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Insurers' Twist of Healthcare Terminology

By JERRY CAMMARATA, Ph.D.

Once upon a time, in the days before insurance companies slyly reinvented the language and we still had some reverence for the meaning of words, it was easy for physicians and patients alike to define their roles in our health care system.

But business school graduates now occupy top management positions in American health care, displacing public health school graduates, hospital administrators and even doctors in the top ranks of medical care organizations. And they are "doctoring" words used in the health care decision-making process, imparting an accounting/marketing mentality which threatens the traditional human services orientation of our society.

In fact, physicians and their colleagues in the clinical world of health care who understand medical terminology but generally cannot speak the language of accountants, insurance company executives and MBAs—are increasingly losing their traditional autonomy and decision-making

power in our health care system.

The process of language manipulation used to create this crisis in health care has been so subtle and casual, that no one could have anticipated the force of its energy in toppling a delivery system second to none.

Congress encouraged the establishment of HMOs as a result of efforts to control the perceived "runaway" system of health care, by passing the 1973 HMO Act in response to intense lobbying by special corporate interests. By 1980, the majority of HMOs were being drawn into several large networks run by giant insurance companies like Prudential, Cigna and Blue Cross, as well as by the giant Kaiser Corporation.

By 1990, there were approximately 575 HMOs in the United States, with 33 million unsuspecting members, along with the medical community, exposed to language manipulation just so the dollar cost of health care could be brought under control and not necessarily with the intent of elevating quality or accessibility.

Both the language of managed care and the language of "managed competition" were initially



Jerry Cammarata, Ph.D.

developed, on behalf of giant insurance companies by Alain Enthoven. In a 1988 lecture in the Netherlands, he opposed such traditional practices as providing patients with free choice of doctors, free choice of prescribed services, doctor-patient fee negotiations, fees-for-services and solo medical practices because these practices do not serve the special interests of insurance companies.

"Cost containment," rather than quality care and medical treatment for the maximum number of patients, has become the

primary language manipulation of health care policy makers, many of them lacking medical training.

For example, "gatekeeper," referring to a primary care physician in an HMO setting, perceptually removes the hard earned M.D. from a physician's name and replaces it with MBA. The bureaucratic business management team turns the doctor into a monitor of "cost containment" principles, rather than a purveyor of sound medical treatment.

New Age Language

The "new age" language redefines doctors and other clinical personnel in ways that reduce their prestige, autonomy and authority. The term "health care provider," for instance, fails to adequately distinguish between the nature of the health care services provided by a medical technician with a community college degree and the physician who has had years of training at a medical school.

This is degrading and offers a significant threat to clinical personnel while allowing benefactors of this language game, the insurance companies, to dictate the course and scope of our

health care delivery system.

Increasingly, many doctors now are being over managed and micro-managed by representatives of special corporate interests in a way that limits their autonomy.

Ironically, although HMOs have tended to decrease the power of physicians, managed care has still not been very effective in decreasing health care costs. According to Rowan, a Minnesota-based managed care research firm, HMO premiums jumped by an average of 16.8 percent in 1990.

Doctors and patients, not self-serving representatives of giant insurance companies and corporate employers, must be reunited with language bonding as part of the rebuilding of the definition and meaning of quality care in a humanistic model. The physician must be committed to the fair and ethical nature of the delivery of clinical services.

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(Jerry Cammarata, Ph.D., is an adjunct professor of communications at Wagner College, adjunct professor of Consumer Protection at The College of Staten Island in New York City and the author of *The Fun Book of Fatherhood*.)