

# No quick fix for what ails health care system

Barack Obama's election means we'll surely see some changes in the U.S. health care system.

But the federal government is facing economic challenges, to say the least, and expanding health coverage won't be cheap.

You have to wonder how much can get done, even when the will is there.

Last week, I asked Carolinas HealthCare System CEO Michael Tarwater to review the problem from his hospital-centric point of view. He



Tarwater

had done the same recently at a UNC Charlotte seminar on ethics and business.

To make his point, Tarwater first gave a little history about the public hospital he runs and about the state of

the uninsured.

Carolinas Medical Center – originally Charlotte Memorial Hospital – opened in 1940, the result of a community-wide effort to improve access to medical care. In those early days, local government leaders agreed the cost of treating patients who couldn't pay should be underwritten by taxpayers, Tarwater said.

As a result, CMC has been Mecklenburg County's "safety net hospital." It's not county-owned, but it's a public, not-for-profit entity that reinvests net income into the system. Its mission is to care for "all God's children," as Tarwater likes to say. No one is turned away, regardless of ability to pay.

Today, CMC is reimbursed most of the \$20 million a year appropriated by county commissioners to cover the

cost of indigent care. But that doesn't come close to paying the bill, because the number of uninsured people continues to grow.

CMC's clinics, which provide primary care for low-income patients on Medicaid or without insurance, are overwhelmed.

In 1965, they recorded 50,000 patient visits. And by 1995, that number had more than doubled to 110,000.

That's when the hospital expanded and relocated some of the clinics to neighborhoods – Biddle Point, North-

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## HEALTH



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Park and Eastland – to be closer to the patients they serve. It helped, because CMC had a 14 percent drop in ER visits. But the effect didn't last long.

After doubling in 30 years, from 1965 to 1995, the number of patient visits doubled again in only 10 years.

"We're right back where we started," Tarwater said. "There's no way we can keep up with it. I think it's a miracle that we've been able to do it for this long."

When I asked Tarwater what President-elect Obama should do about the country's

health care crisis, he didn't answer at first.

Instead, he asked more questions: Who should bear the cost for those who can't pay? Should it be taxpayers? Should it be hospitals and doctors? What about individual responsibility?

When I pressed him again, Tarwater didn't talk about tax credits or subsidies or 10-point plans for health care reform.

He offered what seems like a simple idea: Live healthier lives.

"If we don't start teaching our children – and our adults – why it's important to take better care of themselves, the problem's just going to get bigger," he said.

It's not the whole answer by any means, but it's a start.

It would take more than a four-year election cycle to produce results. But if we could slow the rate of obesity, diabetes and other chronic illness, we could keep medical costs from rising at such frightening rates.

We don't need to wait for the president or Congress to tell us to stop smoking, exercise and eat our fruits and vegetables.

We can do that right now.

