

Making Irrational Health Care Rational

The irony is almost too much to bear. Medicine's wondrous technological advances and innumerable successes have produced so much good, yet these same advances are placing unsustainable demands on health care — so much so that our current delivery system is already failing in many ways as we enter this new millennium.

In the last 20 years in Massachusetts, we have closed a third of our hospitals and half of our hospital beds. We have a shortage of nurses and physicians in many specialties, further compromising access. At the same time, our system has become more centralized and specialized, which necessitates providing more care in more expensive settings.

In short, our system is operating at capacity and is barely making it today, and in the next 20 years, as our baby boomers hit the years of health care consumption, using increasingly expensive technology and drugs, the demands on our system will increase as never before.

The evidence is growing that our current health care system will be unable to meet the demands of tomorrow without making radical changes. We must work rapidly to reinvent our health care system to meet the needs of the new millennium, and make it more equitable, efficient, timely, patient-centered, effective, and safe — a vision created by the Institute of Medicine and supported by the Massachusetts Medical Society. Here is where we can start:

To make it more equitable, we must provide basic universal coverage for all. The uninsured most of them employed — and the engines of our economy — live sicker and die younger because they don't have adequate access to routine and preventive health care. Further, the delayed care they receive is frequently more expensive and prolonged than appropriate early interventions.

To make it efficient and affordable, we must all commit ourselves to eliminating overuse, underuse, and misuse of our resources. To this end, we must all, as patients, pursue healthy lifestyles, avoid risky behaviors, and have realistic expectations of the health care system. Clinicians must use resources effectively, following evidence-based guidelines to provide consistent, high quality, cost-effective care. Legislators and policy-makers must work continuously to reduce administrative costs, avoid over-regulation, and make policy decisions

that are driven by patients' best interests, not special interests. Further, we must accept death as part of life, not as an enemy to be avoided at all costs. We must utilize advance directives and embrace open communication to avoid spending our resources on futile care.

To make it safer, we must create a culture of safety at every health care enterprise. We must encourage open communication among providers, and implement effective systems to prevent injury. We must also address our current, dysfunctional professional liability system, which is toxic to patient safety and drives unaffordable defensive medicine.

To make it more effective and patient-centered, we must implement fully interoperable electronic health records. Such technology will put all pertinent clinical information at the fingertips of clinicians every time they interact with the patient by whatever means. This allows for the best-informed, safest, and most efficient decisions to be made each time. Integration of new technologies will permit more home-centered and team-based care.

In order to support our common health, we must support our public health infrastructure. We must restore public and private funding for education, screening, immunization, and treatment, which are cost effective and help identify and prevent or control serious illnesses before they spread. Further, we must have a disaster response plan for the many new and reemerging threats to our public health and safety — both natural and man-made, focusing immediately on statewide flu pandemic planning.

To advance this transformation, we need bold leadership, a commitment to change, and a clear vision. It will require a deft balance between purely market-based approaches, which respond only to what is profitable; and purely centralized approaches, which are slow and stifle innovation. We will know we are striking the right balance and making progress to a more rational health care system when we move closer to health care that is equitable, efficient, timely, patient-centered, effective, and safe.

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