

WHAT'S THE SECRET TO GOOD HEALTH?



PREVENTION:

An HMO Specialty

Our mothers were right: "an ounce of prevention is worth a pound of cure," particularly when it comes to health care. These days, most people can't afford to wait until they need expensive, specialized care before they see a doctor. That's why prevention is so important.

Health maintenance organizations (HMOs) are health care plans that specialize in preventive care. In recent years, thousands of Floridians have joined HMOs so they can receive the benefits of coordinated, high-quality care with a personal physician. Unfortunately, some members of the Florida Legislature want to impair the quality and affordability of these organizations by weakening HMO requirements for doctors and undermining procedures designed to keep people healthy.

The Facts: HMOs Provide Quality Care

Here are some of the facts about HMOs that demonstrate their quality of care.

EMPHASIS ON PREVENTION

- A study comparing the hospital records of nearly 1,000 adults found that HMO appendicitis patients were 20 percent less likely to suffer a ruptured appendix than those in fee-for-service plans.
- Dr. Philip Adler, a recognized pediatrician from the University of Florida's College of Medicine, pointed out in a *Tampa Tribune* editorial that practicing medicine in **an HMO allows him to see more children more often**, so he can keep them healthy.

EARLIER DIAGNOSIS AND TREATMENT

- According to a study by the Health Care Financing Administration, elderly HMO members with cancer are more likely to be diagnosed at an earlier stage than elderly patients in the traditional Medicare program.
- HMOs promote regular mammograms and Pap smears so that cancers are detected **before** they become life-threatening.

COORDINATED, COMPREHENSIVE CARE

- HMO patients enjoy the value of personal care physicians, who work with their patients and encourage healthy behavior. Coordinated care means that patients see the right specialists at the right time, improving the quality of care by eliminating unnecessary or harmful procedures.
- Patients can play a greater role in decisions about their health care by working directly with their personal physician.

- A study published in *The New England Journal of Medicine* found that HMOs offer the best way to avoid unnecessary medical treatment without sacrificing needed care. This finding suggested HMO patients received the most appropriate treatment, according to co-author Elliot Sussman, MD.
- A study comparing the process and outcome of care for hospitalized HMO and fee-for-service patients age 65 and older with acute myocardial infarction (heart attack) found that HMO patients received better care than that received by fee-for-service patients.

PHYSICIAN CERTIFICATION

- “Any willing provider” legislation and other bills designed to bypass HMO quality control measures would require networks to open their doors to any doctor, even if he or she has a poor track record, and would make removing a negligent doctor more difficult.

ACCESS TO CARE

- A random study of elderly Medicare beneficiaries found no difference in access, satisfaction, and quality of care among beneficiaries of HMOs and those in fee-for-service plans.
- In his editorial, Dr. Adler wrote, “The most important feature of HMOs is that they have helped make health care available when people need to see a doctor. This is the single most important change I’ve seen in health care in the past 30 years.”

The fact that nearly 50 million Americans have chosen to join an HMO is a testament to their success.

The Facts: HMOs Mean Affordable Care

Coordinated-care plans make health care affordable for individuals and for the nation as a whole.

AFFORDABLE CARE FOR INDIVIDUALS

- HMOs streamline the delivery process to control costs, using a number of techniques to promote efficiency. These efficiencies make health care much more affordable for consumers, employers, and their employees.
- Eliminating duplicate and unnecessary procedures through coordinated care brings additional savings.
- The additional savings achieved by an HMO translates into many consumer benefits, such as more affordable prescription drugs.
- Dr. Adler attributes the greater access HMO patients have to the low cost of doctor visits. “People with HMO plans pay as little as \$5 for an office visit. They don’t worry about how they are going to pay for their care.”

AFFORDABLE CARE FOR FLORIDA AND THE NATION

- Many Florida employers can provide health care benefits to their employees only because of the affordability of HMOs. If legislation damages the cost-effectiveness of these health plans, it could raise the cost of employee health care coverage and force some employers to reduce benefits or eliminate employee coverage altogether.
- According to a study that measured nationwide trends in hospital costs, conducted by the accounting firm KPMG Peat Marwick LLP, hospital costs in markets with more HMOs were approximately 19 percent lower than in those with fewer HMOs, with no decrease in the quality of care.
- Over the three-year period, hospital costs increased nationwide, but in markets with more HMOs, hospital costs **decreased**.

Protect the High Quality and Low Cost of HMOs

Doctors and patients around the country agree HMOs are some of the best innovations the health care industry has ever seen. More people are receiving high-quality, preventive care at low cost, and the growth of society's health care cost burden is slowed by the efficiencies achieved through these innovative plans.

Some special interests, who benefit from unnecessary, expensive procedures, lengthy hospital stays, and accelerating health care costs are trying to stop this progress with legislation.

Don't let special interests make Floridians pay for a pound of cure, when they can care for themselves with an ounce of high-quality prevention under HMOs.

