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Moody: Patients like hybrid health systems
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In 1993, Mark Moody was thrilled to be offered a chance to live and work for two years in New Zealand, where the country was undergoing a radical change to its longtime health care system.

He was there, working for Aetna, when New Zealand decided to experiment with expanding privatization within its longtime government-run national health care system.

Since then, Moody's had a front-row seat as an executive or consultant in varied health care settings, both in the United States and internationally. Throughout his career, he's alternated between public- and private-sector roles.

WisBusiness audio

- **Interview with Mark Moody**

"I started my career as a budget analyst for the Medicaid program in 1979," says Moody, now the president and CEO of WEA Trust in Madison.

In the mid-1980s, he headed Gov. Tony Earl's Hospital Rate Setting Commission, then switched to the private sector, holding top management positions in network health plans in Wisconsin's Fox Valley and in Cleveland, Ohio. Moody also worked "on the vendor side" in medical information technology before returning to a public health role in 2003 as director of Medicaid, BadgerCare and SeniorCare services in Wisconsin.

Since 2006, he's been back in the private sector leading WEA Trust, a nonprofit insurer that serves public employees around the state.

One thing Moody has seen with every health system he's worked in: patients seem to prefer a mix of public and private options.

"I've also done quite a bit of international consulting in health care," said Moody, "so I saw health systems in Hong Kong, Malaysia, Turkey and Singapore. Everybody's got some kind of a hybrid system. Nothing is purely one thing or another. In Turkey, for example, the vast majority of people are treated in public facilities by public doctors, but there's a private sector in demand for services with less waiting, more amenities and so forth."

New Zealand, for example, has long had a national health care system. Emergency care, specialty care and hospitalizations are free. Patients do have co-pays for primary care visits and prescription medications, but those earning the median income or less receive subsidies to lessen the cost.

But Moody points out that "it's been a hybrid plan to begin with," since a smaller system of private-pay hospitals exists for patients who want fancier facilities for giving birth or elective procedures or who don't want to wait months for appointments at the government-operated hospitals.

For a few years in the '90s, New Zealand experimented with furthering private options, hoping to boost competition, productivity and efficiency. Moody helped Aetna create a network of private-payer primary care practices before the New Zealand government scrapped the idea and reverted to the old system.

"They tried to go in our direction and gave up on it," said Moody.

Moody is confident America won't go the opposite route and try to be more like New Zealand, despite the predominance of federally funded programs like Medicare and Medicaid.

"The government is already the dominant funder of health care in this country and that's not going to change, but that doesn't mean that government takes over every aspect of the delivery," he said. "Philosophically, for our country, it's too big of a change."

He compares the health care system to the U.S. military, which is entirely government-funded.

"The Army is employed by the government," he said, "But the tanks and the bombers and the helicopters and the ammunition and helmets and uniforms and food are all made by the private sector."

Obamacare won't change the fact that nearly all health care providers are private entities, such as physicians, hospitals, insurance carriers, medical device manufacturers, nursing homes and more, he said.

But he hopes it will help the United States improve access to care, especially primary care, for people of all income levels. "We have waiting lists, too," he said.

-- *By Kay Nolan*
For WisBusiness.com