

Health Care Over Fifty-Six Years

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PAST

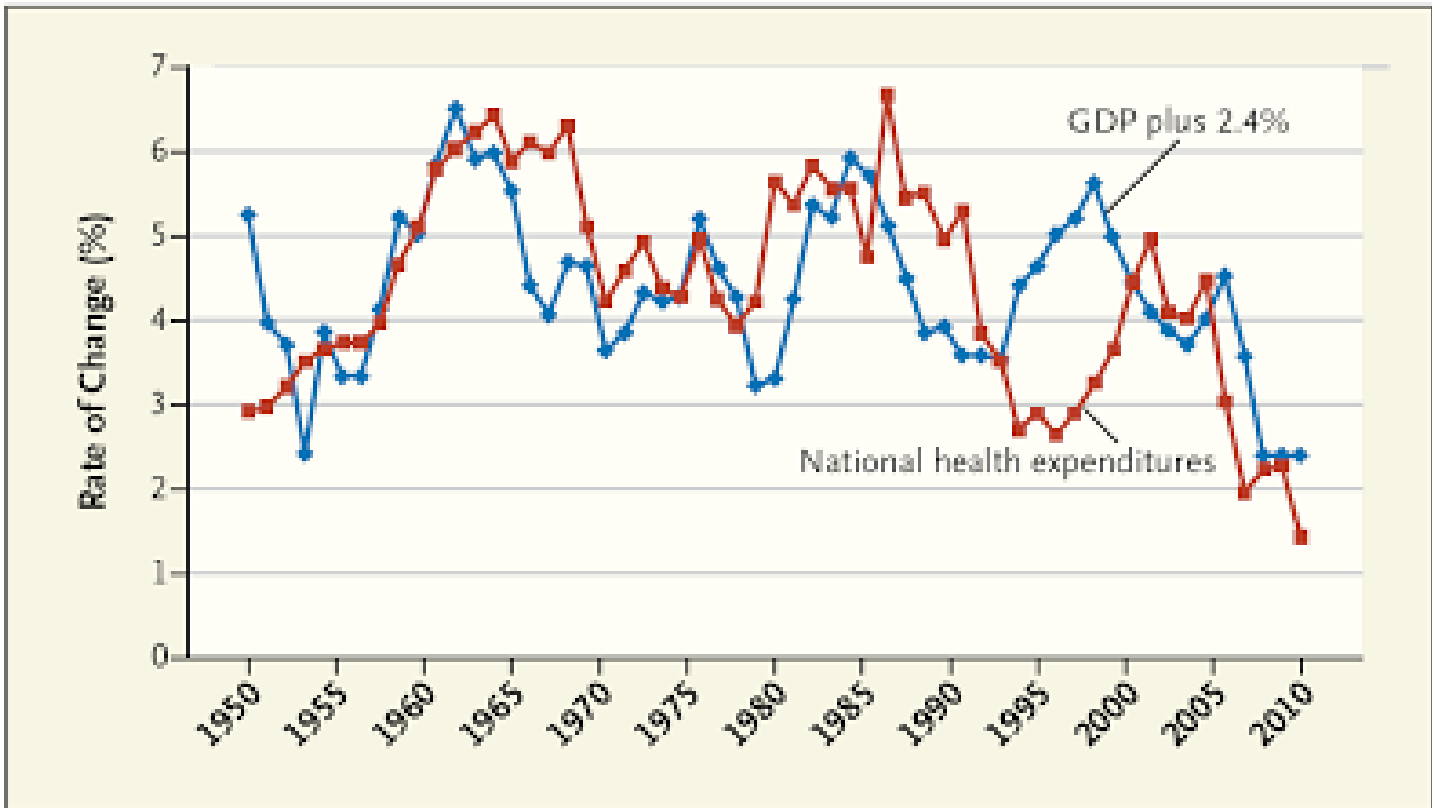


- Guild, Art, Profession
- Solo, Office Home, Local Care
- Trust, Empathy and Contentment
- “Caring” not “Curing”
- Little Insurance

A Quarter Century Later...

The Birth of Better Treatment Options

- Increased Drugs
- Increased Procedures and Technology
- 1965 Medicare/Medicaid
- “Busnification” vs. Professionalism
- Increased cost
- Rise in Insurance Companies
- The arrival of Managed Care

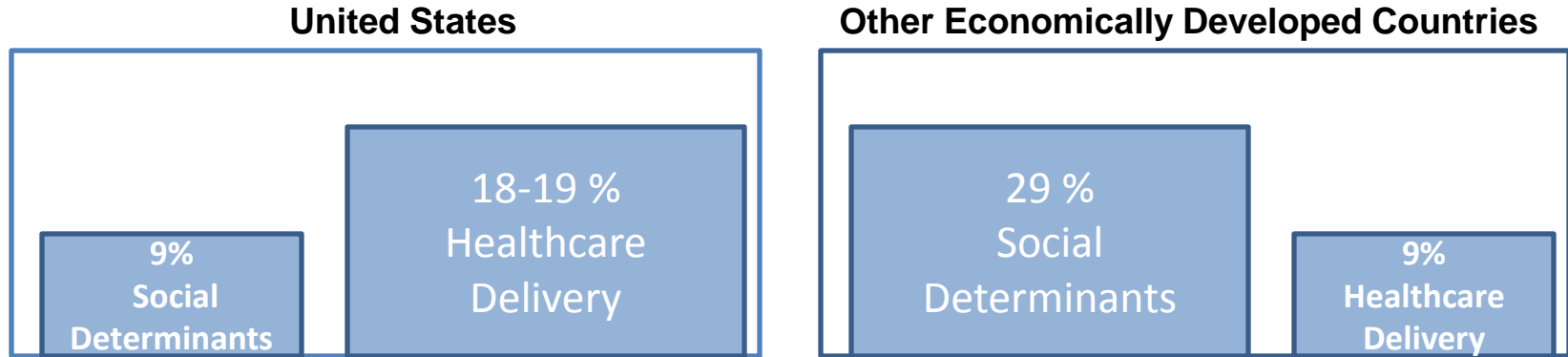


Annual Percentage Rate of Change in National Health Care Expenditures Per Capita and the Gross Domestic Product (GDP) Per Capita Plus 2.4% (Inflation-Adjusted 5-Year Moving Averages).

Present

- Increased “Curing” & Decreased “Caring”
- “Me,” “Me,” “Me” lifestyle
- Decreased Empathy
- Decreased Availability
- Decreased Communication
- Decreased Satisfaction among patients, families and physicians
- Media and Marketing
- Increased COST

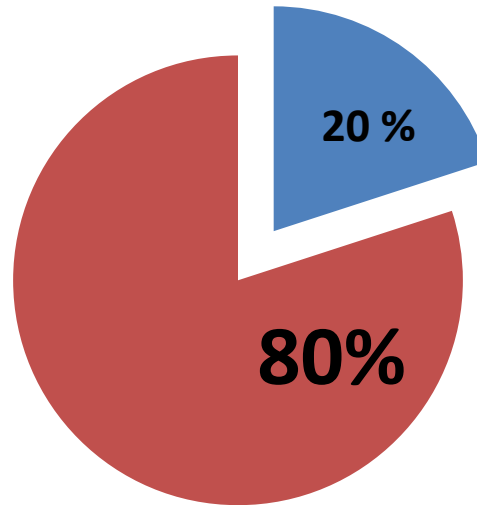
% GDP spent on Healthcare



Contributing Factors to Overall Health Outcomes in the United States

Social Determinants of Health

- Education
- Race
- Environment
- Genetics
- Socioeconomic Status
- Stress
- Early Life
- Social exclusion/support
- Work/Unemployment
- Addiction
- Food



Healthcare Provided

Contributing Factors to High Healthcare Costs in Delivery Systems

- Technology
- Pharmaceuticals
- Insurance industry rather than a single payer system
- Fee for service
- Hospital rather than office care
- Poor public health systems
- Pay for volume rather than value
- Unnecessary/duplicative/harmful care including diagnostic testing and procedures

United States Life Expectancy Comparisons

TABLE: Seventeen High-Income Countries Ranked by Life Expectancy at Birth, 2007

Males			Females		
Rank	Country	Average Length of Life	Rank	Country	Average Length of Life
1	Switzerland	79.33	1	Japan	85.98
2	Australia	79.27	2	France	84.43
3	Japan	79.20	3	Switzerland	84.09
4	Sweden	78.92	3	Italy	84.09
5	Italy	78.82	5	Spain	84.03
6	Canada	78.35	6	Australia	83.78
7	Norway	78.25	7	Canada	82.95
8	Netherlands	78.01	7	Sweden	82.95
9	Spain	77.62	9	Austria	82.86
10	United Kingdom	77.43	9	Finland	82.86
11	France	77.41	11	Norway	82.68
12	Austria	77.33	12	Germany	82.44
13	Germany	77.11	13	Netherlands	82.31
14	Denmark	76.13	14	Portugal	82.19
15	Portugal	75.87	15	United Kingdom	81.68
16	Finland	75.86	16	United States	80.78
17	United States	75.64	17	Denmark	80.53

SOURCE: Data from the Human Mortality Database, the World Health Organization Mortality Database, and Statistics Canada, as reported in Ho, J. Y. and S.H. Preston (2011). *International Comparisons of U.S. Mortality*. Data analyses prepared for the National Academy of Sciences/Institute of Medicine Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania.

***U.S. ranked 52nd**

***Sri Lanka ranked 83rd**

(2012)

United States Health Status

Americans fare worse than similar developed countries in the following areas:

- Infant mortality and low birth weight
- Injuries and homicides
- Adolescent pregnancy and sexually transmitted infections
- HIV and AIDS
- Drug-related deaths
- Obesity and Diabetes
- Heart Disease
- Chronic Lung Disease
- Disability

International Comparisons of Key Health Care Statistics (2005)

*Table 1. International Comparisons of Key Health Care Statistics**

Variable	United States	Australia	Belgium	Canada	Denmark	France	Germany	Japan	Netherlands	New Zealand	Switzerland	United Kingdom
Infant mortality per 1000 births (2004)	6.8†	5	3.7	5.3†	4.4	3.6	3.9	2.8	4.9	5.1	4.2	5.1
Life expectancy at birth (2004)	77.8†	80.9	79.4†	80.2†	77.9	80.3	79	82	79.4	79	81.3	79
Population age >65 y (2007), %‡	12.5	13.1	17.4	13.3	15.2	16.4	19.4	20.0	14.2	11.8	15.6	15.8
Obesity rate	32.2†	20.4†	12.7†	18	11.4	9.5†	13.6	3†	10.7	20.9§	7.7	23
Adult smoking rate	16.9	17.7†	20	17.3	26†	23†	24.3§	26.3 (2006)	31	22.5	26.8	24
Practicing physicians per 1000 persons	2.4	2.7†	4	2.2†	3.6	3.4	3.4†	2	3.7†	2.2	3.8	2.4†
Generalists of practicing physicians (2000), %¶	43.6	51.9	NA	47.5	19.1**	48.8	32.7	NA	14.3**	69.2	50.7	31.8
Inpatient beds per 1000 persons	2.7	3.6†	4.4	2.9†	3.1†	3.7	6.4	8.2	3.1	6	3.6	3.1
MRI units per 1 million persons	26.6†	4.2	6.8	5.5	10.2†	3.2	7.1	40.1	5.6	3.7§	14.4	5.4
Per capita health spending, \$	6401	3128†	3389	3326	3108	3374	3287	2358†	3094†	2343	4177	2724
Prescription drug spending per capita, \$	792	383	344	559	270	NA	438	425	318	NA	NA	NA
Drug spending as % of total health, \$	12.4	13.3	11.3	17.8 (2006)	8.9	16.4	15.2	19†	11.5†	12.4	10.4	NA

* Data are for 2005 (unless otherwise noted) from: World Health Organization. World Health Statistics 2007. Accessed at www.who.int/whosis/whostat2007.pdf on 22 May 2007 and Organization for Economic Co-operation and Development (OECD). OECD Health Data 2007. Accessed at www.oecd.org/document/30/0,3343,en_2649_37407_12968734_1_1_1_37407,00.html on 23 July 2007. MRI = magnetic resonance imaging; NA = not available.

† Latest available data: 2004.

‡ CIA World Factbook. Age Structure 65 Years and Over (%) 2007. Accessed at www.photius.com/rankings/population/age_structure_65_years_and_over_2007_0.html on 10 May 2007.

§ Latest available data: 2003.

|| Latest available data: 2002.

¶ Colombo F, Tapay N. Private Health Insurance in OECD Countries: The Benefits and Costs for Individual and Health Systems. OECD, 2006.

** The low percentages of generalist physicians reported for Denmark and the Netherlands compared with other countries may be due to different methods for collecting and reporting workforce data. Further research is needed to better understand these apparent discrepancies.

Generational Profiles and Essential Attributes

Table 1. Generational profiles

	<i>Veterans</i> 1922–1945 55 Million	<i>Baby Boomers</i> 1946–1964 78 Million	<i>Generation X</i> 1965–1980 47 Million	<i>Millennium</i> 1981–2000 80 Million
Style	traditional	personal satisfaction	self-reliant	modern traditional
Size	rapidly declining	dominant	small group	large
Ethic	respect, loyalty	ambitious, political	progressive, cynical	loyal, conservative
Gender Role	classic gender roles	mixing gender roles	unclear	gone
Work	respect the system work for security	respect experience likes to work	respect expertise work to live	work to live
Heroes	strong heroes	some heroes	no heroes	anti-heroes
Seminal Events	Depression, WWII	Vietnam, BCP	weak USA	9–11
Upbringing	traditional family	traditional family	absenteeism parents	protective parents
Reward	a job well done	money, title, recognition	freedom and time	work

Data source: Zemke R, et al. *Generations at Work*. New York, NY: American Management Association, 2000.

Table 2. Essential attributes of the “physician”

Embrace being a physician
Caring and altruistic
Honesty, integrity
Team player
Strive for excellence
Accept the duty for serving patients and society
Courage, heroism

Challenges

- Patient Expectations are Rising among
 - Increasing time constraints
 - Increasing costs and decreasing reimbursements
 - Population growth and increasing provider demand
- Liability
- Greed, fear and risk aversion
- Increase in unnecessary treatment

Future Trends and Goals

- Increase
 - Access
 - Quality and Value
 - Satisfaction
 - Outcomes
 - Information Technology
 - Genetics/Genomics
 - Robotics
 - Preventative Care
- Decrease
 - Waste
 - Readmission
 - Complications
 - Unnecessary Care
- Uncertain
 - Universal Health Care
 - Single payer system
 - Increased public health
 - New delivery systems

Redesigning Healthcare

- Accountable care organizations
- Medical homes
- Retail clinics
- Dual-eligibles
- Bundled payments

“I wouldn’t demand a lot of my doctor’s time. I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh to get at my illness, for each man is ill in his own way.”

-Anatole Broyard

Oath of Maimonides

The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all time; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

May I never see in the patient anything but a fellow creature in pain.

Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements.

Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today. Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and now I turn unto my calling.