

Free-Market Reform in Medicine: Whom Must We Convince of What?

Frank Timmins

Marketers trying to sell a product, service, or concept are often derailed by failure to understand their market. That is, they may find themselves either selling the wrong product to the right prospect (the prospect has needs, but doesn't think that the right solution/value is being offered), or the right product to the wrong prospect (the prospect is convinced that he has no need for the product, even if he truly does need it). A good salesperson will recognize these roadblocks and make strategic adjustments.

But do those of us concerned with offering medical care or insurance need to consider "marketing strategy" when presenting our case for reform? Absolutely.

It is clear that the future of medicine in this country will be determined by the ability of one side or the other to convince the public of a given approach to reform. And why not? After all, the values of competing models are easily compared and critiqued. Moreover, it has always seemed fair to presume that there really are no concerns about selling the wrong people the right product, or vice-versa. Doesn't everyone need medical care? Isn't the free market obviously the best vehicle to deliver it? Isn't it really just a matter of reaching as many people as possible with the message, recognizing that some are simply a little more naive than others?

It's becoming clear that these assumptions might be foolhardy—at least from the standpoint of those who wish to avoid socialized medicine. The fact is that, because of government intervention, we haven't had a free market in medicine for decades, even though the general perception may be just the opposite. Thus many people may be easily misled by left-leaning politicians who cite "healthcare problems" as proof that the free market doesn't work in medicine.

It's Not Just about Medicine

Is it possible that we play into the hands of the collectivists/socialists when we challenge the value received from a dollar spent in a one health plan vs. another health plan, while deploring the escalation of costs? Is this approach in effect a classic example of selling the wrong product to the right people? Are we trying to sell a particular brand of "healthcare" when what we really need to sell is "ideology"? For that is what the battle is really about.

We are actually in the middle of a significant national—if not global—undeclared war of ideas that will, in the long term, determine the outcome not only for medicine, but for many other aspects of our lives. One reason it has come to this is our critical error, over the past 5 decades, of embracing quick fixes to rising medical costs.

If buyers are insulated from sellers by interposing a third party, spending will predictably rise. This is an immutable principle of economics that cannot be "fixed." Our failure to understand this basic principle in the medical economy, together with the general failure of public education to formally address the root causes of socioeconomic problems, has culminated in a culture of entitlement that is exemplified by impossible expectations for medical care.

If this is so, then perhaps we need to reinvent our marketing strategy, and identify our market and our competition.

The Wrong Prospects

There are those who are truly socialistic thinkers. They believe that their philosophy is the natural human response to social order. They are reluctant to identify themselves in this way because most do not want to be stereotyped (especially with the historical record associated with these labels). Nevertheless, their basic thought process is based on socialist assumptions, and any argument based on the logic of economics and/or quality of a product or service will be incomprehensible to them. Those who belong in this group are poor prospects, at least in the short term. We are wasting our time and energy trying to persuade them on the basis of sound economics, business logic, or evidence of which system would do the greatest good for the greatest number of people.

The Right Prospects, the Wrong Message

Fortunately, it appears that despite the scourge of public education during the past few decades, socialist ideologues still represent a minority, maybe 15–25 percent of the population. The other 75–85 percent are likely to have open minds, to seek economic value and quality service, and to demonstrate the capability of making decisions based on rational thought, as opposed to feelings and/or utopian myths. It is people in this group that we must try to reach.

This group may seem to be an easy sell, but we must remember that our ideological competition holds the strongest positions of influence, in media, politics, entertainment, and education. They constantly seek to marginalize the opposition and claim the middle ground as their own. They often label anyone with differing opinions as a homophobe, Islamophobe, xenophobe, or member of some other despicable group. Perhaps a new label for those who don't believe in "universal health insurance"—such as health-carephobes—may become popular in the future, replacing worn epithets such as "uncompassionate." The goal will be to claim the "moderate" position, and gain the tacit approval of those who are frequently uninformed—the "swing voters" to whom the politicians pander. This is the group that we also need to convince.

This is not an easy task. Our prospects often don't understand what we are selling, and with good reason. At the detail level, it is just too complex. Let's face it: People are not going to spend a lot of time evaluating the intricacies of managed care, copays, health savings accounts, and the like. Even though we want people to understand the premise that services are compromised when third parties make decisions for individuals—and that it's dangerous to have medical professionals beholden to someone other than the patient being treated—we may not be able to communicate such complicated concepts effectively in the world of sound bites. We're selling freedom—but that's in direct competition with the more popular concept of security—and of having someone else responsible for the bill.

With the help of the media, the issues are often simply reduced to the question of “How much will the plan pay?” Leftist politicians beguile the public with easy answers while the rest of us struggle to explain the truths about economics.

Collectivist tendencies have seeped into the public mentality, especially on medical issues. The concepts have been introduced slowly and methodically. People have become averse to “reaping what one sows” and inclined to demand what others have sown. Daily they are bombarded with messages from media and politicians that use the term “rights” interchangeably with “needs” or “desires.” Self-interest and self-advancement have been made to seem somehow disreputable, while the concept of respecting the property rights of the individual seems to have been lost in the righteous rush to satisfy everyone’s desires.

Setting the Terms of the Debate

We need to sum up our position more concisely, and to challenge the would-be reformers to a real debate on the question “Do we want economic models based on collectivism, or on free enterprise?”

We need to begin by properly describing the product we are trying to sell. We must explain the choices by calling things by their correct, descriptive names. “Single payer” means socialism. Certain politicians are socialists. What is the ideology of those who promote the Cuban Communist medical and economic system? Call them and their philosophies out, and make them explain. What’s wrong with debating ideologies?

Wouldn’t it be better if the national debate’s talking points were the pros and cons of socialism/collectivism vs. free enterprise—instead of “universal health insurance” vs. “consumer-directed healthcare”?

Most of us know that a really good salesperson doesn’t sell anyone anything. Rather, that salesperson skillfully and accurately

lays out the facts in a concise and understandable format, and allows the buyers to sell themselves. Let them decide whether they are collectivists or not, then the rest of it may fall into place. If one understands the big picture, it is much easier to figure out the smaller pieces. Once people are committed to the notion of being in control of, and responsible for, their own medical care, they can focus on those details pertaining to their own situation. We win by empowering people—not by telling them that they are lazy, greedy, or ignorant.


It is time for this country to decide whether it is a primarily socialist or a primarily free-enterprise society. Europeans seemed to have “drifted” toward socialism without necessarily mandating it. Is this errant “drift” inevitable in a developed country? Can we do anything about it, or are we too self-satisfied, and doomed to sleep walk into a system that is hostile to the principles on which our nation was founded?

A good percentage of the population wasn’t even voting before the Berlin Wall came down. Do they really know what the Wall was all about? Should we be marketing basic ideology instead of pounding on specific economic issues?

Our current “healthcare delivery system” is like a big house built on a bad foundation, and we are debating about how to fix the water damage and wallboard cracks. If we don’t address the underlying problem, we are simply wasting our resources.

We value our freedom and way of life, but it seems that we are fighting this war with the wrong tactics. We need to change our strategy—and quickly. If we do, the debate over the financing and the provision of medical services debate could be a model for future socioeconomic debates.

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