

South Carolina needs a plan for better health care access

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Change. For the past few years, the dynamics of change have been major drivers of the health care industry. Change provides equal doses of opportunity and challenge. The opportunity is to actually transform from a reactive, illness-focused, fractured care system into one that can provide integrated, proactive health and wellness-focused care.

The challenge is preparing for the future with constantly changing rules and diminishing resources.

As a physician and a surgeon, we understand how difficult it is to move from fee for service to a health-centered care model. Undoubtedly though, it is the right thing to do for patients, families, and the health of our fellow citizens. Like many other hospitals and health care systems, these increasingly complex issues add a whole new dimension to our ability to fulfill our patient — and family — centered mission. There is one constant, however, at the Medical University of South Carolina, we are committed to providing the best possible health access and care to every patient. To achieve that goal requires the proper combination of resources — human, physical and financial.

Big decisions being made at national and state levels continue to place significant financial pressure on all hospitals, but especially the “safety net” hospitals and health systems in South Carolina. Those decisions include lack of Medicaid expansion, dramatically increased insurance costs, higher individual deductibles, undermined federal financial backing for the exchange system, and federal disproportionate share dollars being placed on a trajectory to disappear.

To exemplify the impact of these decisions, let me note that federally funded disproportionate share dollars have historically served to help reimburse all hospitals for care delivered to Medicare patients. Academic medical centers like MUSC serve a larger proportion of the poorest and sickest patients who do not possess private or secondary insurance coverage and have the least ability to pay, yet frequently suffer from more complex diseases.

Without a state plan that allows health care access for the citizens of South Carolina, or the backstop of disproportionate share dollars for those hospitals that actually deliver unfunded care, we are at risk of creating a whole new category of patients who cannot receive care.

As an institution, we always embrace the approach of taking care of patients and families first, but health care access is not always pretty or even handed.

This past year alone, MUSC Health, which includes our hospitals and other patient care facilities, incurred tens of millions of dollars in increased costs associated with providing unfunded and out-of-network care.

Given these financial pressures, there is an identifiable limit to what our institution can sustain as we simultaneously work to preserve the support of physicians and other health care professionals, maintain the facilities required to provide the level of care we expect to deliver, educate and train tomorrow's health care providers, and invest in the research required to change the future for our patients.

Although MUSC is a state-assisted organization, most residents are not aware that current state appropriations for the university and hospital authority are only approximately 4 percent of our total, annual operating budget.

We greatly appreciate any and all state support that is channeled in our direction; however, as an institution with a \$2.3 billion annual budget, it is imperative that we explore alternate methods to achieve sustainability when it comes to health care access and delivery of unfunded care. Every budget, no matter how small or large, has a financial tipping point, where balance — once lost — is nearly impossible to regain. It would be irresponsible to proceed oblivious to that fact.

So how do we move forward? Change. Change will continue at the national and state levels as we adopt a health-centered care-delivery model. We must seize this opportunity to alter the trajectory of the conversation around health care access in South Carolina.

Now is the time to stop pointing fingers, step forward and build a coalition of business leaders, legislators and citizens to change the viewpoints and decision-making that is creating an increasingly difficult situation for patients and for the health of our state. South Carolina and the Lowcountry must implement responsible solutions that make sense before the health of our state falls even further behind.

We remain committed to engaging with other leaders to develop a meaningful plan. It is the only way to ensure a better, healthier future for the people of our state and the patients we care for at MUSC every day, especially those who need health care most.

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