

The Fly in the Ointment: Health Care Costs

Fran Miller

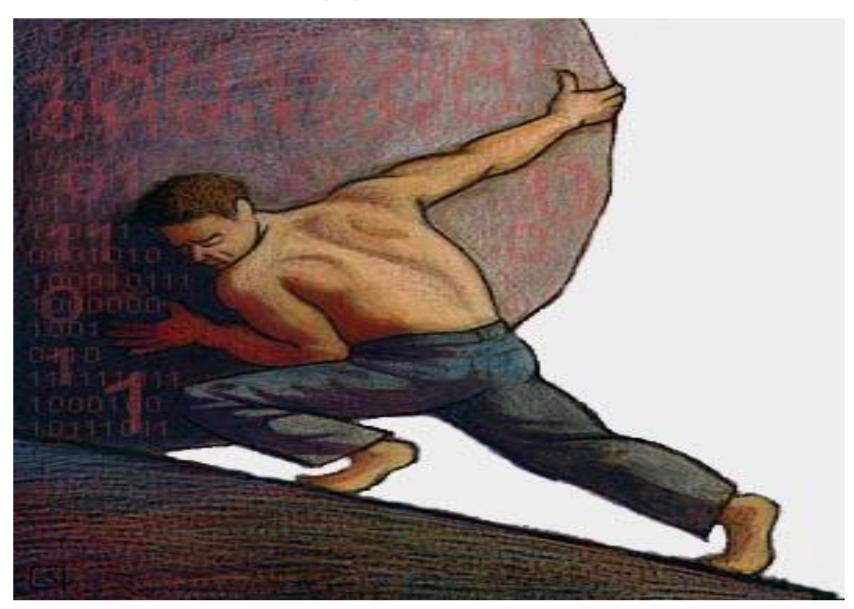
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"The path to fiscal responsibility must run directly through health care."

Peter Orszag, OMB Dir., @ White House Fiscal Resp. Summit

New York Times February 23, 2009

A Sisyphean Task



Basic Facts Review

US spent 17.9% of GDP on health care in 2017
– 1 out of every \$6 spent in the country

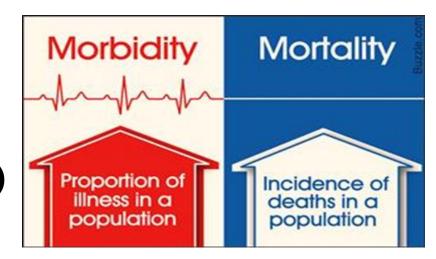
• \$3.3 *trillion*





Basic Facts Review (cont.)

- But US Morbidity & Mortality far worse than other countries
 - US Life expectancy now lowest (78.8 yrs)
 - Infant, neonatal & maternal mortality now <u>highest</u> among 11 wealthy nations*



And health care costs far higher in US



*JAMA. Mar. 13, 2018

Basic Facts Review (cont.)

 12.2% of US population uninsured in 2018



 99 – 100% of population in other wealthy countries insured



This Can't Go On



Edwina, we can't go on forever propping each other up like this.

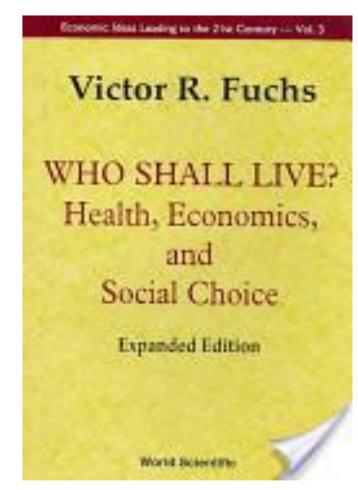
Victor Fuchs on Health Spending:

• "If we solve our health care spending problems, practically

all our fiscal problems go away."

• And if we don't?

 "Then almost nothing else we do will solve our fiscal problems."



- Victor Fuchs, Stanford Health Economist, NYTimes, March 5, '12

So What Is Our Problem?



Is It Lack of Health Insurance for 12.2% of the Population?

 That does contribute to costs when the uninsured end up in expensive ERs (& we pay for them anyway)



But not disproportionately
 (Main impact is to depress indices of morbidity & mortality) 10

Is it Overutilization?



"Ask your doctor if taking a pill to solve all your problems is right for you."

Is it Overutilization? (cont.)

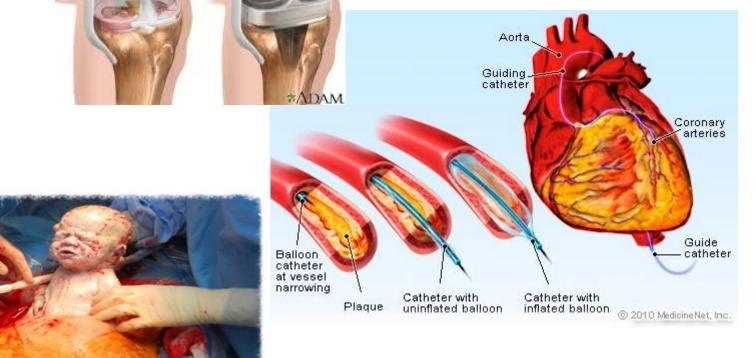
Before

Not so much,* except for:

Total knee replacements

Angioplasty, &

C-sections



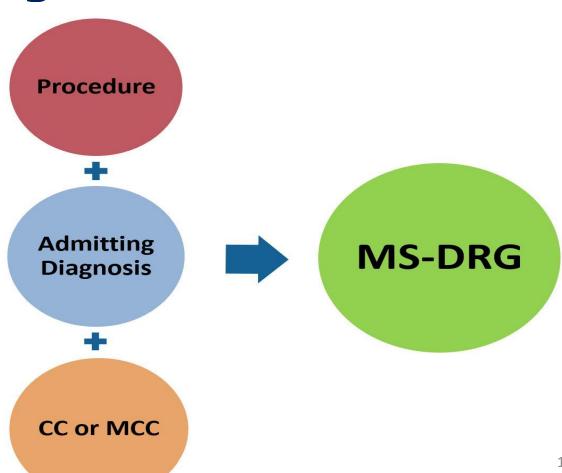
After

10 slides: JAMA, 3/13/18

Is it Overutilization? (cont.)

 US Hospital length of stay and specialist use = well below mean LOS of 11 highest-income countries

(Thank you DRGs!)



Is It Structural Capacity?

Nope

of Hospital beds



of Specialist physicians, &



of Nurses



Not markedly different from other 10 high-income countries

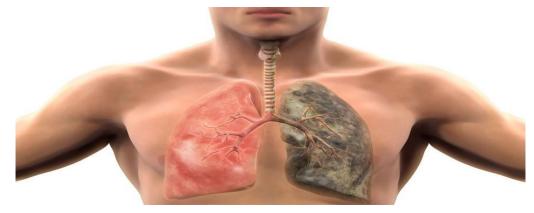
Is It Demographics?

US has highest % of overweight

adults (70%!)



But 2d lowest % of non smokers (11.4%)



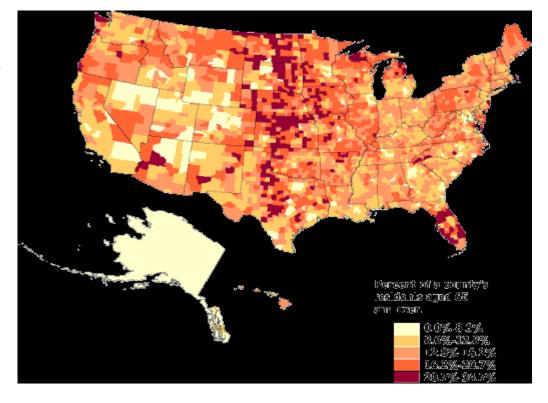
Health issue costs for these 2 groups tended to cancel one another out.

& obese

Is It Demographics? (cont.)

U.S. has *lowest* population % older than 65 (15.5 v 11 wealthy country mean of 18.2)

 And the *highest* poverty rate (24% living below the poverty line)



But these also tend to cancel each other out

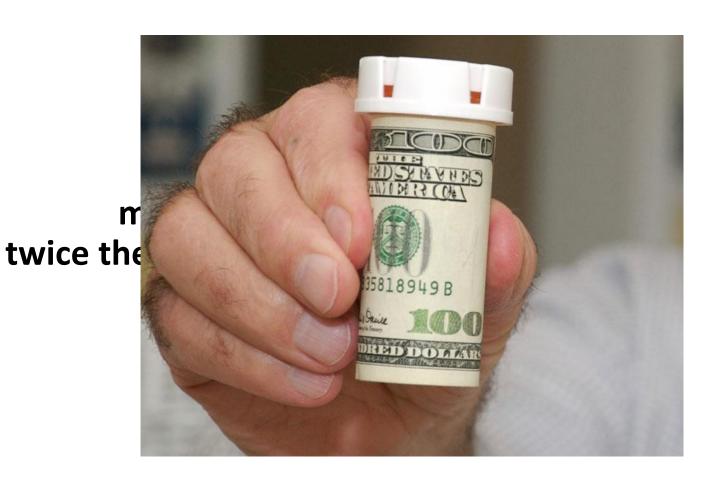


Is It Pharmaceutical Costs?

That's a piece of it

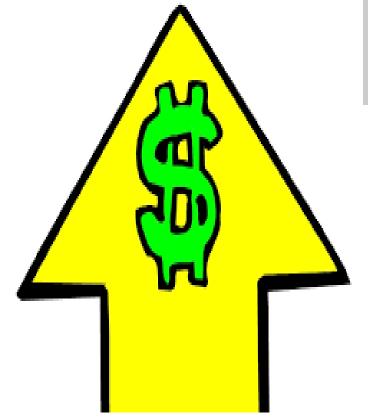
US has highest pharmaceutical (\$1443, 50%

• Notwithstanding 84% generic the US!



But The Main Culprits?

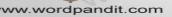
High Prices,



CULPRIT

The bad apple in the lot!
The one who does the misdeed,
who commits the crime!







& High Administrative Costs

Re High Prices:

US health professionals' compensation:

 Mean generalist MD compensation = \$218 K, almost double 11-country mean

Nurse compensation also higher
 (\$74 K v. \$42-\$65 K in other 10 countries)



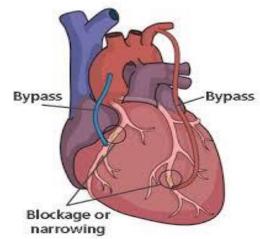
Re High Prices (cont.):

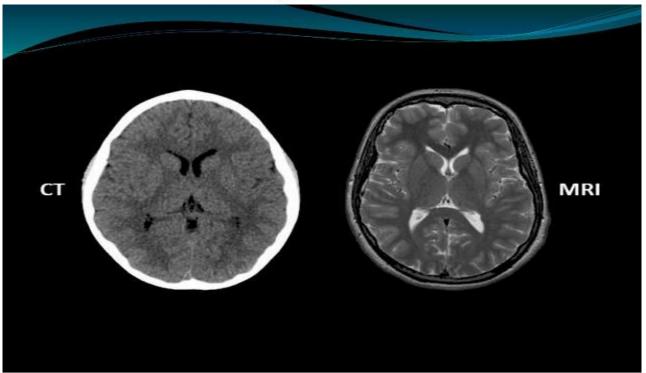
 Markedly higher US prices for non-physician services & procedures:

CABG surgery - \$75,345 in US v
 \$15,742 in the Netherlands



MRI Scans - \$1145 in US v
 \$350 in Australia





Re (Very) High Administrative Costs:

US: 8% of GDP spent on health care adm. & governance



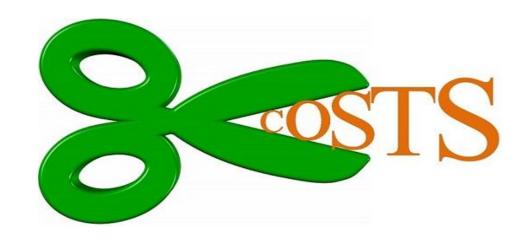
nbelievable

Mean GDP of all 11 rich countries spent on adm. &

governance = 3% GDP

Implications?

 Traditional cost containment efforts haven't had much impact thus far*



 It may take more drastic measures to bring US health care spending under control



*Tho DRGs have constrained hospital utilization

So What Can We Do About It?



Well, Here Are Some Payment Methodologies — What Do You Think?

- Fee for service payment for each service rendered
- Capitation lump sum for total patient care
- Bundled payments provider capitation for episodes of care
- More skin in the game for patients higher co-pays & deductibles
- Provider financial bonuses for meeting utilization and/or quality benchmarks
- Provider financial penalties for missing benchmarks

Or Maybe This Is the Answer



"What if we don't change at all and something magical just happens?"

Tune in Monday for the Final Word

