

A New View for Health Care

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How much did your health insurance coverage go up last month? Do you know? As a single, self-employed person in Vermont, my Blue Cross/Blue Shield coverage went from \$317/mo. to \$356/mo. If your employer, or the government pays your health coverage, it probably went up comparably, whether you heard about it or not. Insurers in Vermont have been facing double-digit percentage increases in health expenses nearly every year since 1997, and today, the average number of health care dollars spent on every woman, man and child in Vermont is \$4,140 per year, and rising. Legislators, private citizens and providers alike are all asking the same question—how will we sustain this?

The answer is clear. We can't.

In an effort to understand the spiraling costs of health care and recommend changes, the Vermont Department of Health has released information about what's causing the increases. It found that over 78% of all health care costs in Vermont are due to care for chronic illness: diabetes, obesity, heart disease, arthritis, asthma and others. "Cost increases that have occurred over the past several years cannot be sustained by Medicaid or private insurers," the Department has published in its Chronic Care Initiative document. "Vermont must address the primary driver of these increasing costs: the cost of providing care for people with chronic conditions."

Chronic illnesses, like those listed above, are to a significant extent, influenced by dietary and lifestyle choices. Many can even be prevented. This is why the Vermont Health Department, in its vision for health care for Vermonters by 2010 (the Healthy Vermonters 2010 document), states that "Prevention is the best investment we can make in health", and advocates seeing a doctor *before* one gets sick, as well as making healthy diet and lifestyle choices. According to estimates made by the Kellogg Foundation, Americans could save \$27.8 billion annually on chronic illness—just by *eating* better.

This advice is music to the ears of alternative and complementary medicine practitioners, who have been not only advocating, but providing preventive medicine services for years. Naturopathic physicians, acupuncturists, nutritionists, massage therapists, and others provide minimally-invasive, relatively low cost services for prevention and early intervention—which begs the question: could providing access to these types of providers help Vermonters prevent the kinds of illnesses that are bankrupting our health care system? Can we afford to find out? Can we afford *not* to?

The Vermont Legislature is grappling with issues like these as it considers a bill which would allow licensed naturopathic physicians (N.D.'s) to be reimbursable providers of health care. Naturopathic physicians are trained in 4-year medical schools in primary care and natural therapies. While they are licensed in Vermont to provide routine services such as Pap smears and cholesterol checks, the natural therapies they prescribe have kept them out of the reimbursement system thus far.

What would be some of the cost implications of a system that offered access to more preventive medicine as well as natural alternatives to prescription medications? With pharmaceuticals accounting for \$328 million, or 12.6% of Vermont's annual health care budget, it could save a lot. Offering an alternative to Lipitor (\$76/mo), for cholesterol, by providing dietary counseling and Red Yeast Rice (\$14/mo), which works

by the same mechanism as Lipitor, is one example. Boric acid suppositories (35 cents) for a vaginal yeast infection could replace of a single dose of Diflucan (\$18). Rather than prescribing drugs like the fated Vioxx (which retailed for \$99/mo before it was pulled from the market for known cardiovascular risks), a physicians could recommend Glucosamine sulfate (\$16/mo), which has proven effective in several double-blind, placebo-controlled studies for osteoarthritis. (The proposed legislation before the Vermont Senate does not mandate insurers to cover supplements—which would mean their costs of implementing it would be even lower.) Perhaps, if we began to lighten our dependence on drugs, which, according to Vermont's Department of Banking, Insurance, Securities, Health Care Administration, are the fastest growing area of health expenditures in the state, we could help insurers out of their current financial bind.

Vermonters are already on board with this idea. A 1998 study done at Fletcher Allen Health Care found that 53% of people surveyed in Chittenden, Addison, Lamoille, Franklin and Grand Isle were already using some form of complementary or alternative medicine, and 64% would consider going to a clinic offering integrated medicine. It's important to note that most people who use over-the-counter supplements or herbs, do so without professional oversight, which increases chances of adverse reactions and drug/nutrient/herb interactions, as well as delays care. Ephedra is the perfect example of inappropriate and unsupervised misuse of a respiratory herb for weight loss—by the very people (overweight, poor heart health) who suffered the most problems with it. Access to professionals who can safely guide patients in the appropriate use of the natural medicines they are now using without supervision can only increase public safety.

Most importantly, creating access to health professionals who are specifically trained in natural and preventive medicine could signal a shift in our thinking. Involving complementary and alternative health professions in the discussions at the Health Department level and into the mainstream health care delivery system might bring fresh ideas about prevention and cost containment into the discussions about health care. Currently, we are trying to shoulder the costs of a "disease management" system, rather than a true "health care" system. It's worth considering whether offering early, low-intervention and low-cost natural therapies to Vermonters, might be able—in one small way—to turn the tide on health care costs, before we get swallowed up in them.