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Letters to the Editor

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# Letters to the Editor

#### **The Medicare Paradox**

Dear Dr. Nash,

I just read your excellent discussion of "The Medicare Paradox" (September 2003). You make a point of the many necessary elements of a program not being reimbursable under current law. That is certainly addressable under a waiver of experimental authority like Social HMOs, the earlier Medicare prospective payment experiments, and the current 1115 waivers, which waive multiple standard Medicaid requirements. This might be the "best" -- read that "only relatively near-term" -- public policy opportunity.

But even with this type of loosening, there is an additional concern regarding the traditional Medicare policymaking process. They have often found it difficult to take a prudent risk to learn something. The reality of Medicare's prudent buyer concept has often been that government insulates the program and won't take a risk of "wasting" resources on a project that may not succeed. Meanwhile, the actual failure rate of these noble experiments may be surprisingly high because they were doomed from the start due to the inability of the program to maximize the flexibility of experiments in benefits, reimbursement or administrative policy.

So, any efforts to address the Medicare paradox should really include a strong design element of keeping the government's hands off the process and letting us learn, adapt and apply knowledge.

## Joseph Eichenholz

Managing Director TriGenesis Management Systems Chatham, NJ

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Dear Dr. Nash,

Your editorial was right on target.

I would add one item for your consideration. Two thirds of Medicare spending involves people with five or more chronic conditions. The ability of disease management or even care management programs to handle people with this level of complexity has not been demonstrated. As the disease management enterprise moves into the Medicare and Medicaid arenas, it is going to need to address a more complicated set of people than it has treated in the past.

If you want more data on this issue, you can visit our website at partnershipforsolutions.org.

# **Gerard Anderson, PhD**

Professor of Health Policy and Management and International Health Johns Hopkins Bloomberg School of Public Health Baltimore, MD

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Dear Dr. Nash,

The figure of 77 million baby boomers refers to the whole generation born between 1946 and 1964. They start becoming eligible for Medicare in 2011, and the last of this wave hits the shore in 2029.

When Congress and the Reagan administration raised the Social Security age gradually from 65 to 67, they left the Medicare eligibility age alone. With 44 million uninsured -- virtually all of them under age 65 -- the last thing we need to do is raise the Medicare eligibility age.

## **Christopher Connell**

Washington, DC

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