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## Why Unprepared?

For years Michael Osterholm, Director of the Center for Infections Disease Research and Policy at the University of Minnesota, has been explicitly warning of a pandemic. Why did we not listen and do something?

Why is it that the recent federal response to Covid-19 spends a lot of money on consequences and very little if any on the problem? Is there anything there to preempt the next pandemic?

The first answer is that we think and primarily have a private healthcare delivery system. Whether profit or nonprofit, a private delivery system cannot afford building, staffing and maintaining surge capacity that may or may not be used in the next ten years. A crisis should not go to waste. Will this crisis change the way we finance services directed towards achieving and maintaining health?

The second answer is that we see, think and finance medical services through the lens or glasses of the insurance paradigm. Yesterday I was canoeing a creek while wearing polaroid glasses and watched the Northern Pike. Without the glasses I couldn't see them. Since insurance is for uncontrollable events, what we see through insurance is that we let illness and pandemics happen, then expect to deal with them through insurance claims. My insurance professor said that insurance is always for a loss, never to achieve a goal. However, health is a goal of wellbeing. Health insurance is therefore an oxymoron. What a benefits administrator sees as a risk pool, a health-oriented manager would see a market. Outcomes-based medicine is fighting the insurance paradigm that finances medical services. It is paddling upstream. Insurance runs on compliance determined by the problem or claim. Insurance isn't for achieving a goal such as health. While insurance may work for most predictable acute care medical needs, it doesn't work for chronic healthcare requiring management towards goals. It also doesn't work for pandemics because it is focused at the individual level rather than the societal level, and it presumes to deal with it after the fact rather than preemptively.

We should abandon the term health insurance. Why not call it a health plan? We need to replace the whole insurance lingo -- words such as claims, risk and coverage. Instead of enrolling with third party payers ("insurance companies"), we should enroll with healthcare delivery systems such as Allina, Mayo, Fairview or HealthPartners. Once we have moved from retrospective payment to prospective payment, systems could become more goal and health oriented. And we need adequate public financing of research and surge capacity. Insurance doesn't pay for goal-oriented research, excess capacity or eliminating the cause of an illness. If the delivery system doesn't have the capacity, what good is the insurance?

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