TRUE OR FALSE: Discussion Citations

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January 9, 2018

I. U.S. HEALTH CARE IS THE BEST IN THE WORLD
   a. Health care
      i. U.S. overall life expectancy ranks 43rd at 80.0 (worse than Taiwan) and infant mortality ranks 55th at 5.8/1,000 (worse than Bosnia): https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html
      ii. Those with more than 12 years of education -- more than a high school diploma -- can expect to live to 82; for those with 12 or fewer years of education, life expectancy is 75: http://www.washingtonpost.com/wp-dyn/content/article/2008/03/11/AR2008031100925.html
      iii. Nearly half of U.S. deaths can be prevented with lifestyle changes: http://time.com/84514/nearly-half-of-us-deaths-can-be-prevented-with-lifestyle-changes/
      iv. Determinants of life expectancy, via McGinnis: Behavioral patterns - 40 percent; genetic predispositions - 30 percent; social circumstances - 15 percent; environmental exposures - 5 percent; medical care - 10 percent: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.21.2.78
   b. Medical Care
      i. U.S. ranks last in OECD in mortality amenable to health [medical] care: http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf
      ii. U.S. performance is spotty: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.27.1.58
      iii. Rank 1 of 11, best in breast cancer 5 year survival, but worst in diabetes and ischemic heart disease: http://ec.europa.eu/eurostat/statistics-explained/index.php

II. AMERICAN HEALTH CARE IS THE MOST EXPENSIVE IN THE WORLD
   a. To calculate health care expenditures, we would need to include widespread social expenses, such as law enforcement to combat violent crime, a portion of prison costs as a deterrent to crime, the cost of city green space construction to permit jogging, a portion of the cost of after-school programs to help deter teen pregnancy, a portion of welfare payments to combat poverty, subsidized housing, and costs borne by children of the elderly who care for their parents at home, to name a few.
   b. National Health Care expenditures (NHE) are actually national *medical* expenditures. In 2016, US health care spending increased reached $3.3 trillion. Per capita spending on health care was $10,348: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1299
      i. This spending is 1.4x that of Switzerland and 1.9X OECD average, and 18.3 percent of GDP: https://www.statista.com/statistics/184968/us-health-expenditure-as-percent-of-gdp-since-1960/

c. We spend about $10 billion per year on the direct cost of malpractice litigation (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048809/table/T1/) -- including about $3.2 billion for actual health care reimbursement ("economic damages") and about $2.6 billion on "pain and suffering" – i.e. "noneconomic damages." About $2 billion pays for plaintiff legal expense and about $1 billion for defense legal expense and then another $1.2 billion on overhead. The $10 billion is 0.3 percent of our $3.3 trillion in expenditures on medical care. The cost of malpractice litigation is relatively easy to measure.
    i. It is difficult to assess exactly the cost of defensive medicine, but 5 to 8 percent of medical decisions primarily due to malpractice concerns seems a maximum: https://biotech.law.lsu.edu/policy/9405.pdf
    ii. Citing malpractice as the driving concern is clearly overstated in physician surveys, but "easy" to say - whereas although 71% believe "to make money" is an important driver, this is much more "difficult" to say. (http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181970#pone-0181970-t005)

III. AMERICA WASTES HALF OF ITS HEALTH CARE DOLLARS
a. From Former CMS Administrator Berwick: https://jamanetwork.com/journals/jama/article-abstract/1148376?redirect=true

ESTIMATES OF ANNUAL HEALTH CARE WASTE	
Failures of care delivery - safety	$128 billion
Failures of care coordination -readmissions	$35 billion
Overtreatment – ordering tests and procedures	$192 billion
Administrative complexity –inefficient billing procedures	$248 billion
Pricing failures – higher than the rest of the world	$131 billion
Fraud and abuse - overbilling	$177 billion
TOTAL	**$910 billion**

IV. MOST MEDICAL CARE DOLLARS ARE SPENT IN THE LAST 6 MONTHS OF LIFE
a. Of the total sum spend on health care in 2011, about 13 percent was devoted to care of individuals in their last year of life: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638261/
b. Spending on Medicare beneficiaries in their last year of life accounts for about 25 percent of total Medicare spending on beneficiaries: https://www.kff.org/medicare/issue-brief/medicare-spending-at-the-end-of-life/

V. PREVENTIVE CARE SAVES MONEY
a. Preventive care is good. We prevent disease so that we can live long, happy lives.
b. In February 2008, in a perspective in the *New England Journal of Medicine* entitled "Does Preventive Care Save Money? Health Economics and the Presidential Candidates," (http://www.nejm.org/doi/pdf/10.1056/NEJMp0708558) noted economist Milton Weinstein wrote, "Candidates have offered plans for controlling spiraling costs...These statements convey the message that substantial resources can be saved through

prevention. Although some preventive measures do save money, the vast majority [82% from our review] in the health economics literature do not."

c. We need to consider both the timing of prevention, and who saves the money. An example of cost savings, with some delay are programs for prevention of musculoskeletal injuries due to lifting patients.
    i. On average, a workers' compensation claim related to patient handling cost $15,600, and wage replacement accounted for the largest share of this cost ($12,000).
    ii. The Veterans Health Administration Patient Safety Center introduced safe patient handling programs using mechanical lifts, transfer sheets, or a dedicated "lift team."
    iii. The cost-benefit analysis showed a net savings of $200,000 per year, and the initial capital investment was recovered in approximately four years: https://www.osha.gov/Publications/OSHA3279.pdf.

d. Smoking.
    i. Cost to employers of smokers – the highest costs were related to missed or slowed work -- not medical care. The highest cost was for smoking breaks, estimated at 8-30 minutes per day, totaling $3077 per employee per year; this was followed by absenteeism (about 2 days per year) and "presenteeism" -- which is the lack of productivity due to smoking (https://ucanr.edu/sites/tobaccofree/files/175136.pdf)
    ii. The total for workplace expense is $4,056, about double any medical expense. In these instances, clearly, smoking prevention saves money -- some to the employer and some to the medical care system.

e. The study that causes one to re-think the idea of prevention saving money was reported in the *New England Journal of Medicine* by Baumgardner entitled, "Cigarette Taxes and the Federal Budget — Report from the CBO." http://www.nejm.org/doi/full/10.1056/NEJMp1210319#t=article.
    i. The author modeled the 30-year effects on the federal budget of an increase today in the federal cigarette excise tax of 50 cents per pack (inflation-adjusted forward). The current tax is $1.01. "The results of the CBO analysis indicate that by discouraging people from smoking, the higher excise tax would improve the average health status of the population."
    ii. Improvements in health would lead to higher income-tax and payroll-tax receipts from people who worked longer or were more productive at work. Incorporating the additional cigarette-tax receipts, which are large compared with the health-related budgetary effects, would lead to a net reduction in the primary deficit in every year through 2085. Yes, in the long run, smoking saves money.
    iii. Willard Gaylin put it best: "Preventive medicine drives up the ultimate cost of health care to society by enlarging the population of elderly. The child who would have died from tuberculosis will grow up to be a very expensive man or woman." (Segal, JZ, Health and the rhetoric of medicine. Carbondale, Il, Southern Illinois Press, 2008, p 126.).

VI. MAJOR CHANGES IN THE HEALTH CARE SYSTEM ARE IMPOSSIBLE

a. Goals
    i. For the people: Access to affordable, adequate health care
    ii. For practitioners: Pay based on quality, and less hassles
    iii. For the U.S. health care system: improve cost, quality and life expectancy.
b. Sanders' "Medicare For All" bill proposes the Canadian model, not the UK model.
    i. The reality is that in the U.S., a country where residents value capitalism and competition (and where politicians pay attention to the powerful insurance lobby), the idea of eliminating private insurance is a nonstarter.
    ii. Americans, for the most part, don't have an appetite for banning businesses that try to compete with the government.