Feeling the managed-care pinch

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Feeling the managed-care pinch

I never paid much attention to HMOs until I began hearing the occasional managed-care horror story (the one about bone-marrow transplant denials comes to mind) and realized I was one of those untold millions living under the auspices of a managed care company. A perennial favorite of the news media, managed care has received a healthy dose of concerned prodding over the last few years over its practices.

Myself a perennial fan of the “oppression by the man” theory of government, I tended to nod my head and pound the table at those upper-management-level suit-and-ties at your local HMO skimming money off the top and cutting services at the bottom. But after a little poking around, I discovered that, once again, there's more to the story than what appears on Dateline.

Having a normal (I think) disinterest in the proceedings of managed care, most younger Americans chalk up the “incompetencies” of HMOs to just another example of the older generation screwing it up, just like Social Security. Besides, the young are immortal, right? We'll worry about the whole mess when we get older.

The whole “mess” hits closer to home than most of us would like to admit. Everyone needs health care at some point, and for most people that care gets expensive at some point in life. And here's where that helpless feeling comes in: when you're down, suddenly rules you never knew existed kick you in the teeth. “No, we're sorry, you're request for referral was turned down.” “Based on prior similar instances, the type of medication you requested is not likely to be any more effective than the more common (read: cheaper) prescription.”

Such instances have been shown to be unusual, at least in Maine, where health care via the HMO is more successful than anywhere else in the country. In fact, five Maine HMOs earned top honors in a nationwide survey of managed care by U.S. News & World Report. So why am I still concerned?

A couple years ago, I went to a few counseling sessions with a local psychiatrist to combat a form of clinical depression. He recommended that I begin taking some medication to alleviate my symptoms. Highly reluctant at first, I finally acquiesced, curious as to what this stuff, Paxil (an altered form of Prozac), might do my head. The psychiatrist mentioned to me that not only would taking this medication help my condition, it would also help justify to my HMO, that my sessions with a psychiatrist (instead of a counselor at a hospital) were indeed necessary.

Things may have changed now, but formulating deceptive strategies to procure care was undoubtedly back-wards, especially in light of the fact I was footing the bill. Anyway, the Paxil didn't do a hell of a lot, but the sessions did, so I guess I'm glad I took some anyway.

Experiences like mine may explain some of the mixed feelings about HMOs. Sure, their yearly rates are pretty good, but is it worth it? Perhaps HMOs may just be a little too corporatist for most of us. After all, one of managed care's integral functions is cost-cutting. No matter how much philanthropy Blue Cross dabbles in its free time, customers will continue to focus on that.

Forthcoming changes in managed care will affect you more than you may realize. After only minor increases in the past two years, HMO rates are expected to rise over 8 percent in the next year without any increases in coverage.

More than just the money, however, is the unavailability of anything else. Cutler Health Center has cut back on its health insurance offerings for lack of interest last year, and, at least for me, Medicaid just doesn't cut it. As a student beginning to free myself from the financial support of my parents, I can't yet afford traditional health care. HMOs are the only way to go.

American managed care is now re-evaluating itself to match consumer expectations because the numbers don't lie. Only 44 percent of Americans in health maintenance organizations believe their treatment would be covered if they became ill, according to a nationwide study.

Unfortunately, these companies don't realize that health care can't be managed, at least in the business sense. When the bottom line comes before organ donor waiting lists, someone will be cheated, and chances are it won't be the company.

By Paul Livingstone

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