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## Group offers fixes for health care system

By **CHEN MAY YEE**, Star Tribune

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**Do you really need a C-section? Should you try physical therapy for that sore back before demanding an MRI?**

The United States could cut billions of dollars from its health care bill -- and improve the quality of medical care -- by cutting the unnecessary use of these and other procedures, a high-powered national coalition said Monday.

The group of 28 national organizations, which ranges from the AFL-CIO to Consumer Reports and the Centers of Disease Control and Prevention, said the country doesn't need to wait for Congress or the Obama administration to enact reform. Health insurers, they said, can cut unnecessary care by changing what they will reimburse. Hospitals can reduce serious errors such as surgery on the wrong limb and hospital infections. Medical groups can start educating patients on what's appropriate care.

"We're not waiting," said George Isham, medical director of Bloomington-based HealthPartners, who represented health insurers in what's being called the National Priorities Partnership.

"This is as much a challenge to each other as to the government."

Isham knows, because Minnesota has been ahead of the nation in some of these efforts.

For example, the state's insurers have clamped down on unnecessary diagnostic imaging. Last year, several Minnesota insurers began requiring doctors to notify them before ordering high-tech scans, although they stopped short of requiring authorization. Even so, HealthPartners found that the number of scans fell to 97,000, from 104,000 the year before. That translated to savings of \$6.6 million, or 10 percent of HealthPartners' total imaging bill.

Still, Minnesota could do a lot more to cut down on over-use of care, particularly at the end of life, Isham said.

### Changing incentives

But there are also things that only the federal government can make possible -- for example, a national county-by-county health index to form a baseline and measure progress over the years. The federal government also has control over the purse strings at Medicare, and can offer incentives for reducing unnecessary care that would have

national impact. Hence the timing of the report on the cusp of the new administration.

The National Priorities Partnership is the broadest effort to improve health care quality since the publication in 1999 of the Institute of Medicine's "To Err is Human: Building a Safer Health System." That seminal report concluded that between 44,000 and 98,000 Americans die from preventable medical errors in hospitals every year. It prompted a flurry of soul-searching within hospitals and clinics around the country.

But nationally, "we've not really had a coherent, forward-leaning agenda," Isham said. Until now.

Much of today's urgency comes from the fact that medical care is becoming too expensive for many Americans. The United States now spends 16 percent of gross domestic product each year on health care --far more than other advanced nations --with costs increasing about seven percent a year.

Altogether, the report lists more than two dozen instances where tests and procedures are overused, such as chemotherapy when the patient is dying and genetic testing for breast and ovarian cancer in women with low risks.

Significantly, doctors and hospitals are on board in this latest initiative, even though they are the ones likeliest to lose revenue. The American Medical Association's think-tank, the Physician Consortium for Performance Improvement, and the Hospital Quality Alliance are among the 28 organizations in the partnership.

"The promise of our health care system is to provide all Americans with access to health care that is safe, effective and affordable," the panel said. "But our system as it is today is not delivering on that promise."

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