

First, heal thyself

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Current health policy debates could not be any more toxic or polarized. On key indices of basic access and health outcomes, though, most would agree that ours is an over-priced, under-performing health care system.

By the end of the decade, health spending will top 20 percent of GDP or nearly \$15,000 for every man, woman and child in the US – outlays that will crowd out resources for education and other worthy government programs and continue to erode the wages of American workers.

While the pace of health spending has slowed recently, this trend is largely a result of the recession and the increasingly common strategy of employers and insurers to shift more of the costs of care on consumers in the form of higher co-payments and deductibles. As the economy improves and millions of Americans gain coverage over the next couple of years, the need to bring US health care costs into a sustainable range for both public and private payers will return with added urgency.

One enormous opportunity for reigning in health spending is simply eliminating waste in health care. The Centers for Medicare and Medicaid Services estimates that 20 to 40 percent of all US health care spending is pure waste due to lack of care coordination, failures of care delivery, excessive administrative complexity and costs, inflated health care prices, and outright fraud and abuse.

Another major source of waste is overtreatment, or subjecting patients to medical interventions that, according to sound science and many patients' own wishes, cannot possibly help them and, in some cases, actually results in harm. CMS estimates that unnecessary and unproven treatments generate between \$158 billion and \$226 billion in wasteful spending each year.

Examples of overtreatment are legion: physician overuse of costly diagnostic imaging like MRIs and CAT scans, excessive use of antibiotics, the overdiagnosis and related overtreatment of breast and prostate cancers, and the tens of billions spent annually on unwanted and ultimately futile intensive care at the end of life for patients who prefer hospice and home care.

One promising effort to identify and tame wasteful spending is the physician-led Choosing Wisely campaign ([www.choosingwisely.org](http://www.choosingwisely.org)) which encourages physicians, patients and other

health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances may cause harm.

To spark these conversations, over fifty leading medical specialty societies have created straightforward, and easy-to-read lists of “Things Physicians and Patients Should Question” – evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patients’ individual situation.

Choosing Wisely and other efforts to reign in overtreatment and wasteful spending will undoubtedly encounter resistance from some quarters of the medical community – after all, the cost of one person’s “overtreatment” typically finds its way into another person’s paycheck. Still, former CMS Administrator, Donald Berwick argues “reducing waste is by far the largest, most humane, and smartest opportunity for evolving an affordable health care system.”

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