How Will We Continue to Serve the Healthcare Needs of America's Poor?

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Welcome to the third issue of volume 9. Once again, this issue provides interesting reading covering the multidisciplinary fields of musculoskeletal medicine and science. Two articles in particular will capture your interest.

The first authored by Marianna S. Thomas and colleagues is a review of the Norwich Radiology Academy's experience using MRI to evaluate the soft tissue reaction surrounding metal on metal implants. Professor Andoni Toms of Norwich, UK, who was the 2013 Freiburger lecturer, presents their approach to this critical topic especially in the asymptomatic patient with a metal on metal prosthesis. Important commentary on this review is presented by Dr. Hollis Potter.

In the second article, Dr. David C. Markel and his coauthors explore the nearly impossible task of providing healthcare through Medicaid in a state with a flagging economy. They provide a detailed analysis of the pros and cons of levying provider taxes to generate state revenues needed to fund state Medicaid budgets. These provider taxes help balance these budgets and also provide qualification for additional federal funds. However, it is obvious that these tax plans negatively impact the various providers of care. As in the case of Michigan, the alternatives are most often a cut in services and an underfunding of the program. However, the taxes may decrease access to care for the poor because fewer providers can afford to participate. I believe Markel and his coauthors provide a well-balanced view of this extremely troubling topic.

The American healthcare system is clearly at a crossroads. The traditional employer-based insurance system is eroding. The Patient Protection and Affordable Care Act (PPACA) is an attempt to shore up a failing system, but it needs considerable modification to become workable. The

act with appropriate modification might become the bridge to a more efficient and affordable American system, but the current political climate has led to a deadlock with little likelihood that the law will be appropriately modified as it is enacted. Hopefully, the situation in Michigan, as described in this article, will not become the norm for the rest of the nation.

Personally, I believe our profession must stay committed to our mission which is to provide care to our patients without regard to their socioeconomic status. We must take the lead to introduce the needed changes in how we practice to ensure that all of our patients receive the care they need. This will certainly require hospital-physician partnerships and, in some cases, considerable creativity. As Editor-In-Chief of this journal, I will welcome additional reports of efforts towards this end. I hope to learn from and share with our readership any efforts that help to preserve our professional commitment to all in need.

Disclosures

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