



CSU
College of Law Library

1992

Book Review

Steven R. Smith
Cleveland State University

Stephen J. Werber
Cleveland State University

Follow this and additional works at: <https://engagedscholarship.csuohio.edu/jlh>



Part of the [Health Law and Policy Commons](#)

How does access to this work benefit you? Let us know!

Recommended Citation

Steven R. Smith & Stephen J. Werber, Book Review, 7 J.L. & Health 69 (1992-1993)

This Book Review is brought to you for free and open access by the Journals at EngagedScholarship@CSU. It has been accepted for inclusion in Journal of Law and Health by an authorized editor of EngagedScholarship@CSU. For more information, please contact library.es@csuohio.edu.

BOOK REVIEW

AN OVERVIEW OF HEALTH CARE REFORM: A VIEW OF THE FOREST - An Introduction to TAFT STRATEGIC ATLAS: U.S. HEALTH CARE REFORM By FREDERICK I. TAFT¹

Steven R. Smith and Stephen J. Werber²

Health care reform has become one of the most complex public policy issues currently facing the American public and is among the most significant domestic policy issues of this century. Any reform program will involve reconfiguring and reorganizing one of the largest sectors of the United States economy. Thus, it has a direct relation to the complexities of federal and state budget planning. It also will involve the most sensitive health care issues, literally matters of life and death.

The two primary motivations supporting systemic change in health care are (1) that too many Americans have either little or no health insurance protection, and (2) annual increases in the cost of health care are so great that they threaten to swamp the budgets of federal and state governments (due to Medicare and Medicaid costs) and many businesses. These factors suggest the magnitude of the problem faced by any effort to obtain a national solution.

Previous federal programs that reformed sections of health care suggest that caution is necessary when attempts to change the health care system are made. These programs can be more expensive than imagined, as illustrated in the kidney dialysis program and Medicaid, because more people become eligible than expected or service costs increase dramatically. Political support can be lost at critical times as observed in regard to federal catastrophic care insurance for the elderly. Complicating the search for workable reform is the fact that the growth of HMO's and a range of reimbursement-provider relationships have already created a significant shift in the delivery and reimbursement environment.

Neither programs from other countries (Germany and Canada) nor state proposed reforms (Oregon and Hawaii) have provided a clear model to avoid

¹Frederick I. Taft is a lawyer and public policy enthusiast. A graduate of Yale College and Yale Law School, he practices business law in Cleveland, Ohio with Spieth, Bell, McCurdy & Newell.

²Steven R. Smith, J.D. and M.A., University of Iowa, is the Dean and a Professor of Law at Cleveland State University, Cleveland-Marshall College of Law and the co-author of *Law, Behavior and Mental Health*. Stephen J. Werber, J.D. Cornell University, LL.M. New York University, is a Professor of Law at Cleveland State University, Cleveland-Marshall College of Law and Faculty Advisor to the Journal of Law and Health.

unnecessary changes or to provide adequate guidance for resolution of national health care issues. Resolution of these issues will determine how we, as a nation, provide health care services, charge for those services, compensate providers, prioritize forms of medical treatment and eligibility for treatment, and redefine the role of individual and group health insurance systems. Change in any of these areas will have a direct impact upon all Americans. This means, of course, that there is a strong political aspect to health care reform. Any plan that gives the average American a lower quality of health care or health care choice, as defined by patients, and/or increases taxes, as defined by the taxpayer, is not likely to be politically viable even if it is economically sound and establishes a health care delivery dream plan.

The financial range of the current health care delivery problems, combined with their highly personal and emotional nature, assures us that there will be continuing political debate. This debate, to date, is often neither well informed nor likely to lead to optimal results. At the least, attorneys and health care providers must know the terminology of the debate, the conflicting resolutions currently proffered, and the extent to which existing proposals find a common ground.

One of the difficulties facing a public official or interested citizen is that there are many health care system options and proposals for reform predicated on the assumption that we know the terminology and understand the proposals. The fact is that it is nearly impossible for any but the most dedicated analysts to understand these plans.

Those interested in health law, who wish to follow and participate in the national debate, need a method of organizing the trees of definition, individual issues, and plans found in the forest of the debate. The cliché of not seeing the forest for the trees is reversed in this debate as we all can see the forest, but we cannot distinguish or truly discern its contents.

To aid in understanding these issues, *The Journal of Law and Health* has taken the unusual step of reprinting a significant portion of a new book. The Editors believe that a traditional Book Review would not adequately serve this function. Frederick I. Taft has recently published *Taft Strategic Atlas: U.S. Health Care Reform* (Public Strategy Company, Cleveland, Ohio 1993). Its purpose is to provide an overview of the debate on health care reform. It provides a very helpful, practical Glossary that reviews all of the major health care delivery concepts. From "Accountable Health Plan" through "Utilization Review" and related non-medical terms such as the Value Added Tax, this *Atlas* provides basic term definitions together with the source of the term when relevant. Although somewhat fundamental in its approach, the Glossary succeeds in providing the essential terminology information necessary to understand the debate. The *Atlas* reviews the major health care reform plans and provides essential background material on several of these plans. It also contains a limited bibliography for guidance to additional materials bearing upon the major reform issues.

Among the most useful aspects of the *Atlas* is its effort to identify the "Key Concepts" of the competing Health Care Reform proposals. Mr. Taft has analyzed twenty significant health care reform plans to capture the primary principles of each. The plans reviewed include those of:

Henry Aaron;
American Association of Retired Persons;
American College of Physicians;
American Hospital Association;
American Nurses Association;
President Bush;
President Clinton;
Catholic Health Association;
Conservative Democratic Forum;
Ohio Rep. Robert Hagan;
Hawaii;
Health Insurance Association of America;
Heritage Foundation;
Jackson Hole Group;
Rep. James McDermott/Sen. Paul Wellstone;
Oregon;
Mark Pauly;
Uwe Reinhardt;
Stephen Shortell; and
Rep. Pete Stark.

These Plans provide 173 principles, or "Key Concepts," which are then refined into a non-duplicative set of 36 Concepts which provide a synthesis of principle and reveal the commonalities of many plans. The innovative organizational approach of "Key Concepts" should help define the fundamental issues in the complicated debate over health care reform. This approach may also provide an important way of presenting other complex public issues where a variety of plans or solutions are suggested to address various aspects of the problems. Inevitably in such circumstances, as the public debate continues, the plans that are proposed tend to "mix and match" their various key aspects. The "Key Concepts" approach utilized by Mr. Taft permits the reader to track the fundamental issues and proposals as they appear in various plans. This permits us to more easily and accurately compare health care proposals.

As with the entire *Atlas*, Mr. Taft does not seek to present a sophisticated or detailed analysis of the plans or Key Concepts. Rather, he presents the data necessary for basic comprehension in a clear and simple manner. The Key Concepts are classified into 13 topic areas as follows:

GENERAL PRINCIPLES

Cautionary Principles; and
The Individual Perspective.

SPECIFIC PROPOSALS

Expand Employer-Sponsored Insurance;
Make Limited Medicaid Coverage More Widely Available;
Help Underserved Areas;
Restructure the Handling of Malpractice Claims;
Reshape the Private Insurance Market;
Clarify Antitrust Rules;
Use Tax Credits to Cover More People;

Follow Managed Competition Principles;
Control Costs with Global Budgets or Expenditure Targets;
Broaden Medicare to Achieve Universal Coverage; and
Achieve Equity and Efficiency with a Single Payer System.

The text reproduced here is a section of the *Atlas* entitled "Refining the Key Concepts." This section demonstrates the process of sorting elements found in all of the plans into the thirty-six distinct groups and the derivation of a simple "Key Concept" to express the common idea found in each group. The result is an overview of the most important topics in the health care reform debate as well as a means to refer back to the individual plans from which the overview was derived. The text also provides an organizational structure against which future plans can be considered. Thus, for example, the reader will be able to evaluate the plan which will be submitted by President Clinton in terms of its scope, reliance upon prior plan provisions, and its degree of innovation. Those interested in health law will find the analysis particularly useful in understanding the benefits and detriments of reform proposals.