



More health care is not necessarily better care

By Risa Lavizzo-Mourey
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FLIP a coin. You stand a better chance of getting "heads" than you have of receiving high-quality health care — that is, the right care, delivered when you need it.

A recent study in the *New England Journal of Medicine* should put America on notice that the health-care debate cannot stop at cost and coverage. What happens once you get inside the doctor's office — the quality of the actual care you receive — is a topic ripe for discussion.

The study, conducted by Children's Hospital and Regional Medical Center in Seattle, the University of Washington School of Medicine and the RAND Corporation, with support from the Robert Wood Johnson Foundation, is part of a groundbreaking effort to show what's happening with our health care in America.

Researchers examined 175 quality measures for things like screening, diagnosis, treatment and follow-up care for common children's health issues. They reviewed the medical records of 1,500 children to see how their care compared to these quality indicators, and found that, on average, children received only 46.5 percent of the indicated care. By comparison, a similar study of adults found they received recommended care 54.9 percent of the time. These percentages are deplorable for a country that spends more on health care per capita than any nation on the planet.

What is this new data telling us? First, while health-care coverage is vital, it is not enough. In the new study, nearly all of the children in the analysis had coverage, and more than eight in 10 had private insurance — and they still received poor-quality care.

Second, we're better at treating acute medical problems than managing chronic disease. For instance, the researchers found that children receive the recommended treatment for the common cold (an acute condition) 92 percent of the time, but children with asthma received the right care just 46 percent of the time.

Third, some of our most pressing public-health battles aren't being fought on the front lines. Consider obesity. Washington state already spends \$1.3 billion to treat adult obesity. Yet, according to this study, only 31 percent of 3- to 6-year-olds, and 15 percent of adolescents, have their weight monitored, a critical step to forestalling later problems such as hypertension and diabetes.

Finally, the new data reaffirms that you get what you pay for. We have a system that has traditionally paid providers for doing things and showing up — performing procedures or

conducting tests and conducting visits — but not necessarily for doing the right things, such as helping prevent or manage diabetes, asthma and other chronic illnesses.

The question of how to achieve high-quality, high-value health care requires national guidance on issues related to transparency, such as performance measurement and public reporting.

But health care itself is local, and we believe that building new models for health-care delivery is better done at the local or regional level.

Seattle scores high on doing the right thing — the Dartmouth Atlas of Health Care shows that this region understands that more care isn't necessarily better care. And, Seattle has been a critical player in the first phase of our regional quality-work effort, where all the stakeholders are asked to line up their interests around three fundamental topics: public reporting, quality improvement and consumer engagement. These very different groups, with different interests, are working together through the Puget Sound Health Alliance on the fundamentals of health-care quality.

But, if done and done right, we see a fixed health-care system that helps people more effectively manage their own diseases, and where everyone gets the right care at the right time — including kids. It will be a system where doctors and nurses get back to what they really want to do: provide care for real people in ways that help them get better.

The stakes are high. It's time to transform the health-care system we have to the health-care system we need and deserve. Can we do this? I'd bet on it, especially knowing that Seattle is taking the lead.

When it comes to our health, however, we have to do better than a coin toss.

Dr. Risa Lavizzo-Mourey is president and CEO of the Robert Wood Johnson Foundation, the nation's leading philanthropy committed to improving health policy and practice. A native Seattleite, she will deliver Group Health's eighth annual "Hilde and Bill Birnbaum Lecture" in Seattle on Nov. 15.