

READERS’ FORUM

A host of ways to lower Mass. health care costs

Single-payer system is the only solution. Everything else is a tweak.

In its March 18 editorial, “Four concrete ways Mass. can lower health care costs,” the Globe offers a few areas that are “ripe for changes”: eliminating low-value care, reducing administrative waste, addressing prescription drug prices, and tackling excessive variation in what providers charge. Yet initiatives of this type have not only failed; they’ve also spawned an industry of corporate gamesmanship and harmed patients.

For at least the past 10 years, efforts to raise awareness about low-value care have not succeeded in eliminating it. Meanwhile, as health care costs have continued to rise dramatically, blocking referrals for unproven procedures has resulted in a growing bureaucracy of for-profit insurance administrators making medical decisions, adding administrative expense and delaying or denying care.

Pharmaceutical companies and pharmacy benefit managers are adept at dodging regulations. For front-line providers, this creates a time-draining search — not for which medicine the patient needs but, rather, which one is covered on that particular week.

Transparent pricing relies on sick people to shop for the lowest price. Can’t we do better?

With all the recent coverage of Steward Health Care and frustrated physicians organizing for better conditions, we were surprised to see no mention of a single-payer health system in the editorial. Medicare for All eliminates the waste of insurance company administrative duplication, creates a system with power to negotiate with pharmaceutical corporations, and has one mission: not profit, but health care as a human right. All developed countries have concluded this is the best solution. All have better outcomes and spend less.

DR. BARBARA OGUR
Cambridge
ELLEN ISRAEL
Jamaica Plain

Ogur was a primary care physician for 46 years. Israel holds a bachelor of science in nursing and a master of public health and is a certified nurse midwife.

Your editorial about how to fix the Massachusetts health care system offers a series of stopgap measures that will do little to address the fundamental problem: We have a for-profit health care system that is run by insurance companies. Our health care spending should go toward health care, not insurance companies’ bottom line.

The solution is right in front of us in the Legislature with bills to establish Medicare for All in Massachusetts. This legislation would eliminate the need for insurance companies and create a board that would set prices and consolidate billing into one agency. A moderate tax on employers and residents would fund the system and eliminate the enormous monthly premiums that employers and employees now pay.

The health insurance industry is drowning our residents in medical debt and obscene monthly payments. The Legislature is terrified of this industry and its deep pockets.

Until residents demand that legislators do

their job and enact this legislation, we will continue to see editorials that look past the clear answer to the problem. Instead of suggesting cost cutting that could limit our access to health care, focus on slashing corporate profits.

LOUISE JOHNSON
Jamaica Plain

Address regional needs and invest in social equity

The Globe editorial board rightfully highlights the urgency of addressing skyrocketing health care costs. These costs continue to strain the budgets of individuals, families, businesses, and municipalities, not to mention the state itself, crowding out spending on other priorities and hindering the state’s affordability and competitiveness.

Massachusetts’ per capita health care expenditures are among the highest in the country, yet significant gaps exist in health outcomes and access to care, especially for certain regions. Health care reform efforts must avoid exacerbating regional inequities. Savings from reducing the growth of health care spending should be redirected toward investments in primary care and upstream social determinants of health, such as transportation and housing, especially in regions that have faced chronic underinvestment.

These strategic investments can build the foundation for a healthier and more resilient Commonwealth, yielding a far greater return on investment over the long term. For example, The Health Foundation of Central Massachusetts’ investment in the Quaboag Connector, a rural micro-transit service in the area around the town of Ware, has provided more than 76,000 rides since 2017. This service has enabled residents to access health

care, groceries, jobs, and social activities either for free or a \$2 fare per ride. The positive impact on the health and economy of the region goes beyond what investments in downstream health care could have achieved alone.

The urgency to address the state’s health care affordability challenges presents us with an opportunity to reimagine how and where we invest our limited resources to optimize health and well-being across the Commonwealth.

AMIE SHEI
President and CEO
The Health Foundation of
Central Massachusetts
Worcester

The writer holds a doctoral degree in health policy.

Too many patients confuse more care with better care

I read your editorial on health care costs and found a missing element: patients’ expectations. We are a country where more, quicker, and convenient is considered to be better. This is not just for online shopping; it applies to health care as well. Patients often view more care as better care, but often that is not the case. This includes the low-value testing and services your editorial seeks to see eliminated.

When providers use clinical judgment, honed over decades, to recommend care without running a specific test first, this is often viewed as inferior care. At a systemic level, this contributes, for example, to redundancy in CT and MRI scans. Such services are expensive upfront, and costs need to be recouped.

While I agree with the elements detailed in the editorial, I strongly believe that changing patients’ expectations about health care will be necessary to really hold down costs.

DR. FERDINAND VENDITTI
Newburyport

The writer is a retired hospital executive.

Arts-based prescription reduces social isolation, yields results

I read “Four concrete ways Mass. can lower health care costs” with great interest. I applaud the Globe for highlighting the need for innovative approaches that improve health outcomes while reducing costs. In that spirit, I want to add one more proven solution — one that’s already making a difference in Massachusetts.

Last year, Mass Cultural Council and Art Pharmacy launched the nation’s first statewide arts prescription initiative, known as arts-based social prescribing. This practice connects patients to community-based arts and cultural activities to improve overall health. It has been shown to support mental health, reduce social isolation and loneliness, and improve adherence to treatment plans, all at a fraction of the cost of traditional medical interventions.

Though unconventional, social prescribing is backed by strong evidence and economic benefits. In Canada, for example, data show every dollar invested in social prescribing yields an estimated return of \$4.43.

Social isolation is linked to anxiety and depression. Addressing these challenges requires creative solutions, and Massachusetts’ cultural sector is ready to help.

We believe in the power of culture and know that innovation thrives through creativity.

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The Mass Cultural Council is the Commonwealth’s arts agency.



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