Forecasting the Future

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Yogi Berra, in one of the many sayings attributed to him, once observed, "It's always risky to make predictions, especially about the future." Nonetheless, we all do it: we must have a view of the future to manage businesses, make investments, or participate in the debates on public policy. It is this last area that brought on these musings about forecasting the future. The pundits, press and policy advocates have been trying to discern the future of health care following the recent two thousand page legislation and a Supreme court decision. The forecasts don't even have the benefit of the tens of thousands of pages of regulations yet to be written. What is a certainty, not a forecast, is that the role of the federal government in health care will be sharply increasing. So how does one go about forecasting the consequences of that increase?

During the height of the dot.com boom, I learned the art of forecasting from the best - The Institute for the Future, a leading Silicon Valley think tank. They emphasized that you must look back twice as far as you are forecasting forward. History shows the durable features of the institutions, the economics and the human behaviors involved. Yes, they will adapt and modify over time under the influence of new technology or new policy, but the discontinuities are not instant and are indeed paced by the inertia of institutions and individuals.

I will not presume to give you a specific forecast; you may make your own. What I will do is offer a forty year look back at my own experiences with government health care, specifically with the medical care provided by the Veteran's Administration.

Like all veterans of my era, I am eligible for life-long health care by the VA, both for service-connected injuries and for general health care. While my time in the Army would be enough to leave anyone with a real sense of entitlement, it is obvious that this promise in return for two years' service is utterly disproportionate and economically unsustainable. At least in this regard, reality has set in. Since I was covered by health insurance from P&G, while I could get my general health care from the VA, they would bill my insurance just like any other health care provider. For reasons that will become clear, I have relied instead on the private sector medical system, except in one regard. While I see no reason why the government should pay for my general care based on those two years' service, I also see no reason that P&G stockholders should pay for long-term medical problems specifically resulting from Army injuries. It was in the nation's service that I sustained critical injuries the day I found out my jungle fatigues were not bulletproof.

The service-connected injuries have given me direct evidence of government medical care. I have had four personal experiences, each one telling. These form the basis for my personal forecast of what increased government involvement in health care will entail. I will pause here and note that tonight's examples do not include the medical care provided by the military itself. From forward Medevac hospitals to rehab in military hospitals overseas and in the states, they did their job, saving my life and minimizing the permanent damage.

Let's start at the beginning. About nine months after receiving my combat wounds, the chronic and annoying level of discomfort spiked quite suddenly high. I hurt! Because I was in Green Bay, I had to drive to the nearest VA hospital three hours away in Milwaukee. I arrived at the VA hospital at around eight in the morning, just as the clinic opened. My card indicating service-connected injuries assured that I would move to the front of the line compared to those seeking general care. This understandably did little good in 1972, when the clinic was filled with young men like me who had been injured in Vietnam. I sat waiting for hours, then got a perfunctory exam and orders for x-rays of the injury.

Finally, around three in the afternoon, I was shown into the exam room for a doctor billed as an orthopedic surgeon. He sat crumpled in his office chair chain-smoking. It appeared to me that his lunch may have included some liquid refreshment. After examining my injuries, he folded back into his chair and lit another Camel. Exhaling, he gave me his diagnosis. "It's a funny thing the human body. I don't know what to tell you. It's hard to tell about the body. Who knows?" While I understand that medicine is art as well as science, this pushes uncertainty beyond reason.

Based on this precise medical diagnosis, he offered his therapy. "I suppose I can operate and see if there's anything I can do. It might get better, but it might get worse." When I asked what the nature of the surgery would be, he became even more vague, returning to his only visible theory of medicine, that "the human body is a funny thing." Mercifully he left it up to me to decide. They last thing I wanted was this questionable character cutting on wounds that had already had three serious pieces of surgery by excellent Army surgeons. When I declined his offer of surgery, as a consolation prize he assured me he would prescribe some pain killer that would arrive in the mail.

Three weeks later I had to sign for a registered mail package. It contained a bottle of a hundred very strong prescription pain killers. I looked the drug up and decided that these would be a therapy of last resort. I would put up with pain as far as I could. Finally one day, the pain really was incapacitating. I took one pill, not the two he prescribed. I immediately had to hold on to my desk for dear life or risk falling through empty space. The desk and I landed back on earth about four hours later. Despite their enormous street value, I did the noble thing and flushed the remaining pills down the toilet, a mortal sin in today's world. Each month for the next six months, another bottle arrived at the post office for me.

Of course, you may wish to temper your forecast by the administration's assurances that first rate doctors will be plentiful under their new legislation. I doubt that anyone will include the 16,500 additional IRS agents in the health care legislation as added doctors, even if they sometimes do feel like a visit to your proctologist.

My second experience came fifteen years later when an abscess developed at the site of one of the heavy gauge wire sutures used to pull my body back together in the forward hospital. Once again, using my “this is not a P&G shareholder problem” principle, I headed to the VA hospital, this time in Cincinnati. It took forty five minutes to find a parking spot – a spot designed primarily to give me aerobic exercise walking to the hospital, abscess and all. In the hospital, I found a waiting room containing probably two hundred people, largely geriatric welfare cases. The waiting room did not

appear to have been cleaned since the Korean War. I considered leaving at once and returning only when I had duplicated the twenty five immunizations I got to go overseas.

Of course, you might choose to temper your forecast by concluding that these issues are due to inadequate funding and that the new inflow of taxpayer money will fix these problems. You can then forecast the additional funding needed starting from the base fact that the VA already spends 40% more to build a hospital room than do private hospitals.

Fortunately, my service-connected card did move me to the front of the line, thus demonstrating that the principal use of the hospital was the unsustainable promise of life-time medical care, rather than the treatment of wartime injuries. The young triage doctor looked at me and concluded that I had a stitch abscess. He said I would need to see a surgeon. This almost gave me post-traumatic stress syndrome as I remembered the old fart in Wisconsin who wanted to operate. He turned me over to the surgeon. This time the young surgeon seemed a reasonable enough fellow. He found an open out-patient surgery room and proceeded to lance the abscess.

I asked him about his background. He was a recent graduate of the UC surgery residency. When I wondered why he was working for the VA rather than in private practice, he offered some interesting perspective. He said, "In private practice I would work huge hours. This way I work only normal federal hours with ample time off, I am only on call one week a month and one weekend." He thought that simply being a salaried federal employee in return for just a bit less money was a good deal given the much reduced hours.

Of course you may wish to temper your forecast of the supply of appointment times with surgeons and other specialists by the administration's assurance that there will be no adverse incentives among health care providers as the federal role increases. Should this be your view, I strongly recommend you carry a service-connected card.

Several years later, my injury was once again very painful over a period of days. After all these years, I know the on-going vicissitudes of my body's discomfort quite well. My body and I have reached an accommodation – it keeps the discomfort within bounds and I ignore it. There was no ignoring this pain. Pain gives warning that something is amiss. Once again, I headed to the government hospital to get it checked.

I now knew the drill: be the first one there. I was working and wanted to minimize time away from the office. I also knew the parking situation. The welfare cases that populate the VA can't fit very early appointments into their obviously busy schedules, so arriving early solves the problem. I got in quickly to see the triage doctor. She gave about a sixty second exam and concluded that the proper treatment was pain-killers. I suppose the good news was that there was no threat of surgery this time to bring flashbacks of Milwaukee.

I took the prescription she wrote and went to the pharmacy desk. The waiting room here easily accommodated perhaps two hundred patients. Since it was only about 8:30 AM none of them had yet rolled out of bed to visit the VA. I was the solitary person standing at the pharmacy desk. The

bureaucrat took my prescription, and told me to have a seat – they would have my prescription ready at around two PM. I said, "OK – I will be back after that to pick it up." "Well we can't start on it if you aren't here!" he snapped at me. This beggared belief. I pointed out first that he obviously wasn't planning to start on it, since the Kroger pharmacy takes a maximum of twenty minutes if they are very busy. More to the point, if you watch the actual work to go from scrip to bottle, about five minutes is needed. I was the only person there, so I asked that he describe for me what he would be doing between now and two PM if he "started" on my prescription. I asked exactly what steps he went through that Kroger failed to do when they fill my prescriptions. No doubt Kroger's greed for profits leads them to cut important corners. Well trained in escape and evasion, he only said that I should have a seat. I would be first in line, and he would have it for me in five hours. I asked if the waiting room would typically be full as the regulars finally arrived. He assured me it would be completely full. When I asked in that case how would he know whether I was there or not, he offered no answer, just parroting the mantra that he couldn't start on it if I weren't there. It was clear – I was dealing with government health care and was caught in a bureaucratic reality warp from which there was no escape.

I asked if they could mail the meds. He brightly said, "Oh yes, we would be happy to." I took this sudden cheeriness to mean that mailed prescriptions were filled by someone other than him. He then helpfully added, "You should receive it in the mail in three weeks." I couldn't help myself. If they could fill the prescription by two PM, they could put it in the mail today, or at worst tomorrow. It should arrive in three days, not three weeks. I asked again what actual work took place to fill up the three weeks, but he offered none, merely reinforcing the three week timetable.

I asked to see the prescription. It was for ibuprofen, albeit prescription strength. Now I was safe. I said, "This just means I take two OTC ibuprofen pills instead of one!" He told me that it took three OTC pills to equal one of the prescription strength. I was utterly unwilling to let his bureaucratic inertia avoid the tasks that taxpayers were paying him to do. I told him to put it in the mail to me. I left to go to work. I assume he went back to running his eBay business or real estate deals or whatever. We do know for a fact that he was not remotely doing what the taxpayers were paying him to do, unless that was to avoid dispensing prescriptions written by the VA's own doctors.

On the way back to the office, I stopped at Kroger, where I found a sale on ibuprofen for $ 0.99 for a bottle of a hundred pills. Three weeks later, a registered package arrived containing twenty pills of prescription strength ibuprofen.

Of course, you may choose to temper your forecast with the assurances of the public employee union leaders of the enormous productivity and selfless dedication of federal employees. Alternatively, you may conclude that this ludicrous incident can be attributed to my personal frugality. Admittedly, at no time did I offer a gratuity "to insure prompt service" - a tip. This practice is reported to be regular among European consumers of government health care. The practice of supplemental cash may be one way patients will adapt to government health care.

My final experience occurred only last year. My service gave me another injury – a hit in the mouth, by a rifle barrel as I jumped off a helicopter. Under the circumstances, if the hit didn't knock you cold, you

ignored it. While I was in the hospital following my gunshot wounds, the damage to my mouth became painfully evident. The military doctors did not want to treat it, since that would have extended my stay on the Army payroll. They included all appropriate notes in my separation physical so the VA would recognize they were obligated to fix it.

Mercifully, the VA simply outsourced the job to a civilian dentist near my home. After extensive work, including oral surgery to remove damaged and infected bone, I was just fine. This happy state lasted for all the years since. Last year the area of the oral surgery suddenly and painfully swelled. My dentist said it was almost certainly a recurrence of the old problem and needed an endodontist. I applied my principle of "Army problem, VA pays." I called the VA to ensure they would take care of it and to find out how to handle it.

The government defenses arose in full vigor. I called the VA at the appropriate phone number with my coverage question. That call only gave me another number to call. I called that person, who could not answer, but gave me another. Hours later, at the tenth call, yes, count 'em - ten, I was referred back to the person I had started with. I was stuck in an infinite bureaucratic loop!

This time I surrendered. I called a private endodontist. This dentist got me in the next day and fixed the problem. I gratefully paid the $300 co-pay and stuck P&G shareholders with the remaining bill for this service-connected injury. This happy conclusion had the unfortunate corollary that the federal government did not have to deliver on its basic obligation that service-connected medical problems be taken care of by the Veteran's Administration. And I let it default on that obligation.

Of course, you may choose to temper your forecast by the promise of the health care legislation to make care more readily available.

There you have it. Yogi was right – it is risky making predictions, especially about the future. Nonetheless we must. I have given you four decades of personal experience with government health care across multiple facilities. I leave it to you to make your own predictions about the consequences of the recent health care legislation. Experience has taught me that the best predictor of future behavior is past behavior. Past behavior makes my forecast a grim one indeed.