

## NEW PERSPECTIVES

## Inconvenient Truths Challenge Our Profession and Professionalism

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The eminent Stanford economist Victor Fuchs recently posited that historians may someday look back at the period from 1950 to 2009 as the “golden era of US medicine.”<sup>1</sup> Those years bore witness to remarkable growth of the American health care enterprise from 4% to 17% of our national economy. At least a portion of our expanded life expectancy, particularly at the extremes of age—prematurity, childhood infectious disease, and frailty among the elderly—can be attributed directly to the tremendous societal investment in biomedical research, health care infrastructure, graduate medical education, and technologic achievements. Physician supply and specialization have expanded enormously, and most citizens have access to arguably the finest advanced critical care in the world. Furthermore, we appear to be on the cusp of “personalized medicine,” as the human genome project begins to bear applicable fruit.

If the ultimate goal of this investment, however, is to have a healthy and productive citizenry, capable of participating in a vibrant and balanced economy—protecting the elderly and disabled—and leaving a legacy of robust fiscal strength, ecologic stability, and infrastructure to a well and well-educated next generation...alas, Houston, we have a problem! With no apology to Al Gore, let’s review some inconvenient truths that place these goals in jeopardy.

This will be my list....I will own it. It will not include everything learned during my recent year in Washington, DC, as a Petersdorf Scholar with the Association of American

Medical Colleges (AAMC). You may not agree, and likely you also know other truths that have not made this list. Let’s begin:

1. With our national debt at \$15 trillion and GDP at \$15 trillion, we have no responsible recourse but to spend less—much less—immediately and for the foreseeable future. There are few historical happy endings when a nation’s debt/GDP ratio exceeds 100%! While economic growth and tax reforms could help, the persistent and pervasive magical thinking in Washington that we can grow, inflate, or tax our way out of this hole is preposterous and dangerous.
2. Unfunded structural liabilities for Medicare, Medicaid, Social Security, and pensions in both the public and private sector make the \$15 trillion of “on the books debt” look like chump change. Real numbers, if you can find them, may approach \$100 trillion! Health care costs are the single largest factor and public/governmental funds now account for more than 50% of what is spent on health care once you sum up all public programs and tax expenditures for employer-based private insurance.
3. Physician salaries per se are not the problem. If we all worked for free, we might cut health care spending by 10% to 15%. However, our collective decisions under prevailing incentives, “systems,” culture, and public expectations drive 80% of the \$2.6 trillion spent on health care services this past year.
4. The major determinants of societal health are socioeconomic and educational status, personal behavioral choices, genetics, and the environment. Yet public spending on health care and interest payments on accumulated debt increasingly diminish the potential of directing resources toward these important priorities.
5. Health care spending is remarkably skewed—10% of the population accounts for 65% of costs—fueled largely by chronic diseases. The bottom 50% accounts for less than 3% of total costs. This offers a rich environment to aggressively manage the 10% of high-cost patients, while at the same time working for continued wellness in the bottom category.
6. We have no actual health care system in the United States—we are stunningly inefficient and duplicative in how we organize, administer, and finance care and too tolerant of unwarranted variation in price, volume, and intensity of services. Patients and providers are largely disconnected from the actual value (quality/cost) of their decisions. Direct-to-consumer advertising drives costs ultimately paid by someone else, thereby creating a moral hazard we can no longer afford.<sup>2</sup>
7. The cavalry is not coming. These facts transcend any particular

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judicial, political, legislative, or regulatory flavor of the month. They will still be here after the November election and elections beyond that.

8. "Professionalism may not be sufficient to drive the profound and far-reaching changes needed in the US health care system, but without it, the health care enterprise is lost."<sup>3</sup> This quote from Ms. Lesser and colleagues resonates with me as I hope it does with you. Only physicians can fix this mess. They cannot do it alone, but they can lead.

The following action items might challenge our profession and professionalism:

1. We all must address clinical and administrative waste, which may account for 20% to 30% of the cost of health care.<sup>4</sup>
2. Fee-for-service may survive, and perhaps it should for complex and specialized services. These payments will need to more accurately reflect resources consumed—time, training,

supplies, etc.—but also be sensitive to market and budget realities.

3. We should be open to lead and participate in creating alternative payment, incentive, and employment models that better align the financing and delivery of services. Management of chronic disease and a holistic approach to population wellness is for teams involving other health professionals, social workers, public health officials, governments, insurers, and employers.
4. Campaigns such as "Choosing Wisely" are necessary but insufficient to the task at hand. We not only need to champion evidence-based care, educate the public, and train the next generation of health care professionals, but we must also be the go-to source to inform rationing of health care services once we have maximized the rationalization of what we do. We must not stand idly by while our educational system, environment, and infrastructure

are sacrificed at the altar of unrestrained health care costs.

5. Finally, I don't want to have to apologize to my children and potential grandchildren for having a window to act and doing nothing. The "fiscal cliff" at the end of this year is real, unprecedented, and terrifying. The time to act is now. Perhaps then history may yet mark the last 60 years as the golden age of medicine, rather than a catalyst to our national decline.

### References

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