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Editorial: A welcome strategy for health care fixes

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Reams of reports over the years have prescribed fixes needed for an ailing American health care system. And somewhere, many are gathering dust. Despite good intentions and the critical need for reform, these documents too often have generated discussion instead of action. Meanwhile, skyrocketing health care costs continue to jeopardize American industry's competitiveness, an underappreciated fact in the Detroit carmakers bailout debate. And the Medicare program for seniors swallows an ever-increasing share of the federal budget.

Report fatigue may be one reason why a groundbreaking health care report released this week by the National Priorities Partnership -- a panel of 28 health care heavyweights convened by the National Quality Forum -- didn't generate enough headlines nationally. That's unfortunate. This report is likely to have a real impact because of the clarity and timing of its call to action. As the economy tanks and the Obama administration sorts out its agenda, the report's message for health care officials, insurers and providers is simple: Don't wait for the government to act. Instead, it puts the onus on system stakeholders to get to work now, identifying six priorities for improving health care and making it more affordable. In doing so, it provides a unique collective agenda that ultimately will provide a solid foundation for whatever action the government takes.

Among the report's highlights: Patients must be made partners in care, safety must be improved, care should be better coordinated and outcomes must be tracked to reduce disparities among ethnic groups. More terminally ill patients need access to end-of-life programs, which emphasize comfort and family during final days instead of aggressive interventions. The conclusions aren't especially new, but the clout of the organizations backing them will galvanize action, said Dr. Reed Tuckson, UnitedHealth Group executive vice president and chief of medical affairs.

One fresh angle of the report is its welcome emphasis on identifying and reducing unnecessary health care costs. It did so in a pioneering way, seeking input from physicians themselves, the players in the system who really have the ability to reduce wasteful practices. About 30 percent of health care spending is on treatments of little value, according to Janet Corrigan, CEO and president of the National Quality Forum. This year, two examples put a national spotlight on this issue: controversy over Vytorin, the spendy new heart drug that wasn't any better than the older alternative, and a New York Times story highlighting growing concerns about the cost and potential harm of CT scans in diagnosing heart disease. The taxpayers who finance Medicare bore the brunt of unnecessary costs for both. The billions spent on all treatments of little value could be more wisely used to keep premiums manageable, cover the uninsured and bring Medicare finances closer to sustainability.

HealthPartners' Medical Director George Isham, who represented health insurers on the panel, acknowledged that there's still work to be done. This report was aimed at the industry, he said. Now, health care leaders need to communicate these critical strategies to those they serve -- health care consumers. That's another tough challenge, but patients' buy-in may be the most critical factor of all in ensuring real progress is made.

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