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Of The Post-Dispatch

Dr. Carmel Boykin-Wright already worries for the safety of some of her elderly patients who walk through gang territory to get to her clinics. Now she has a new reason to worry: the proposed changes in Medicare.

Boykin-Wright, an internist at Grace Hill Neighborhood Health Centers in St. Louis, says she's not sure whether to fear the changes or fear that nothing will change.

The Republican proposal may cost her patients more, Boykin-Wright said, but it also may help them pay for prescription drugs and visits to the doctor.

"It's all about the money," she said.

"If these people can get to a (doctor's) place close by . . . and get their medications for a reasonable price, then that's all they want."

Economists want much more - they want Medicare changes to squeeze greater efficiencies from the nation's health-care system while encouraging people to pay greater attention to what they spend for medical care.

Several said the Republican proposal may do that.

The proposal promises to trim reimbursements to doctors and hospitals.

It also may persuade Medicare recipients to join lower-cost health maintenance organizations or to purchase catastrophic coverage through medical savings plans.

"The general idea of offering greater alternatives for the elderly is probably a good one," said Claudia R. Campbell, associate professor at the School of Public Health at St. Louis University.

"When you talk about Medicare, you talk a lot about choice of doctors," she said.

"But people on Medicare don't have a lot of choice for using their health dollars for prescription drugs or for doctors' preventive services."

Robert S. Woodward, an associate professor of health administration at Washington University's

Medical School, predicted that with the HMO option, there may be instances of too little health care, but those will be medical judgment calls not necessarily affecting people's long-term health.

"The kinds of decisions to be impacted will be those on the margin," he said, "where it's not clear if somebody needs the care or doesn't."

In the past, he said, perhaps they would have gotten too much care. "This squeezes the system down so people will get a little less care."

Ludwig "Fred" Hammer of St. Louis, a retiree on Medicare, said he'd rather not have a little less care. Hammer, 76, is a retired engineer with a disease that destroys muscle control and requires regular medication.

Hammer said HMOs have incentives to under-treat the chronically ill, like him, particularly if they're close to death.

"I don't look upon insurance companies as being a server of good health," he said.

Medical savings accounts would give skeptics like Hammer more say in their care.

Under that system, people buy catastrophic insurance with high deductibles.

The money they save on lower premiums then goes into a medical savings account that they can use for medications, health care incidentals and even non-medical expenses like a vacation.

It's a good way to get people to realize the true costs of their medical-care decisions, said Timothy D.

McBride, an assistant professor of economics, public policy and gerontology at the University of Missouri at St. Louis.

But most Medicare recipients won't choose that coverage, he predicted.

The few who do, he said, won't modify their behavior enough to noticeably reduce health-care costs.

It's doubtful, he said, that consumers will shop around for high-cost medical procedures because those are often done on an emergency basis.