



## *From the MAFP Presidents Pen -*

### Health Efficiency --- A New Rating Tool

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Over the past year I have reviewed how the US has performed in a number of areas to include longevity and infant mortality. Suffice to say, we have lagged behind most other industrial nations in these important parameters. Last month economists at Bloomberg.com published a different metric of quality care that takes into account life expectancy, health-care spending per capita and health care dollars as a share of domestic economic activity (GNP). (You can read full the report at [www.bloomberg.com/news](http://www.bloomberg.com/news) ). Unfortunately the US scored 50<sup>th</sup> of the 55 countries evaluated. Further behind the US scores were those for Jordan, Columbia, Azerbaijan, Brazil and Russia.

For those who wonder if the Affordable Care Act (aka Obamacare) may be responsible, the answer is no, since we have lagged near the bottom since this tool was created in 2012. The other side of this logical coin is that it will actually take more time to fully evaluate this recent health care reform because any improvements in longevity will take years. Closer analysis of the data shows that the US system tends to be more fragmented, less organized, and coordinated, and that leads to increased inefficiency. The frequency of duplicated tests when patients traverse the path between providers or hospital systems is highest in our system. And although there are many excellent health outcomes for some, for others in our more disadvantaged communities, these health benefits are less evenly distributed.

Another aspect of this analysis is the much higher cost for care in the US. From a variety of sources to include higher pharmaceutical costs, higher overhead for malpractice, higher overhead costs in for-profit systems, and the US health consumer is paying more per capita than most in the world but actually getting less. This summer we have seen scandals involving the CEO salaries of one company producing anti-cancer drugs, and another selling Epipens, yet we have federal laws and FDA policies that discourage benefit managers from negotiating for lower drug costs or purchasing safe generics used by millions of consumers in other countries. Even those consumers that have 'good insurance' have seen their out-of-pocket expenses steadily increase with higher premiums and higher deductibles.



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If I had received this report card earlier in my career, I probably would have been skeptical of its usefulness. Knowing how hard my fellow health care workers toiled, I could not imagine that nurses or doctors were somehow ‘better’ in Cuba, the Czech Republic or Norway. Now after 30+ years I understand that these are measurements of population health outcomes, not individual health-care provider performance. Just as we Americans this summer have been interested in how we stack up athletically with the world during the recent Olympics, Ryder Cup and the World Hockey Championship, it is natural for us to be disappointed with a low score in any field. But before you can make meaningful change in any system you need to make an honest critique of your own performance, so that you will know where to apply the best effort to improve. To continue the sports analogy, a decathlon challenger needs to know exactly how he stacks up against his competitors in a variety of events, so that he can train extra hard in the areas that would make the most difference in the overall score. He and his trainers would not do well to simply ignore the other athletes or criticize their systems, but should focus on making the adjustments necessary to win. In the same fashion, any team-sport (to include health-care) requires an open admission of areas of weakness so that new players or strategies can be employed to turn these liabilities into strengths.

So where do we go from here? It is important in this election year for us as citizens to know the facts and know our ‘stats’ when it comes to health-care performance. We need to be brutally honest about our short-comings so that we can support leaders and policies that would target the identified weaknesses. To improve health efficiency we need a three-pronged strategy:

- 1) Develop better systems of medical records that communicate effectively with all providers to allow more coordinated care, less duplication and less waste.
- 2) Distribute more evenly health benefits to the multiple communities that make up our society
- 3) Cut costs hard by paying for real performance and not being afraid to remove the excess profits for a few that stains the hard work done by the majority of health care workers.

It is up to all of us to support investment in changes that will address these real and measureable differences in health outcomes. At some point in our lives we will all be a statistic in the health efficiency equation, and who wouldn’t want our next contact with the healthcare system to be better than our last?