

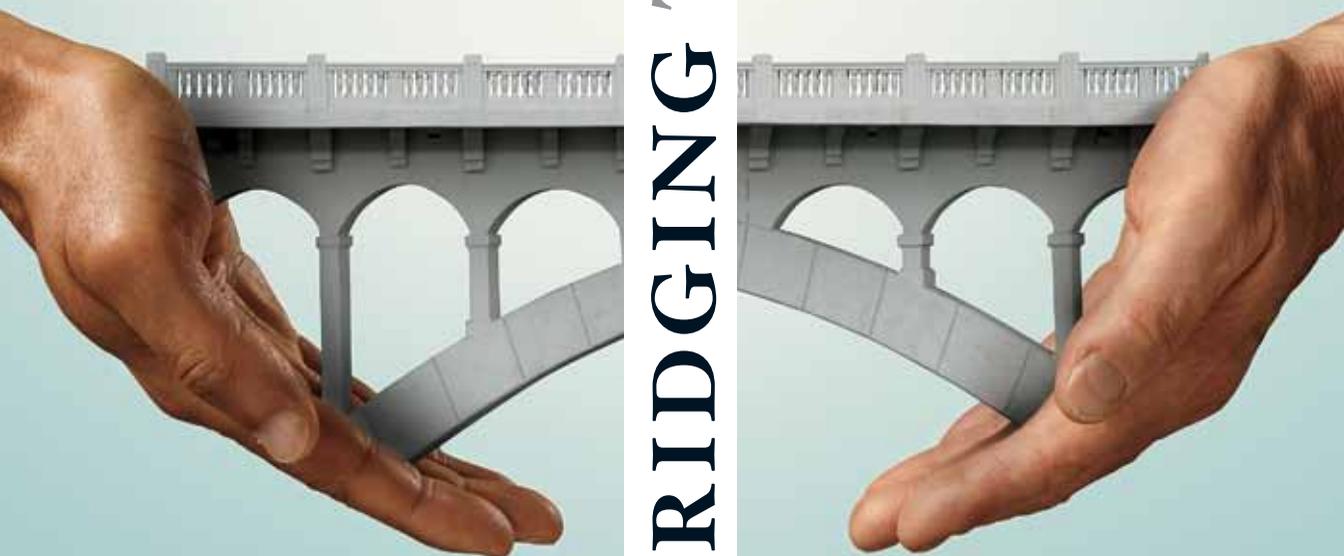


BRIDGING THE DIVIDE

Health insurance CEOs are caught in a tug of war between companies whose employees want affordable care and healthcare providers that desire a decent return on their services. Yet many answers can be found in Europe, South America and Canada — and even the United States.

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around the world, countries are struggling to provide quality healthcare to their citizens. While each of these efforts is unique to its nation, there are common issues shared by all of them. At the heart of these is the issue of affordability. New technologies and the inexorable growth of aging populations make these issues even more difficult by increasing both the cost and the need for this care. What follows is a discussion about some of the elements and principles around which future health systems need to be structured.



All of these have contributed to the complexity of the healthcare system and make it difficult for providers, not to mention patients, to navigate.

While these system issues are responsible for the gaps in quality, other forces are the major drivers of costs. The three major factors driving the unsustainable trends in healthcare costs are aging populations, resultant increases in chronic diseases such as diabetes, cardiovascular conditions and cancers, and the proliferation of new technology.

In addition, it is clear that compensation methods for providers are a major enabler — if not an absolute driver — of current cost trends.

to deliver more effective healthcare. Such programs work because much chronic disease stems from individual decisions about behaviors — diet, exercise, smoking, and seeking proven effective preventive services such as cancer screenings.

THE ALIGNING FORCES FOR QUALITY INITIATIVE HELPS PROVIDERS, INDIVIDUALS AND COMMUNITIES WORK TOGETHER TO DELIVER MORE EFFECTIVE HEALTHCARE.

COMMON ISSUES

Causes of poor care include lack of universal coverage and/or inadequate capacity of the healthcare system, creating uneven access to care, and gaps in quality from the underuse, overuse or misuse of care or services.

Rising costs leave an increasing number of people without coverage and/or access to care, and often restrict the services they are allowed access to.

Numerous studies support the fact that underuse of effective services is a huge problem. Indeed, people who would benefit from services — be they preventive in nature (such as screening for colon cancer) or helpful in controlling the symptoms or progression of a chronic disease — receive those services only half as often as they should. Similarly, with respect to overuse, many studies have shown that 30% to 50% of services offer no value to the individual receiving them. In fact,

in some of these cases the individual is more likely to suffer harm than benefit. While there is less information to support the incidence of misuse, this dimension of poor quality also contributes significantly to the challenge of providing quality care.

These gaps in quality can be linked to specific problems within the healthcare system. They include (in no specific order of importance):

- Flawed payment methodologies
- Information gaps relative to patients' health needs in planning and at the point of service
- A lack of or diffuse accountability for results
- Fragmentation of the care delivery system, with poor coordination or communication between caregivers
- Little experience in collaborating between organizations

SOLUTIONS

MANAGING CHRONIC DISEASE

While nothing can be done about the aging of populations, we can certainly do a far better job of preventing or managing chronic diseases.

There is great promise in care redesign via patient-centered medical homes (PCMH) or advanced primary care models (which I will discuss later). That said, the most promising results in fostering improved health behaviors in individuals are coming from efforts such as the Robert Wood Johnson Foundation's Aligning Forces for Quality (AF4Q) initiative, which helps providers, individuals and communities in the United States redefine their roles and responsibilities and work together

One example: In 1994 Brazil launched the Family Health Program, which is now the world's largest community-based primary healthcare program. Under this program, teams of at least one physician, one nurse, a medical assistant, and four to six trained community health agents deliver most services at community-based clinics. They also make regular home visits and conduct neighborhood health promotion activities. Between 1999 and 2007, hospitalizations in Brazil for ambulatory-care-sensitive chronic diseases, including cardiovascular disease, stroke and asthma, fell at a rate almost twice that of hospitalizations for all other causes. In municipalities with high Family Health Program enrollment, chronic disease hospitalization rates were 13% lower than in municipalities with low enrollment, when other factors were held constant.



Brazilian municipalities with high enrollment in a community-based primary healthcare program saw chronic disease hospitalization rates that were 13% lower than those of municipalities with low enrollment

