

# The Dallas Morning News

## Texas voices largely missing from health care debate

By: Jim Landers

September 11, 2012

WASHINGTON — Last week, 18 prominent physicians and health economists issued a devastating report about the state of American medicine, citing \$765 billion in annual waste and fraud, and the need for improvements.

The next day, *Health Affairs*, a leading peer-reviewed journal, put out an issue almost completely devoted to payment reforms for health care, written by 71 doctors, economists and academics.

Of nearly 90 experts involved in these reports, none work for Texas institutions.

So where are they?

“Part of it is just a lack of bodies here working on health economics,” said Vivian Ho, who chairs health economics at the James A. Baker III Institute for Public Policy at Rice University in Houston.

“We are short on health economists in the state of Texas,” she said. “I actually spend a great deal of my time saying no to requests on research projects and speaking engagements. I can’t fill them.”

There are a couple of nationally recognized Texans in the national health care debates. **John Goodman**, president of the Dallas-based **National Center for Policy Analysis**, has influenced the Republican Party’s search for market-based approaches to lowering costs and improving quality.

Goodman and Mark V. Pauly of the University of Pennsylvania’s Wharton School wrote a piece for *Health Affairs* in 1995 urging the government to provide tax credits and health savings accounts to individuals so they might better afford their own insurance.

“That is at the core of more serious Republican plans,” Goodman said.

Why aren’t Texas ideas getting more attention?

“I think there are Texans who are having an effect on health care policy. It’s just they are not fitting into the traditional policy community’s way of looking at the world,” Goodman said.

Mark McClellan, an Austin native who works in Washington at the Brookings Institution, is one of the godfathers of a model for controlling cost and improving quality known as the accountable care organization.

McClellan, a medical doctor and health economist who worked in the George W. Bush administration, finds his ideas in high demand. He's advised Dallas hospitals and many others on how to get better at what they do. He's advising states on how to craft health insurance exchanges.

After Goodman and McClellan, however, there aren't a lot of prominent Texas health specialists.

Spokeswomen at the Institute of Medicine and *Health Affairs* say no one tries to exclude Texans.

"There's not a geographic component to it. It's not really one of the considerations," said institute spokeswoman Christine Stencil.

Committees like the panel on "Best Care at Lower Cost" are formed through staff recommendations from among the 1,688 members of the Institute of Medicine, which includes many Texans.

*Health Affairs* published a piece in May about the telemedicine and home visitation training of the Grande-Aides Foundation in Houston. In December 2010, two scientists at the UT School of Public Health in Houston co-wrote a piece showing that the wide disparity in Medicare use between McAllen and El Paso — a topic that grabbed White House attention as an example of what's wrong with health care — was not in evidence among privately insured patients.

Still, Texas seems to get less research attention for its many health problems than other parts of the country.

"I find it very frustrating," Ho said. "For example, the Dartmouth Atlas of Health Care group focuses so much on parts of this country where there's overuse of complex technology, and I agree that's also the case here in Texas. But the problem we're dealing with most of all is a shortage of physicians. There are large rural areas of Texas where there is no access to care."