

Quality of Care Under Single Payer National Health Insurance

<i>Quality Attribute</i>	<i>Why</i> Is this Critical to Quality	<i>How</i> Single Payer is Uniquely Poised to Address
Access	<ul style="list-style-type: none"> • Poorest quality care is care denied • Low threshold encourages timely care and minimizes patient judgment/decision biases 	<ul style="list-style-type: none"> • Everyone ensured access; only plan for true universal insurance and access. • Able to control cost globally (w/ fences) so no reliance on access barriers to maintain affordability.
User-friendly, Simple	<ul style="list-style-type: none"> • Improves satisfaction and respects time of patients and providers • Enormous resources wasted/diverted w/ complexities, duplications, confusion. 	<ul style="list-style-type: none"> • A “no depends” system--no complicated rules, no variations by age, geography, medical condition, marital status, etc. • Avoids eligibility determinations, enrollment complexities.
Single Standard	<ul style="list-style-type: none"> • Discrimination, inequality should not be structured into system design workings • Advocacy of most advantaged works to benefit of all 	<ul style="list-style-type: none"> • By definition single system with fair rules for all • Generates database to identify disparities and track effectiveness of interventions
Continuity	<ul style="list-style-type: none"> • Personal knowledge of patient is key to appropriate, conservative, efficient care • Trusting relationships are critical to health and health care 	<ul style="list-style-type: none"> • No switching for change in employment, divorce, new managing care plan • Ensured reimbursement permitting provider financial stability.
Choice	<ul style="list-style-type: none"> • Intrinsic and inherent satisfaction resulting from ability to freely choose provider • Patient choice means providers must compete on quality rather than patient assignment 	<ul style="list-style-type: none"> • Avoids negative features and restrictions which managed care uses to exercise control over choice of provider and hospitals. • Uniform reimbursement and benefits package enables portability and ability to choose
Nursing	<ul style="list-style-type: none"> • High quality nursing is major aspect of quality in multiple settings including inpatient, chronic disease, outpatient, long term care. • Demonstrated outcomes impacts of adequate nursing staffing ratios 	<ul style="list-style-type: none"> • Stable source of funding for hospitals via global budgets • Potentials for national standards, support for nursing education, less frustrations with arbitrary financially-driven anti-nurse decision-making
Time	<ul style="list-style-type: none"> • The currency of primary care; to enable quality listening, thoroughness, minimize errors • Role in patient and provider satisfaction 	<ul style="list-style-type: none"> • All patients would be covered, ensuring provider is reimbursed for his/her time w/ each. • Greater potential for support of teamwork resulting from continuities of patients, staff, funding

Quality of Care Under Single Payer National Health Insurance

<i>Quality Attribute</i>	<i>Why</i> Is this Critical to Quality	<i>How</i> Single Payer is Uniquely Poised to Address
Caring/Commitment	<ul style="list-style-type: none"> • To offset growing antagonisms, alienation, from commercialization and comodification of care • No regulation or financial incentives can substitute for or equal protection of professional ethical caring for patient. 	<ul style="list-style-type: none"> • Elimination of greed, profit, corporate controls as the commanders and motivators of health care system • Restoring ability of professionals to advocate for patients and a better system, rather than current structured antagonisms
Information Systems	<ul style="list-style-type: none"> • Necessary for overcoming fragmentation of clinical information (medications, clinical history and tests) • Transformative efficiencies to prevent error, deliver decision support, improve quality and production efficiency of documentation. 	<ul style="list-style-type: none"> • Role and necessity of national standards, federal leadership in funding IT, demonstrated VA leadership, other countries lead • Ability to collect and aggregate data for quality oversight
Communication	<ul style="list-style-type: none"> • Most medical errors related to communication shortcomings • Vital for effective coordination among patients, primary care, specialists, other staff 	<ul style="list-style-type: none"> • Better positioned to overcome trade secrets/secretcy inherent in private control • Necessity for struggle of public servants to offset bureaucratic practices
Continuous Improvement	<ul style="list-style-type: none"> • Proven value over past decades in health and non-health industries. • Key role of process-mindedness, data, systems redesign 	<ul style="list-style-type: none"> • In business of health for the long haul thus ROI on quality investment • Noteworthy successes of CQI in public sector (VA, Navy)
Accountability	<ul style="list-style-type: none"> • Need for meaningful data that can be scrutinized for internal learning and external oversight • Requirement for honesty and transparency related to errors and adverse events 	<ul style="list-style-type: none"> • Public system by definition public ally accountable, especially if democratic decision-making, organized advocacy efforts, vigilant media scrutiny • Role that Medicare, Medicaid (and hence public insurance data) has played in outcomes evaluation and review of allocation decisions.
Prevention Oriented	<ul style="list-style-type: none"> • To avoid spending disproportionate energies on end stages of illness that might have been prevented with earlier interventions • Imbuing a culture of seeing bigger picture and treating disease at community rather than just individual level. 	<ul style="list-style-type: none"> • Unlike private plans where prevention does not pay due to frequent patient switches, greater incentives for prevention • Public system can be best integrated with public health at local and national levels