

Why Local Health Reform is *BEST!*

After arriving in the Kanawha Valley in 2000, a major preconceived myth I held about health care delivery within West Virginia was dispelled by my public health and medical peers throughout the State. The State faces enormous social, educational, behavioral, cultural and other barriers to improving health delivery and status. However, basic geographical and economic access to early primary and preventive care - by and large - is not a major impediment, although such access to specialty care remains a major challenge.

McElwee and Foster in their February 27, 2010 *Gazette* article, "Alternatives to ER's in area are numerous" suggests things have not changes much in the last ten years. Yet, not a week goes by that most West Virginia newspapers do not include an article or two perpetuating the myth.

One of my first op-ed. articles published in the *Gazette* addressed this issue and inspired my quest to encourage local communities to regain ownership of their health systems and drive the health reform process from the bottom up. Through writing and other advocacy efforts, I continue to encourage the development of local community based mechanisms, incentives and authorities to spur meaningful reform in lieu of the current paradigm of more "one size fits all" central reform, that encourages institutions, patients, practitioners and the public to "game the system", rather than reform it.

McElwee and Foster make clear their intent is to educate the public and that they do not intend through the article to "advocate either for or against health-care legislation presently before Congress". They should if they wish to advance solutions to major problems rather than sustain the likelihood of a similar article in 2020, outlining still expanding primary care options and a continued shortage of specialty care and other higher-priority services.

One of the major themes of pending federal legislation is that lack of economic access to preventive and early primary care is a major factor contributing to avoidable serious morbidity, more expensive "down-stream" care, poor health status and escalating costs. The legislation includes major expansion of resources and initiatives directed at addressing this issue, with the expectation that this will lead to major gains in health status and reductions in the prevalence of more serious disease, disability and costs.

Rest assured, if the legislation brings expanded preventive and primary care resources, local communities will "game" the system to get their cut despite their current capacities. Current legislation includes little flexibility for local communities to use such new resources to address access to specialty care or other much more serious barriers to improve health care delivery and status. Moreover, few communities have the authorities and mechanisms in place to do so.

Local communities need to advocate for central health system reform that provides them the flexibility, incentives, mechanisms and authorities to address local priorities and solutions. One of the major concerns surrounding current central reform efforts is the need to exercise restraint in federal spending because of soaring deficit and a weak economy. This concern makes imperative resources be directed at major impediments to improve care, not to expand services that are currently adequate.

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