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Newsmagazine

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If the disease does not kill you, the cure will

By H.J. Levinson



Stop The Presses: News Flash

The entire health care delivery system seemingly is in need of a fix. Every party is claiming a solution, irrespective of the political party or cost. Our health care system faces many challenges in the future. Escalating costs, lifestyle-related chronic disease, adverse events related to hospitalization, pharmaceutical dependence and the rising numbers of the uninsured have to be addressed.

The Bad News

In its 2003 report, "State of Health Care Quality," the National Council for Quality Assurance (NCQA) noted some unsettling statistics. The study estimated that there are 57,500 avoidable deaths each year due to the failure to deliver recommended care, such as beta-blockers for heart attack patients, the failure to perform screenings, cholesterol, diabetes and hypertension management, pre-natal smoking cessation.

The study estimated that more than \$1.6 billion is spent for hospital costs due to heart attacks and strokes that could be avoided if early interventions were taken.

In its 2005 "Guidance on Public Reporting of Healthcare-Associated Infections," the Healthcare Infection Control Practices Advisory Committee stated that in hospitals alone, health care associated infections account for an estimated 2 million infections, 90,000 deaths and \$4.5 billion in excess health care costs annually.

In a February 2007 report, the Association for Professionals in Infection Control and Epidemiology Inc. (APIC) reported that health care-associated infections (those occurring in hospitals) cost between \$5 billion and \$6 billion annually and result in almost 100,000 deaths in the United States. APIC also reported that the Pennsylvania Healthcare Containment Council found that in the first nine months of 2005, it was estimated that health care-associated infections added 227,000 extra hospital days for patients in Pennsylvania. Missouri publishes comparison data on hospital and ambulatory surgical center infection rates. This data can be found at the Missouri Department of Health and Senior Services Web site (dhss.mo.gov/HAI/).

Health Grades Inc. (healthgrades.com) is a health care rating organization that provides ratings and profiles of hospitals, nursing homes and physicians. Millions of consumers and many of the nation's largest employers, health plans and hospitals rely on Health Grades' independent ratings to assist in making health care decisions based on quality of care.

Its annual study, reported on Jan. 29, 2007, found that patients treated at top-rated hospitals nationwide were one-third less likely to die on average than those admitted to all other hospitals. Patients who underwent surgery at those high-performing hospitals had an average of 5 percent lower risk of complications during their hospital stay.

The study also found that 158,264 lives may have been saved and 12,410 major complications avoided during the three years studied (2003, 2004 and 2005) had the quality of care at all hospitals matched the level of those in the top 5 percent.

Follow The Money

Health spending continues to increase much faster than the overall economy, for example, the gross domestic

(GDP). As a share of the economy, health care has risen from 7.2 percent of the GDP in 1965 to more than 16 percent of the GDP today.

In a 2006 study, the Henry J. Kaiser Foundation projected that in 2016, health care spending would be 20 percent of the GDP. According to a Center for Medicare and Medicaid Services (CMS) actuarial report, health spending is projected to almost double between 2005 and 2016, reaching more than \$4 trillion a year by 2016. That is not \$12,782 per person. For you math majors, that is a little more than \$1,000 per month.

To further exacerbate drain on personal checking accounts, many employers are folding under the weight of rising increases in health insurance premiums. Employers are passing on a greater share of the cost to workers and are deciding to drop coverage altogether. A recent survey released by the consulting firm Mercer found that 61 percent of businesses with 10 to 199 employees offered health benefits in 2007, which was down from 69 percent in 2001.

Being uninsured does not go without its own cost in flesh and blood. Earlier this year, the Washington, D.C.-based organization Families USA, The Voice for Health Care Consumers, reported some startling statistics concerning this issue. Families USA estimated that between 2000 and 2006, nearly 2,800 Missourians between the ages of 18 and 64 died as a result of having no health insurance.

Across the United States in 2006, twice as many people died from the lack of health insurance as died from heart disease.

Why does being uninsured lead to a higher mortality rate?

Uninsured Americans are up to four times less likely to have a regular source of care than the insured. They do not get without screenings or preventative care and thus are more likely to be diagnosed with a disease in an advanced stage. Uninsured women are substantially more likely to be diagnosed with advanced-stage breast cancer than women with private insurance. The uninsured will frequently delay seeking medical care when needed.

In a 2004 article in "Health Affairs," it was reported that the near-elderly, those between the ages of 55 and 64, are at a much greater risk of premature death than those with private health insurance, resulting in uninsurance being the third leading cause of death for the near-elderly, following heart disease and cancer.

If employers do offer health insurance benefits, more are offering health reimbursement or health savings accounts in place of, or in addition to, the standard benefit. Health reimbursement and savings accounts intend to make you more responsible for our health care spending. In many cases, the money funded in these accounts is partially or totally yours or has a relatively low limit before we are in our own pocket for health care. If it is your money rather than the insurance company that is paying the doctor, hospital or pharmacy, will you spend it wisely? Will you make choices that keep you healthier so you do not have to spend your money on health care?

Recently, a Gallup-Healthways Well-Being Index poll was conducted and found that most Americans are struggling to achieve satisfactory health and well-being. The 100,000-person survey reported factors that contributed to the lack of health and well-being, including difficulty in making positive health decisions about modifiable health behavior such as diet, exercise and stress management. Of those surveyed, 46,000 were full-time workers who indicated a poor workplace environment also was a contributing factor. Of those full-time workers surveyed, 40 percent were overweight, 25 percent were obese and two-thirds reported one or more chronic diseases or recurring conditions.

In other words, we know we make unhealthy choices.

We do not eat right, we do not exercise, we are too fat and we do not effectively manage our stress. Our poor choices put us in the position of having to take medications with all the risks and side effects. Our poor choices result in hospitalization and the complications that can occur from a stay in the hospital. Our poor choices contribute to the rising cost of health care required to manage our chronic health conditions, such as obesity, heart disease and diabetes. Our poor choices will empty our wallet.

Clearly this is a simplification. Genetics, environment, biopsychosocial issues and luck play a role in our health. I think you get the point.

Some Good News - Finally

There is a change occurring in the health insurance industry. Insurers such as United Healthcare, Aetna and Wellpoint Inc. all are moving in the direction of disease prevention, or a "wellness" model. These large companies are using their resources to assist their members in getting and staying well. WellPoint, parent company to 14 states of Blue Cross of Michigan insuring approximately 34 million lives, has initiated several wellness-type programs.

An online wellness program, called 3600 Health, is part of a strategy to address preventative care, care coordination and chronic disease management.

and the development of an electronic medical record system. The online tools of 3600 Health allow interaction between the member and provider to create a personal health record available to both with appropriate authorization. It includes wellness/lifestyle programs and discounts on health-related products and alternative medicine therapies. Many insurers are developing programs like these to promote a transparency in health care. These programs eventually will provide the insured member with detailed information about their condition and will assist the patient in making an informed choice about their doctor, hospital, care and procedures.

The large insurers and, to a certain extent, some health care providers, have been ramping up their efforts to control the costs and morbidities associated with the chronic conditions that drive health care costs upward. Many insurers have established programs to manage patients with heart disease and diabetes, to assist patients in stopping smoking, to lose weight, lower high cholesterol and blood sugar, and undergo age- and risk-dependent screening for breast, colon and cervical cancers.

Some physicians have begun practicing "boutique" medicine in which the physician will limit the number of patients in their practice. They are able to spend more time and more effectively manage their patient's health conditions, hopefully guiding them toward wellness. Of course, this comes at a price of approximately \$1,000 to \$1,500 per person in addition to whatever insurance covers.

And it seems that traditional medical care no longer has majority control of health care. The traditional model of treating health with the disease model - waiting until you get sick and then responding to the illness with risky medication or surgery - is losing its appeal. A survey was administered to more than 31,000 U.S. adults as part of the Centers for Disease Control and Prevention's (CDC) 2002 National Health Interview Survey (NHIS). The survey found that approximately 36 percent of the population receives some form of Complementary and Alternative Medicine (CAM).

CAM consists of a group of diverse medical and health care systems, practices and products that are not currently considered to be part of conventional medicine provided by medical doctors or doctors of osteopathy and by allied health professionals, such as physical therapists, psychologists and registered nurses.

Many people, not satisfied with their current traditional health care provider, are choosing CAM physicians and practitioners such as chiropractors, acupuncturists, homeopaths, naturopaths, massage therapists, herbalists and energy field medicine therapists to manage or co-manage their health.

The good news is that it looks as if some doctors and insurance organizations are slowly changing paradigms toward a wellness model. The wellness model operates under the simplistic theory that it is better (and cheaper) to keep you well and keep you from developing a disease than to have to get you well.

This new model requires that we take a larger role in our own health. No one is going to do it for you. You only come around once, so you may as well do it well.

(EDITOR'S NOTE: Levinson has been in the healthcare industry for more than 30 years in various capacities.)

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