensus that we can't maintain our current course, and that some kind of reform has to take place," Kavanagh said. He said he favors a "market-based" approach, but stressed that no system can work without cost controls.

"There is no ideal answer; it's a matter of figuring out which one of the drawbacks you can most easily live with," he said. "But I'm not much impressed with what's been proposed so far. The plans need a lot of improvement."

Dr. Baretta Casey, director of UK's Center for Excellence in Rural Health, also thinks some change has to come.

"We need to do a better job of providing basic health care for everyone," she said. "If our system were set up with

that priority, and less priority on putting so much money into the last stages of life, we could do a better job."

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*Reach Jim Warren at (859) 231-3255 or 1-800-950-6397 Ext. 3255.*

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