

★editorial

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TENNESSEE VOICES

Alternative to Obamacare: Embedded charity care

By Dr. Ming Wang

Obamacare has created divisive issues in America today. Though its intentions are good — to find a way to pay for healthcare for the poor and uninsured — the way Obamacare goes about achieving this is wrong, i.e., involving bigger government,



raising taxes and negatively affecting the existing (and functioning) aspects of the healthcare system.

As a physician who has provided care for 24 years, I believe that there is an alternative to Obamacare that can help reduce the financial burden to care for the poor, while simultaneously preserving the rest of the healthcare system: Embedded charity care.

I have asked many physicians to see if they would be willing to donate a small portion

of their time to care for the poor, and most said yes. However, most of them are not actually doing it today because they are too busy to leave their offices to work at charitable healthcare facilities. Furthermore, unlike private clinics which run efficiently with state-of-the-art technologies, many charitable care facilities are not well managed and technologies are outdated.

There is, however, a creative solution to this problem, i.e., embedding charitable healthcare within existing private clinics. Using such a system, not only can we provide care for the poor with updated technologies, but we also give all physicians a chance to participate and help to solve the problem.

We have tested this idea for the last 10 years, and it works! Ten years ago we established a 501c(3) non-profit sight foundation, which consists of three parts: 1) a team of eye doctors who donate a small portion of their services, 2) a group of

medical companies that contribute supplies, and 3) a board of philanthropic leaders in our community who donate financially and assist in fundraising.

For example, last year our foundation took care of Maria, a 15-year-old blind orphan who was born prematurely and had a retinal detachment in one eye, and a history of recurrent uveitis, end-stage cataracts and only light-perception vision in the other eye. Maria's care was handled through a private eye clinic, where she underwent a complex, difficult and multifaceted cataract surgery. When the patch was removed from her eye, Maria was able to see the world and herself *for the very first time!*

The remarkable success of Maria's journey from darkness to sight indicates that the idea of embedded care does in fact work. We have used this system to help a large number of underprivileged patients. To date, the foundation has helped patients from well over 40 states in the

U.S. and 55 countries worldwide, with all sight restoration surgeries performed free of charge.

However, in order to make the concept work on a large scale, we need physician participation. I envision a system in which hospitals make embedded care a requirement for physicians who want admitting privileges, just as they currently require them to take emergency-room calls.

We have found that as long as there is a system in place to identify, qualify and triage these patients appropriately so physicians don't have to leave their offices and can thus focus on what they do the best — taking care of patients — and also the percentage of such charity patients is small, most physicians are willing to help. Furthermore I think we can introduce this system with the faith-based physician community first, who may be excited to lead the way.

If this embedded care sys-

tem is duplicated in all medical fields throughout the country, not only will we reduce the financial burden of caring for the poor, but also we will help protect what Americans care about the most — our freedom of choice. As a nation today, we lack the financial resources to care for the poor, but if we don't want a bigger government and higher taxes, we do need to be more proactive in helping devise solutions.

Embedded charity care may benefit both those in need and everyone else by reducing overall healthcare cost and offer our nation a possible alternative and partial solution to Obamacare.

Ming Wang, MD, PhD: Founder, Wang Foundation for Sight Restoration (www.wangfoundation.com); Clinical Associate Professor of Ophthalmology, University of Tennessee; Director, Wang Vision 3D Cataract & LASIK Center (drwang@wangvisioninstitute.com).