

Why These National Priorities and Goals for Healthcare Reform?

JUST THE FACTS

- The United States spends more per capita on healthcare than any other industrialized country. Yet our results on many important indicators of quality, such as preventable deaths and timely access to primary care, fall significantly below those of similar nations.¹
- Healthcare spending accounts for 16 percent of the Gross Domestic Product and is increasing at an average annual rate of approximately 7 percent.²
- One in seven Americans lacks health insurance,³ and an estimated 57 million American families are struggling to pay their medical bills (43 million of whom have insurance).⁴
- Racial and ethnic minorities, and those in low-income groups, face disproportionately higher rates of disease, disability, and mortality.⁵ African Americans have higher death rates from heart disease, diabetes, AIDS, and cancer,⁶ and American Indians and Alaskan Natives have lower life expectancies and higher rates of infant mortality.⁷

The National Priorities

Patient and Family Engagement—to provide patient-centered, effective care

- Studies have shown that shared decisionmaking can reduce the number of patients opting for more invasive surgical procedures by 21 to 44 percent without adversely impacting health outcomes.⁸ One study of arthritis patients found that only 15 percent of those identified as possible candidates for knee surgery actually wanted the surgery—a far greater number were attracted to more conservative treatment options.⁹
- Asthma patients who receive self-management education and regular follow-up with a healthcare professional have reported a reduction in hospitalizations and emergency department visits and fewer work days lost.¹⁰

Population Health —to bring greater focus on wellness and prevention

- Sixty percent of American deaths are attributable to behavioral factors, social circumstances, and physical environmental exposures.¹¹
- By immunizing 90 percent of adults over age 50 against influenza annually, approximately 12,000 additional lives could be saved each year.¹²
- On average, Americans only receive 50 percent of recommended preventive care.¹³

Safety—to improve reliability and eliminate errors wherever and whenever possible

- Approximately 1.7 million healthcare-associated infections occur annually in U.S. hospitals and are responsible for nearly 99,000 deaths.¹⁴
- Preventable errors have been estimated to cost the United States \$17-\$29 billion per year in healthcare expenses, lost worker productivity, lost income, and disability.¹⁵

Care Coordination—to provide patient-centered, high-value care

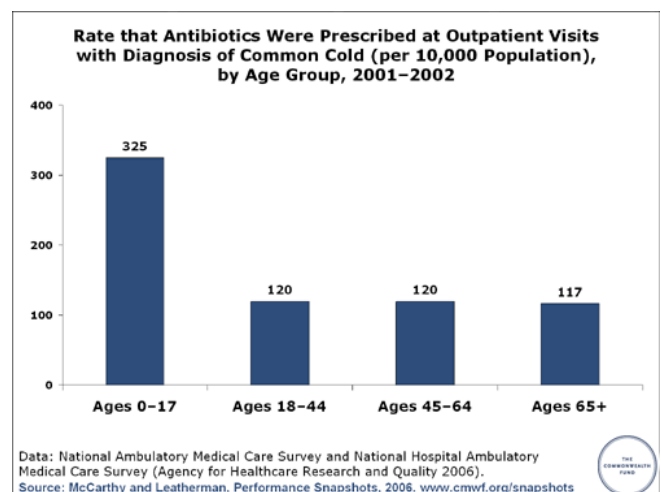
- At least \$15 billion in Medicare spending is wasted each year treating patients who are discharged and, because of poor care coordination, suffer an adverse event and must be readmitted.¹⁶
- Nearly one in five patients discharged from the hospital to home experience an adverse event within three weeks, and two-thirds of them are due to adverse drug events.¹⁷
- Following a four-year trial with a group of elderly patients hospitalized with heart failure, the Transitional Care Model cut hospitalization costs by more than \$500,000, compared with a group receiving standard care, for an average savings of approximately \$5,000 per Medicare patient and a 37% reduction in total costs over a one-year period.¹⁸

Palliative and End-of-Life Care—to guarantee appropriate and compassionate care for patients with advanced illnesses

- Approximately 25 percent of Medicare’s expenses are paid for patients in their last year of life, and these expenses will continue to rise as we face an aging population.¹⁹
- In 2000, the vast majority of patients receiving hospice services were white (82 percent), 8 percent were identified as African American, and 8 percent were Hispanic, indicating a clear disparity.²⁰

Overuse—to remove waste and achieve effective, affordable care

- An estimated 30 to 40 cents of every dollar we spend on healthcare (estimated \$600-\$700 billion) is spent on unnecessary and even unsafe care.²¹
- Inappropriate use of antibiotics contributes to the emergence of antibiotic-resistant bacteria, making all of us more susceptible to infections and leaving us with fewer options to combat them.²² Such antibiotic use also put patients at unnecessary risk for adverse drug reactions, yet many patients, particularly children, are still inappropriately prescribed antibiotics for the common cold.²³



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- ¹ The Commonwealth Fund, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008*, New York: Commonwealth Fund; 2006. Available at www.cmwf.org/usr_doc/Commission_whynotthebest_951.pdf. Last accessed October 2008.
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- ⁶ Centers for Disease Control and Prevention (CDC), *Health, United States, 2007*. Available at www.cdc.gov/nchs/data/hus/07.pdf#042. Last accessed October 2008.
- ⁷ Indian Health Service (IHS), *Facts on Indian Health Disparities*. Available at <http://info.ihs.gov/files/disparitiesfacts-Jan2006.pdf>. Last accessed October 2008.
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- ¹³ The Commonwealth Fund, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008*, New York: Commonwealth Fund; 2006. Available at www.cmwf.org/usr_doc/Commission_whynotthebest_951.pdf. Last accessed October 2008.
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- ¹⁵ IOM, *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academy Press; 1999.
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- ¹⁸ Naylor MD, Broton DA, Campbell RL, et al., Transitional care of older adults with heart failure: a randomized, control trial, *J Am Geriatr Soc*, 2004;52(5):675-684.
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