

THE AMERICAN HEALTH CARE PARADOX

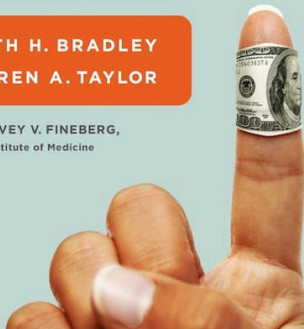
Friday, October 24th
Blue Cross Blue Shield
Foundation of Massachusetts

THE AMERICAN
HEALTHCARE
PARADOX

WHY SPENDING MORE
IS GETTING US LESS

ELIZABETH H. BRADLEY
AND LAUREN A. TAYLOR

Foreword by HARVEY V. FINEBERG,
President of the Institute of Medicine



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Co-Author, The American Health Care Paradox
Presidential Scholar, Harvard Divinity School

Outline for Today

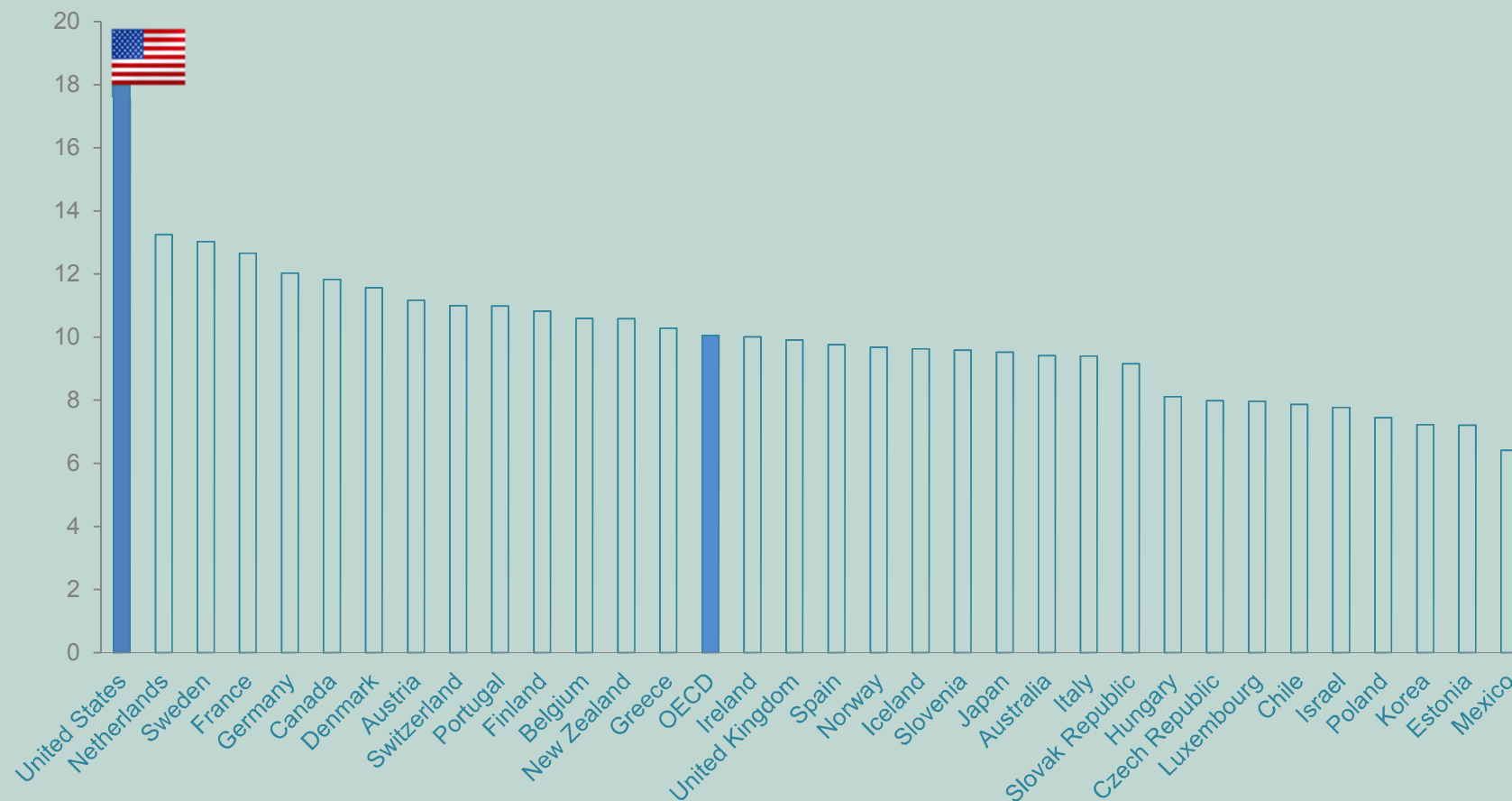
1. Define the US health care paradox
2. Present some data on international health spending patterns
3. Present some new data on domestic health spending patterns
4. Discuss challenges in financing *health*



*Then there's the problem of rising cost.
We spend one and a half times more per
person on health care than any other
country, but we aren't any healthier for it!*

President Obama
Joint Session of Congress
September 9, 2009

Health Expenditures as a % of GDP, 2009*



*Turkey is missing data for 2009

US HEALTH RANKINGS

Maternal Mortality

Rank: 25th among
OECD countries



Iran



#136



Hungary

Life Expectancy

Rank: 26th among
OECD countries



Finland



#42



Turks and
Caicos

Low Birth Weight

Rank: 28th among
OECD countries



Guam



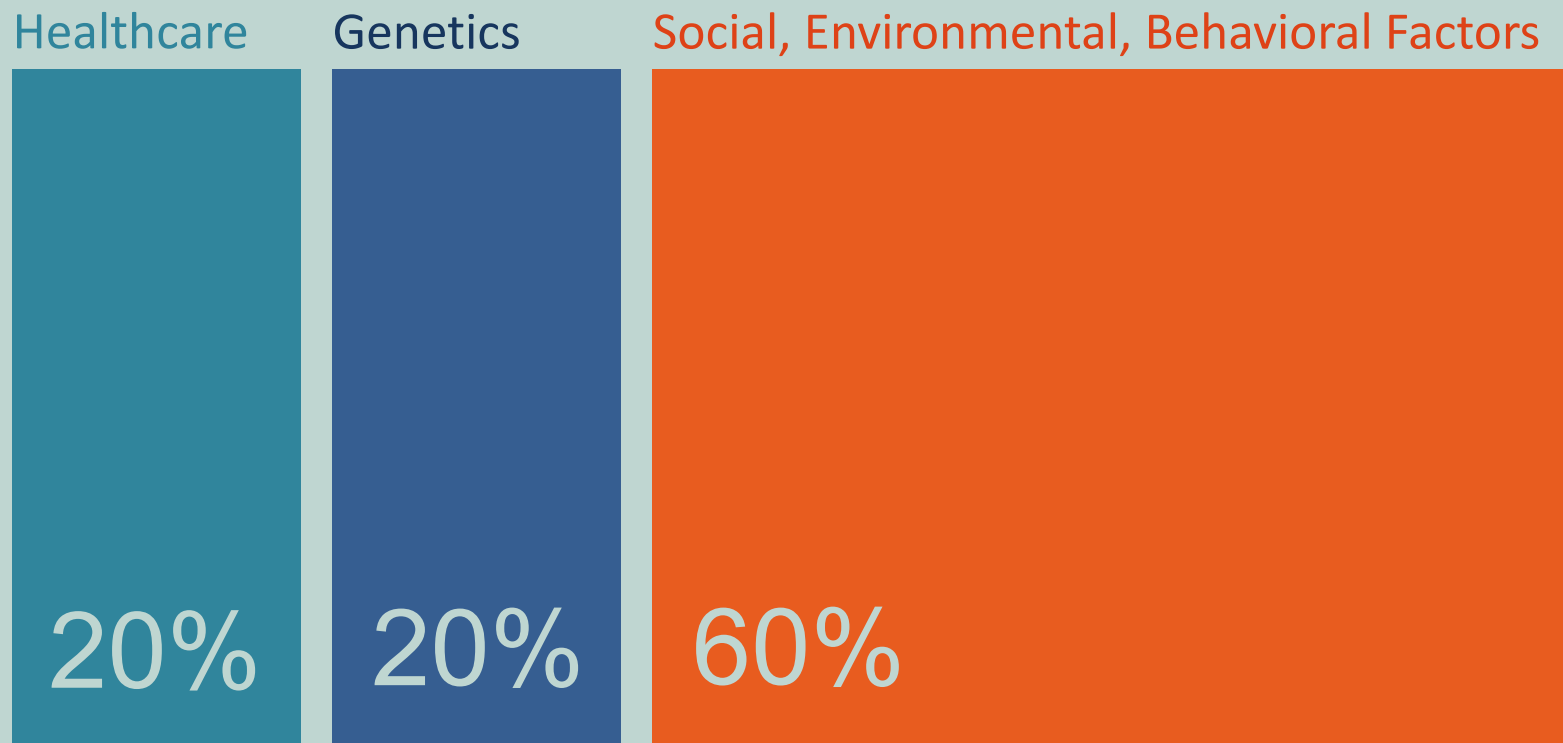
#169



Croatia

Particularly perplexing
when we imagine
HEALTHCARE = HEALTH

What Determines Health?



High cost conditions

Evidence suggests that social, behavioral and environmental factors are responsible for...

70% of colon cancer cases

70% of stroke cases

80% of heart disease cases

90% of adult-onset diabetes cases

Social Services



employment
programs



supportive
housing
& rent subsidies

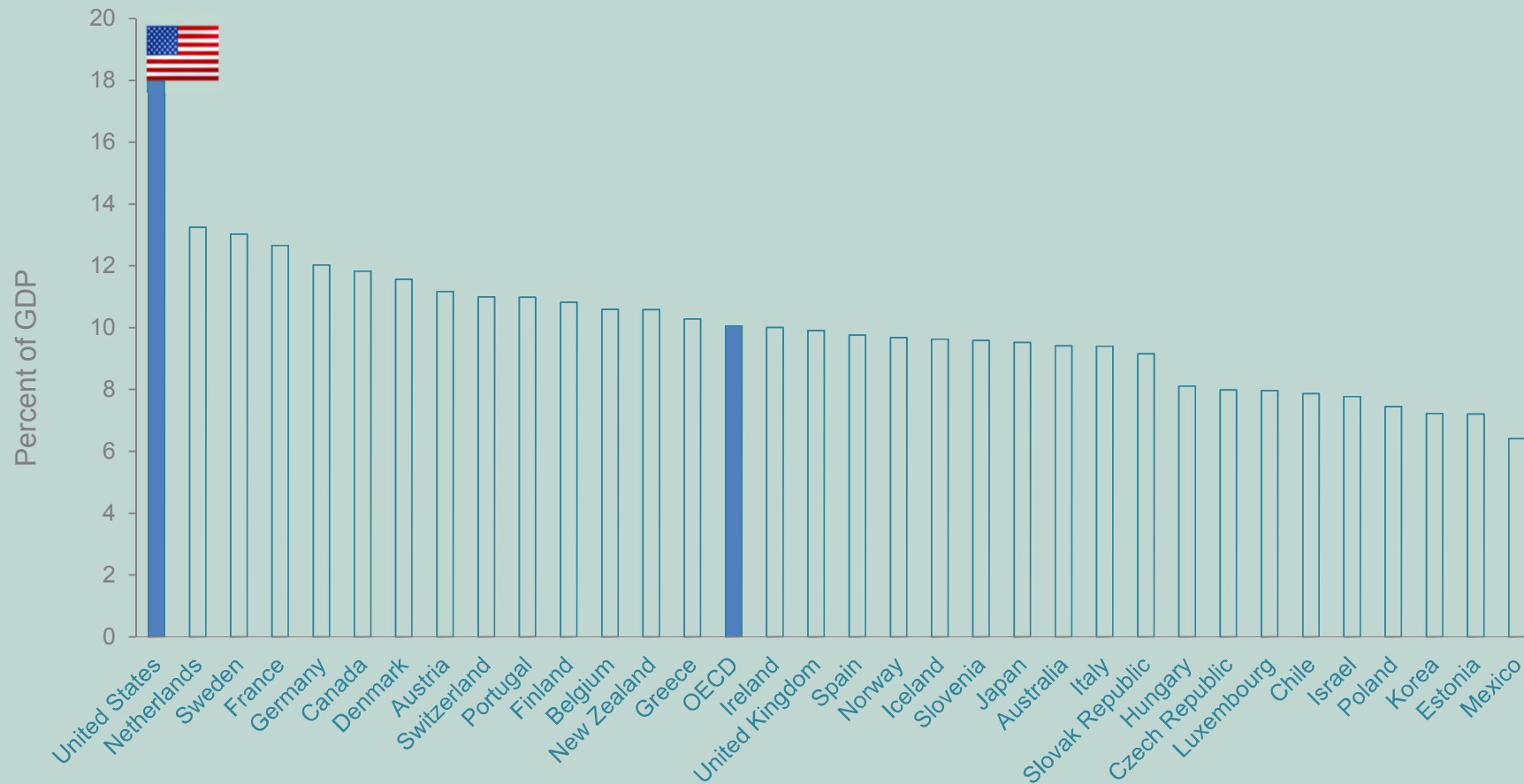


nutritional
support &
family
assistance



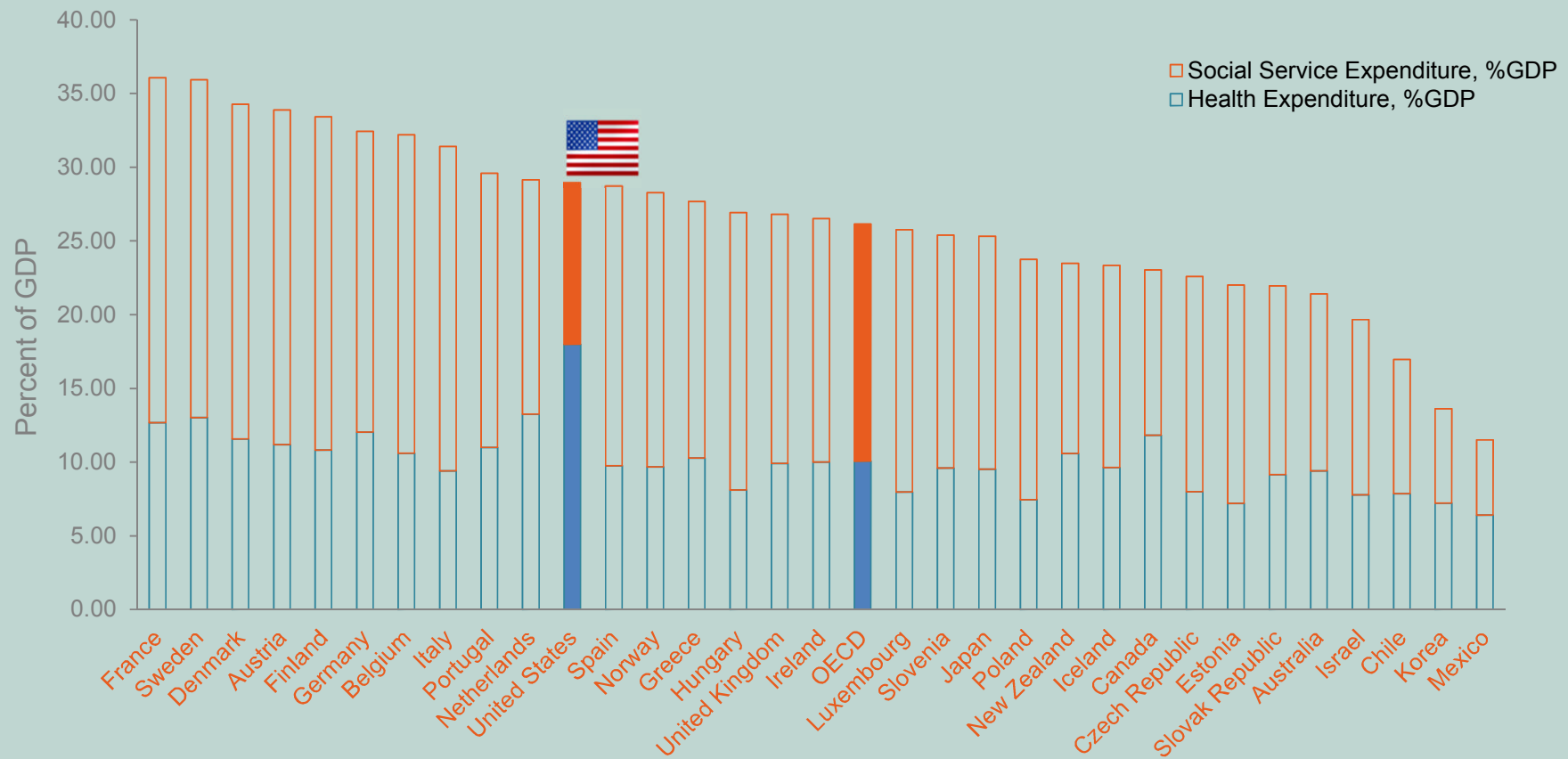
other social
services that
exclude
health
benefits

Health Expenditures as a % of GDP, 2009*



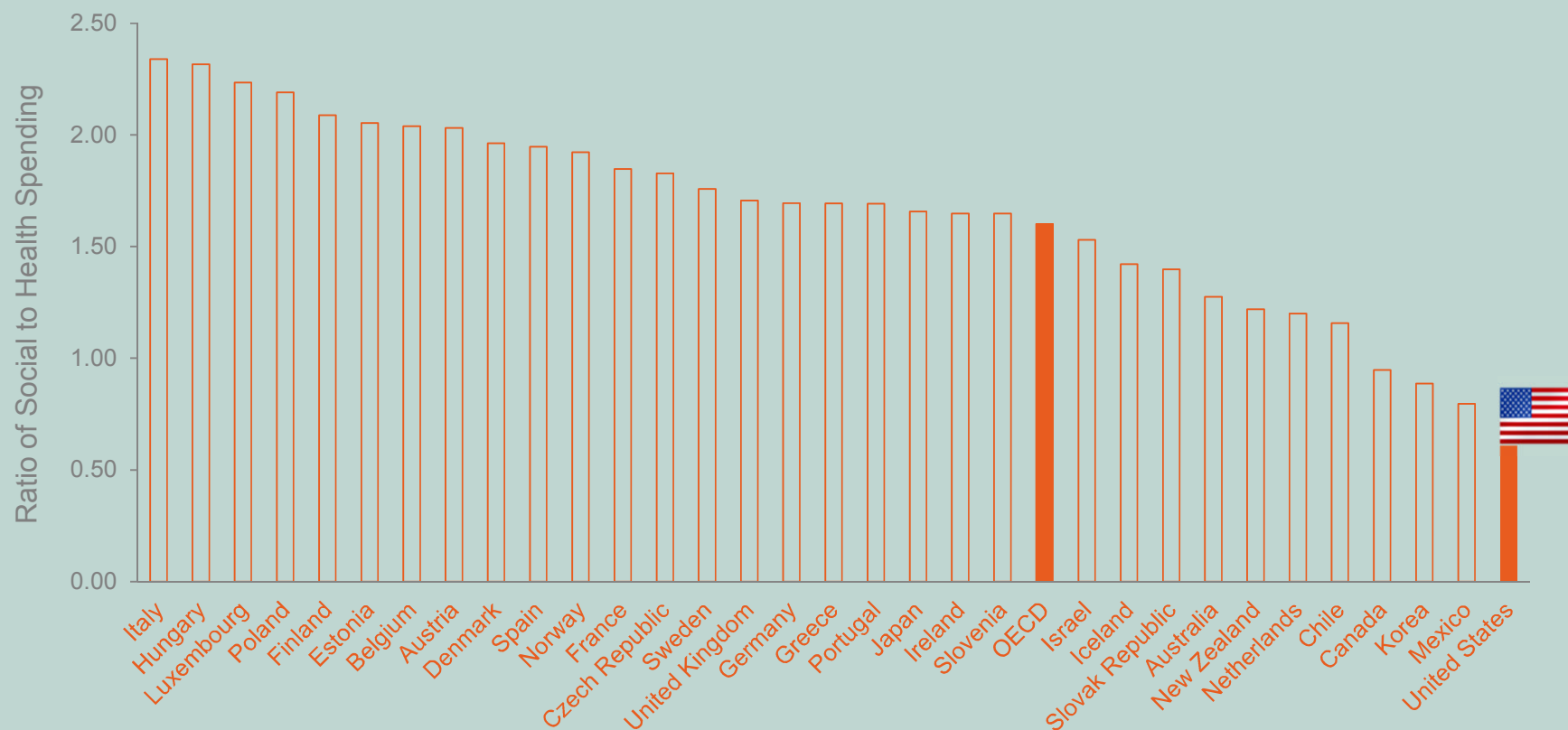
*Turkey is missing data for 2009 10

Total Expenditures as a % GDP, 2009*



*Switzerland and Turkey are missing data for 2009¹

Ratio of Social to Health Expenditures, 2009*



*Switzerland and Turkey are missing data for 2009 12

DOES IT MATTER?

METHOD: Multivariable regression using OECD pooled data from 1995-2007 on 29 countries and 5 health outcomes.

FINDING: The ratio of social to health spending was significantly associated with better health outcomes: less infant mortality, premature death, fewer low birth weight infants, and longer life expectancy.

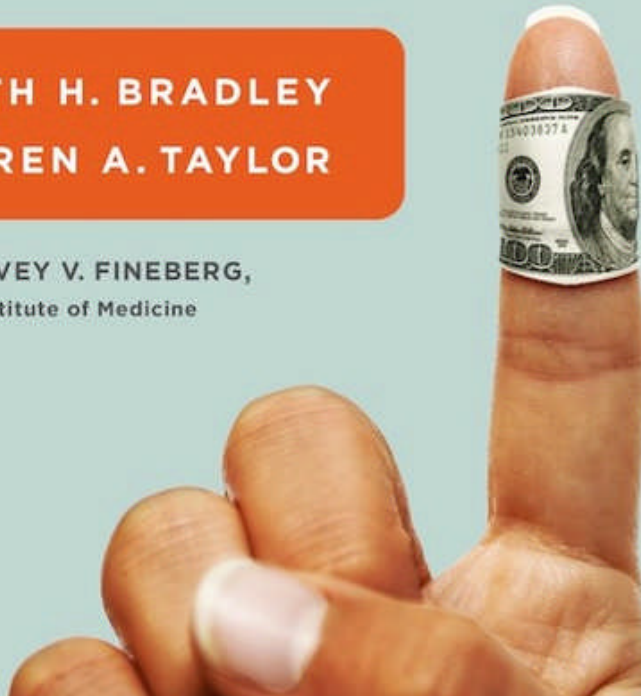
NOTE: This remained true even when the US was excluded from the analysis.

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Inadequate attention to and investment in services that address the broader determinants of health is the unnamed culprit behind why the United States spends so much on health care but continues to lag behind in health outcomes.

Can the same be said within US?

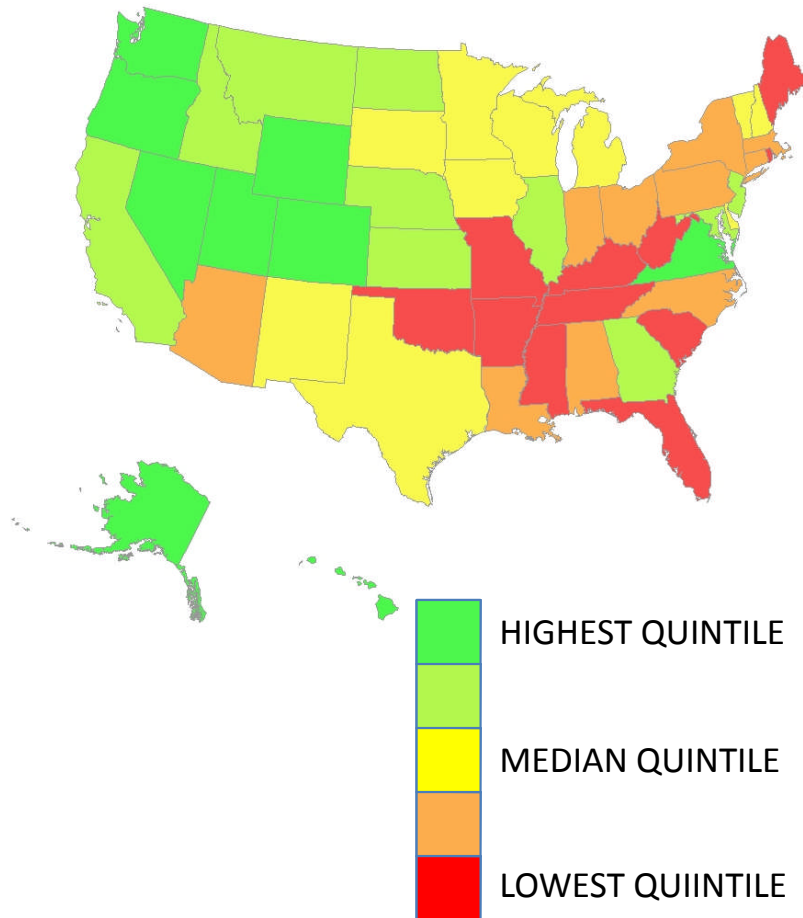
State spending in 2009	Mean %GSP	Range	MA
Health service spending	18.2%	13.0% - 26.6%	19.25%
Social service spending	11.0%	7.8% - 15.5%	12.86%

The map displays the following distribution of quintiles across the United States:

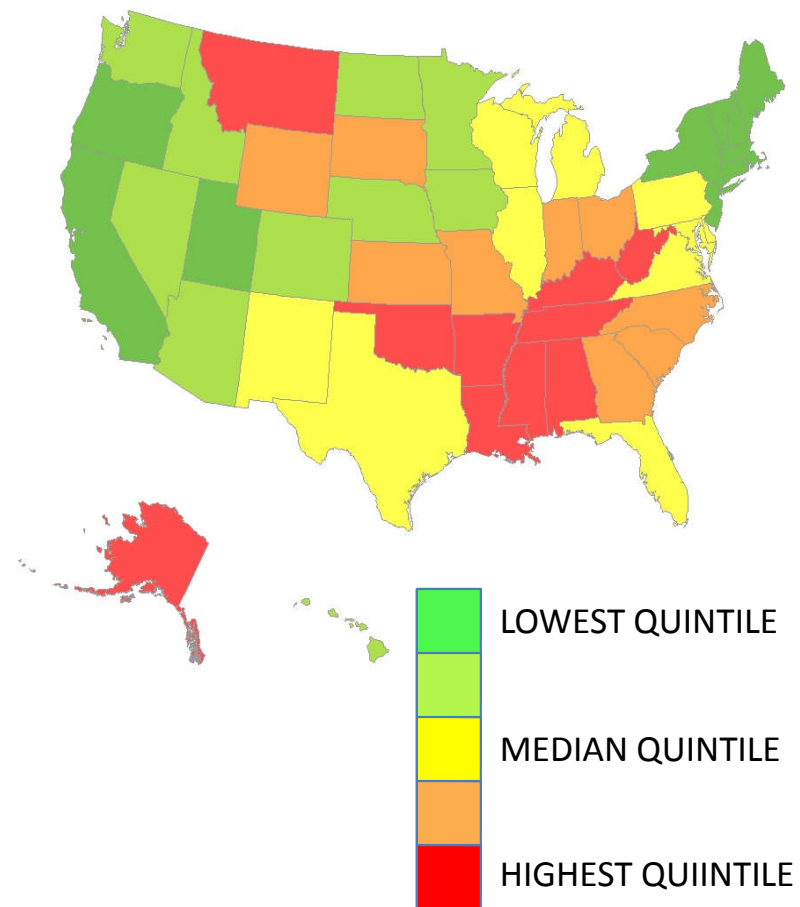
- HIGHEST QUINTILE (Green):** Includes states such as Washington, Oregon, California, Nevada, Idaho, Montana, Wyoming, Colorado, Utah, Arizona, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Indiana, Ohio, Pennsylvania, New Jersey, Delaware, Maryland, Delaware, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.
- MEDIAN QUINTILE (Yellow):** Includes states such as Montana, Wyoming, Colorado, Utah, Arizona, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Indiana, Ohio, Pennsylvania, New Jersey, Delaware, Maryland, Delaware, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.
- LOWEST QUINTILE (Red):** Includes states such as Montana, Wyoming, Colorado, Utah, Arizona, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Indiana, Ohio, Pennsylvania, New Jersey, Delaware, Maryland, Delaware, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.

*Medicare and Medicaid spending

Ratio social-to-health
spending



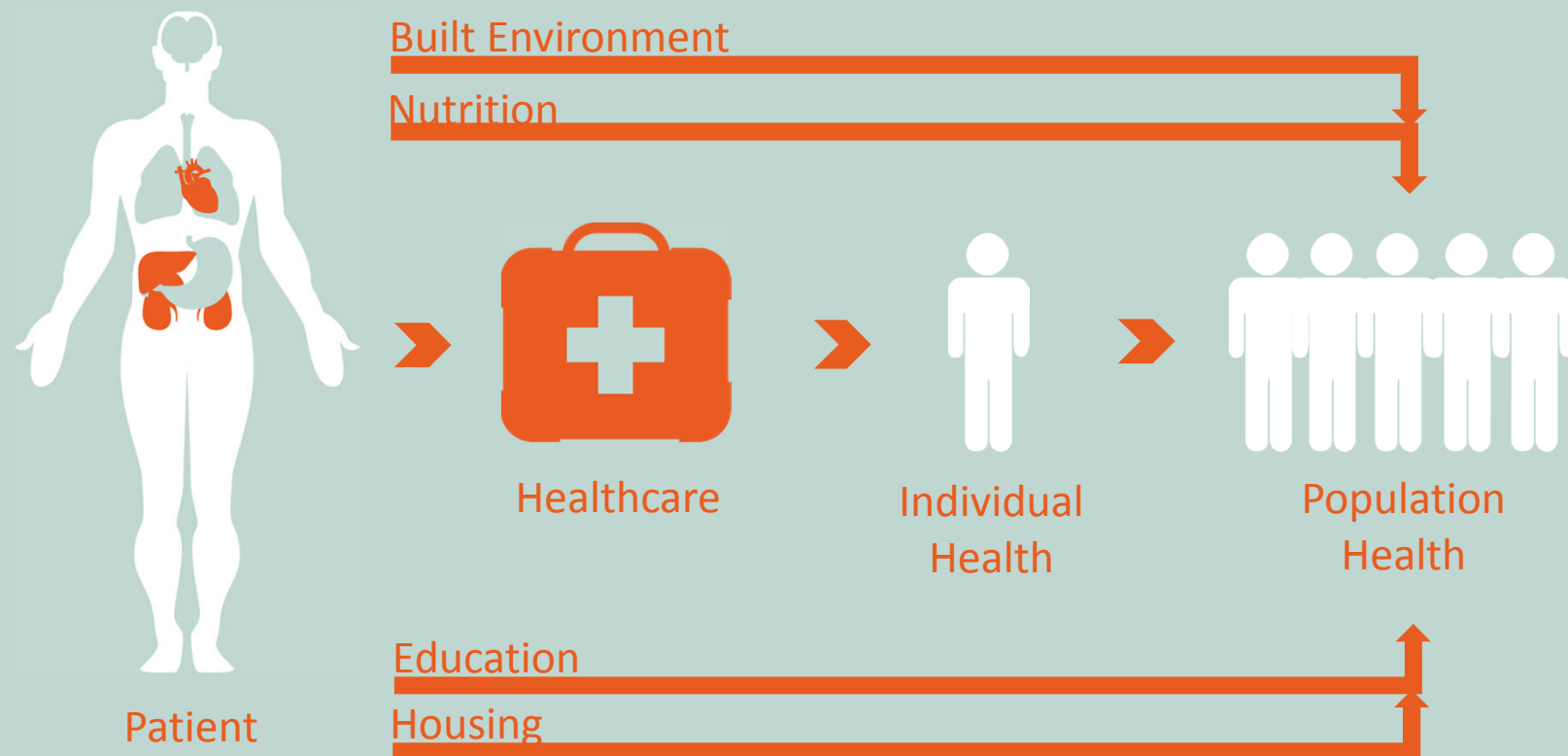
Post neonatal mortality rate
per 100,000 live births





Affordable Care Act (2010)

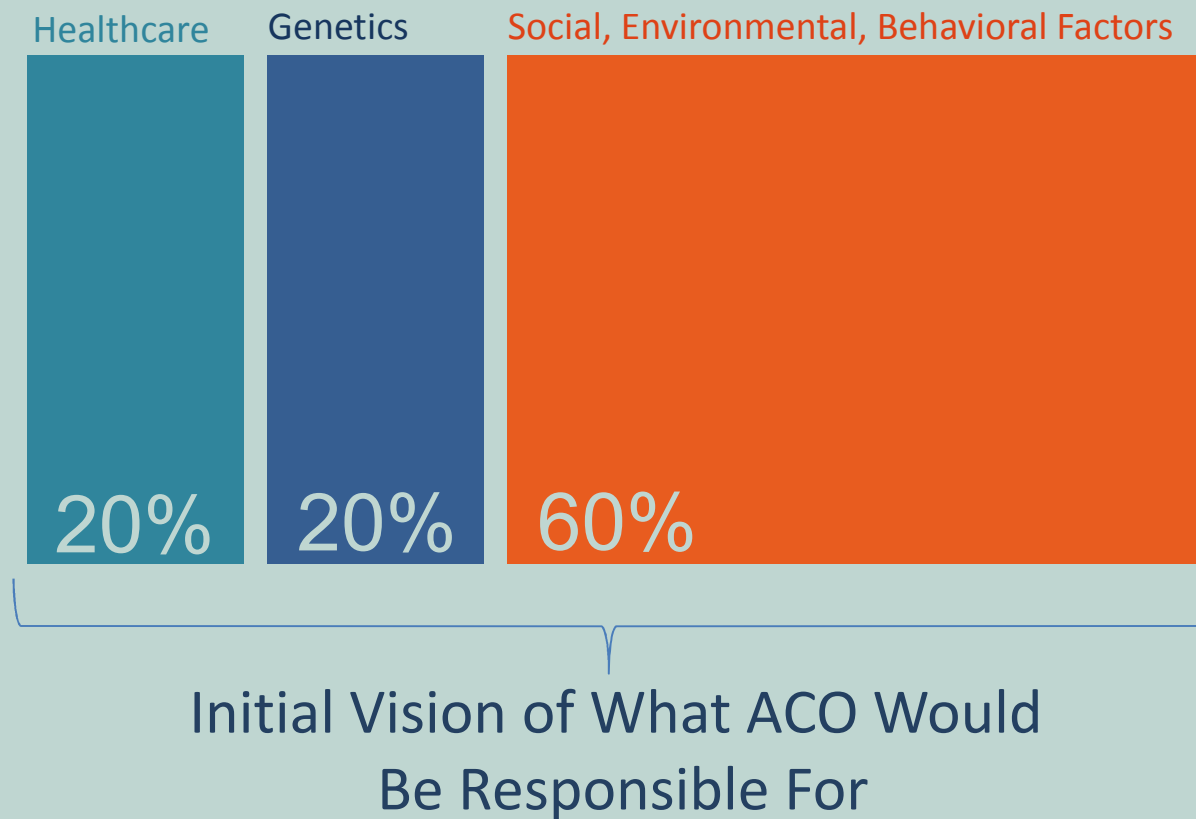
The Promise of Population Health



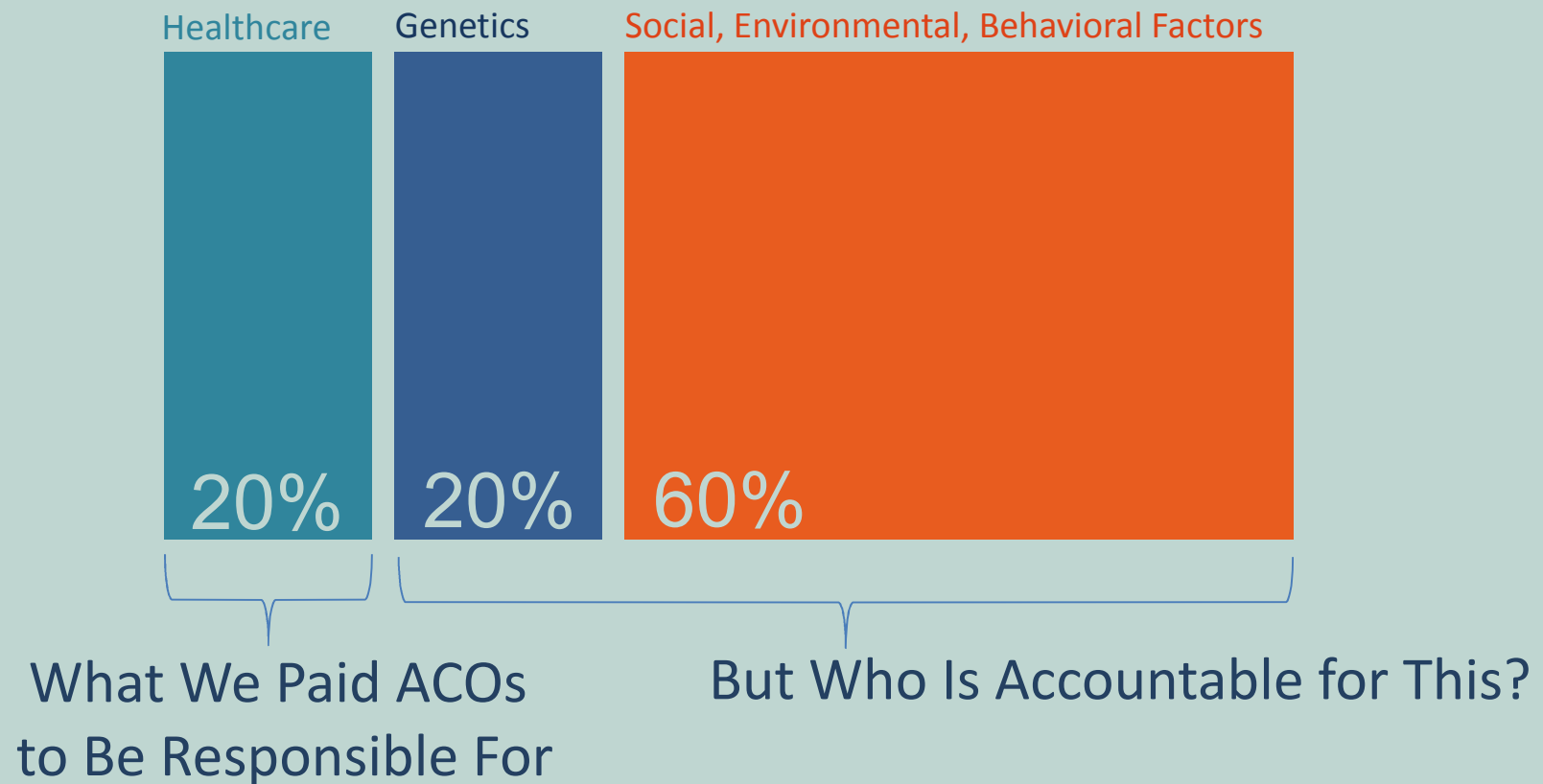
ACO Measures & Incentives

Getting Timely Care, Appts and Information \$	How Well Your Doctors Communicate \$	Patients Rating of Doctor \$	Access to Specialists \$			
Health Promotion and Education \$	Shared Decision Making \$	Risk Standardized, All Condition Readmissions \$	ASC Admissions, COPD or Asthma \$			
ASC Admissions, Heart Failure \$	Percent of PCPs who Qualified for EHR Incentive \$	Medication Reconciliation \$	Falls; Screening for Fall Risk \$			
Influenza Immunization \$	Pneumococcal Vaccination \$	Adult Weight Screening and Follow-up \$	Tobacco Use Assessment and Cessation \$	Depression Screening \$	Colorectal Cancer Screening \$	Mammog Screening \$
Proportion of Adults Who Had Blood Pressure Screened in Last 2 years \$	Homoglobin A1c Control \$	Low Density Lipoprotein \$	Blood Pressure \$	Tobacco Non-Use \$	Aspirin Use \$	Percent of Beneficiaries with diabetes whose HbA1c in poor control \$
Percent of beneficiaries whose BP < 140/90 \$	Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl \$	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic \$	Beta blocker therapy for LVSD \$	Drug therapy for lowering LOL Cholesterol \$	ACE Inhibitor for ARB Therapy for Patients with CAD and Diabetes \$	Health Status + Functional Status

What Happened to This Model?



What Happened to This Model?



Looking Forward

What do we mean by health?

Who needs to be at the table, on the board, in the meeting?

How are we going to *systematically* share resources to get the job done?

Thank you!