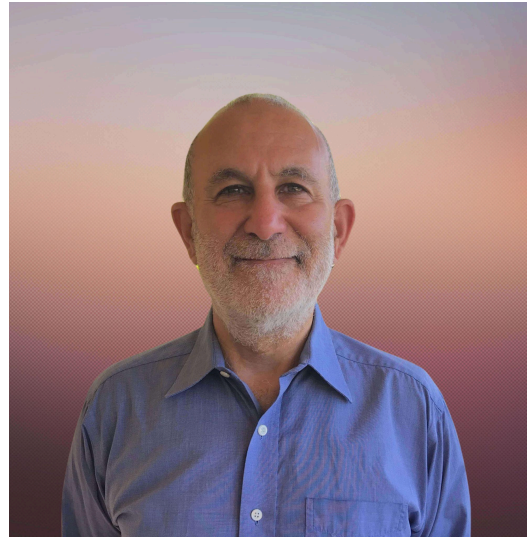


How Many Must Die? America's Health Crisis

Featuring James G. Kahn, MD, MPH
Founder, Health Justice Monitor



This time on Code WACK!

Why are some 200,000 Americans dying each year due to issues with their health insurance and access to care? *Would a single payer healthcare system put a stop to this?*

To find out, we interviewed **Dr. James G. Kahn**, an expert in health policy and economics, and advisor to Code WACK! and editor and primary blogger of [Health Justice Monitor](#).

SHOW NOTES

WE DISCUSS

As an expert in health economics, you have published over 200 articles, reports and book chapters on the U.S. healthcare system. Why are such studies so important?

“I've spent more than 30 years attempting to quantify the cost and health implications of decisions we make about how we deliver health care and prevention. I'm a great believer that we want to attempt to quantify what we gain, for example, by a major HIV prevention program or by inventing drugs to treat HIV and aids.

“And I think the massive health insurance problems that we face deserve an effort to quantify the implications in terms of our compromised health.

“... the public health community has spent countless years and dollars and studies to quantify how many deaths there are from cigarette smoking, from obesity, from diabetes, from firearms, and that's all appropriate and extremely helpful to guide public policy. Yet for some reason, we haven't done it for health insurance. Despite the glaring problems that our health insurance system has, which is extremely well documented, we haven't translated those glaring problems into clear, understandable estimates of the health consequences.” – ***James G. Kahn, MD, MPH***

What can you tell us about the impact of denials of care by health insurers?

“There is good evidence that denial rates are increasing, and United Healthcare is one of the prime offenders there. Translating care denials into deaths, resulting deaths, is really, really difficult

“The fact is that some care denials have no health consequences, much as people would like to get a certain drug or a certain therapy, and we should support them in that. The likelihood that it would prevent a death for certain categories is low. ”

“... there are instances where the decision by the health insurer seems to be driven more by cost control than any medical logic. And as you point out, there's now widespread use of artificial intelligence to make these decisions.” – **James G. Kahn, MD, MPH**

What do you think would be a better way to manage health care?

“I think a much better system would be to remove the incentive for profits that the insurers have in denying care and make health insurance a public good.

“A public good is a term in economics, which means ... it's a service that's intended to help the public. It is not ideally suited to for-profit companies.

“And we need to shift from a world where for-profit insurers, not to mention for-profit provider organizations, including private equity, are currently dominating to a world where we treat insurance for health and the health care itself as public goods. That's the goal.” – **James G. Kahn, MD, MPH**

Helpful Links

[What is Health Economics](#), *Johns Hopkins Bloomberg School of Public Health*

[Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System](#), *The Commonwealth Fund*

[Claiming Health as a Public Good in the Post-COVID-19 Era](#), *Springer Nature*

[ACP Says Profit Motive in Medicine May Contribute to a Broken Health Care System](#), *American College of Physicians Newsroom*

[Health Justice Monitor](#), *James G. Kahn, MD, MPH*

Episode Transcript

Read the [episode transcript](#).

Guest Biography - James G. Kahn MD, MPH

James (Jim) G. Kahn, MD/MPH, is an emeritus professor of health policy at University of California San Francisco. He has 30 years of experience conducting economic analysis of health programs in the U.S. and in low and middle income countries around the world. He has published widely on the economics of health insurance and single-payer reform in the U.S. His funders include the National Institutes of Health, the World Health Organization, and many foundations. He has more than 200 academic publications.

In 2005 he quantified U.S. healthcare administration costs. This work found that billing and insurance-related administration represents nearly one quarter of the costs of physician and hospital care funded through private insurance. He presented on administrative costs to the U.S. Institute of Medicine, of the National Academy of Sciences. In 2014, Dr. Kahn led a team that estimated potential savings of at least \$400 billion per year from simplifying billing and insurance-related administration in the U.S. healthcare system.

In 2020, Dr. Kahn and colleagues found that 21 of 22 existing studies of the cost of single payer estimated savings in the first year, and all did over time.

The main source of savings was simplified administration. This was published in the prominent journal PLoS Medicine.

Dr. Kahn served for two years as President of the California chapter of Physicians for a National Health Program. Currently, he is health policy analyst for the podcast [Code WACK!](#) and editor and primary blogger for [Health Justice Monitor](#).

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