



The Nation's Health

Fifth Edition

*Philip R. Lee
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❖ The Nation's Health

Fifth Edition

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❖ Preface

The nation's health is a high priority for the people and for policy makers as it has been for over 200 years. This volume—edited by two top health policy analysts—includes a practical, in-depth guide to the factors affecting the health of Americans and the role of public health and medical care in assuring the nation's health.

Health care reform was the top domestic priority when the fourth edition was published. President Clinton's proposal to provide universal health insurance and contain the rapidly rising costs of care was never acted on by Congress after more than two years of debate and discussion. Despite the failure of Congress to act on health care reform, progress has been made in a host of areas affecting health: tobacco, immunization, HIV/AIDS, environmental health (e.g., water, pesticides), dietary guidelines, physical activity, and food safety. There are a continuing set of questions related to health care, including those related to managed competition, capitation, global budgets, the medical-industrial complex, rationing of care, specialist versus generalist practice of medicine, and the role and supply of nurses. An overriding question: is it possible to expand access to care and at the same time control relentlessly rising costs?

Other important questions addressed in this volume are: what is the relationship of socioeconomic class to health? How important is preventive care? Why do Americans spend over twice as much per capita for health care as most other industrial countries and yet rank far behind in infant mortality and life expectancy? And how do we eliminate medical care that is wasteful, inefficient, and unnecessary?

In this book, a number of the nation's leading health policy experts look at the complex web of issues, policies, controversies, hazards, and proposed solutions that surround the health care system.

The fifth edition of *The Nation's Health* represents part of a multidisciplinary program for advanced training and education in health policy and health services research that is conducted by the Institute for Health Policy Studies, School of Medicine, and the Institute for Health and Aging, School of Nursing, University of California, San Francisco.

Philip Lee, Emeritus Professor of Social Medicine on the UCSF faculty, served as Assistant Secretary for Health, U.S. Department of Health and Human Services, in the administration of President Bill Clinton from July 1, 1993 until January 31, 1997. In this role, he took part in the national effort to restate the nation's health care agenda in response to many of the problems and issues described in this book and in keeping with many of its themes.

Professor Carroll Estes is Professor of Sociology in the School of Nursing and Director of the Institute for Health & Aging, UCSF. She is also Social Science Research Analyst for the Social Security Administration, past President of the Gerontological Society of America, and served as a member of the "Notch" Commission dealing with Social Security retirement benefits.

Special appreciation goes to Professor Liz Close for her important role in the entire process, from all phases of manuscript development and review to final publication. She is Professor and Chair, Department of Nursing, Sonoma State University and an affiliated faculty Professor, Institute for Health & Aging, and was previously Professor, Division of Nursing, California State University, Dominguez Hills.

Although *The Nation's Health* is a project of the Institute for Health Policy Studies and the Institute for Health and Aging, UCSF, the views expressed are those of the authors only and do not necessarily reflect those of the University of California.

❖ Introduction

In this volume, we have attempted to provide a clear view of the factors affecting the health of people who live in the United States. The emphasis of the fifth edition of *The Nation's Health* is the precarious set of circumstances faced by the nation's public health and health care systems in the mid-1990s as we stand on the verge of the 21st century. We intend this textbook to represent a range of views about factors affecting health status, the current state of public health and health care, and the future of the health system with particular emphasis on the current issues and proposals for change.

During the past 20 years, there has been continued improvement in the health of the nation. At the same time, the number of uninsured has grown, technology has proliferated, costs have risen relentlessly, and the foundations of the public health system have been weakened. Today, in view of the failure of Congress to enact the major health care reforms proposed by President Clinton in 1993, more and more people are looking for incremental reforms in health care policy at the federal level, while managed care is being pushed aggressively by employers and a highly profitable insurance industry. The problems of the public health infrastructure are beginning to attract serious attention.

Expenditures for health will soon reach over one trillion dollars representing more than 14 percent of the gross national product (GNP). Only one percent of these expenditures is for core public health, while over 85 percent is spent for health care. It is estimated that, unfettered by government action, health care costs will surpass \$1.7 trillion, or 18 percent of the GNP, by the year 2000. The rise in personal health care expenditures can be broken into four components: general inflation; medical care price inflation above general inflation; population growth; and a group of other factors, including increases in volume and intensity of services. Population growth accounted for the least (9%) and general inflation accounted for the most (30%) of the increase in the past 20 years, medical care price inflation (profits) accounted for 17 percent of the increase, and growth in the volume and intensity of services for approximately 28 percent. These components have been affected by an array of factors, including: increased patient complexity; a tendency in the delivery system toward specialization rather than primary care; concentration of physicians and hospitals in certain urban areas that leads to excess capacity and low productivity; unnecessary and inappropriate care, which some analysts estimate may be as high as 25 percent of health care services; the practice of defensive medicine to avoid the threat of malpractice suits; and, finally, excessive administrative costs.

Rising costs are exacerbated by the fact that the U.S. system insulates both providers and consumers through the cushion of third-party payers, thus avoiding incentives to seek or provide care in a cost-effective manner. A number of failures in the health care market have vastly influenced the way insurance companies try to cope with the rising cost of health care services. In order to contain their costs, employers often shift costs to employees and benefits are reduced or eliminated.

While some economists and policymakers characterize the past decade as a period of increased competition and deregulation, during the same period public programs were exposed to growing regulation. This was particularly important in the Medicare and Medicaid programs, which pay for approximately 33 percent of all acute health care benefits. In order to control costs, the federal government devised ingenious schemes to limit spending, most notably through the Medicare prospective payment system for hospitals, which was introduced in 1983, and the Medicare fee schedule for physicians that went into effect in 1992. These events have slowed the rate of increase in medicare costs in recent years. With the efforts in the private sector to stimulate competition and require more and more patients to fit into managed care plans, cost increases have slowed dramatically in 1994 and 1995, but the trends in health care costs for the future is unknown. Nevertheless, health care costs are the highest of any nation in the world and have consistently risen well above the rate of general inflation for 50 years.

Compounding the problem of rising costs and the move to more and more managed care has been a deterioration in access to care. Greater and greater numbers of people across all socioeconomic levels have found it difficult or impossible to obtain health insurance coverage, thus expanding the ranks of the uninsured to over 41 million (up from 37 million when the fourth edition of *The Nation's Health* was published). More than 60 million Americans have been found to lack health insurance at one point in time during the year. Those who hold the purse-strings—third-party payers—have come to dictate treatment plans and hospital stays, as coverage has become increasingly limited. In many cases, people with chronic health problems cannot obtain health benefits. This circumstance is called a pre-existing condition, and in recent years it has become common for insurance companies to exclude coverage for illnesses people are under treatment for at the time they apply for coverage. It has also been difficult for people to carry their coverage from job to job. As a result of these problems, Congress, in late 1996, enacted the Health Insurance Portability and Accountability Act (Kennedy-Kassenbaum) to provide for portability of health insurance and limit exclusions because of preexisting conditions. As Medicaid eligibility shrank in relation to a growing need and other charity care began to decline, the political system effectively turned its back on the working poor. In the past, cost shifting by hospitals from the insured to the uninsured was common, but this has become increasingly difficult in the era of man-

aged care. Welfare reform enacted and signed into law in 1996 denied medical care to millions of legal and illegal immigrants and increased state discretion over eligibility and benefits for welfare programs. The impact on the Medicaid population is unclear and likely to be worrisome.

Soaring costs and the depletion of financial support for the uninsured and underinsured are a deadly combination existing side by side with the world's most sophisticated and high-priced health care technology. Serious problems remain that require the combined efforts of public health and health care. Issues that have begun to be dealt with in a more systematic manner include tobacco use, immunization, HIV/AIDS, food safety, newly emerging infections, unintended pregnancy (including adolescent pregnancy), and environmental health. Problems that require particular attention in the near future include the disparity in health status related to socioeconomic status. These particularly affect minorities. Infant mortality, related to access to prenatal and maternity care, is considerably higher for blacks than for whites, largely because of the continuing prevalence of low-birth weight infants among blacks. Infant mortality is higher for the poor than for the rich, and it is higher in the United States than in 21 other countries. Sophisticated treatments such as coronary artery bypass graft surgery, coronary angioplasty, and total hip replacement are less available to many poor people, even when insured. Other services often unavailable to the poor are preventive services and management of chronic conditions. These services are critical to good health, as is prenatal care.

At the same time that the health care delivery crisis is playing out, a number of health and social problems are sweeping the nation, decimating the lives of many and cutting at the heart of the health care system. At issue are the epidemics of violence, substance abuse, AIDS, homelessness, and unintended pregnancy, all of them devastatingly expensive in terms of human life, and each with a very high price tag. Concurrently, the number of chronically ill elderly continues to increase, highlighting the lack of provision in our system for serving their special needs.

For many sick people, medicine is the key to life and well being, and thus doctors and hospitals become the arbiters of our most precious commodities. This fact, coupled with the high cost of services and the insulation provided by third-party payers, means that health care does not operate according to classical market principles.

Most observers and participants agree that there is need for fundamental change and restructuring of the health care system. In 1993, President Clinton proposed a restructuring of the nation's health care system through a proposal that would provide comprehensive health insurance coverage to all Americans. It was designed to be phased in gradually by the year 2000. The plan was debated in Congress, but eventually was not enacted. The failure of this approach to comprehensive reform has led to a good deal of soul searching about how to best address the serious health problems confronting the nation. The biggest change in the fifth edition of *The*

Nation's Health from those that have gone before is the emphasis on public health and the greater emphasis on the determinants of health as the basis for health policy.

Many contributors to this volume argue that the nation is confronted by an outmoded personal health care system that is the result of failed policies and continued technological expansion at the expense of the provision of sound basic care for all and effective nationwide programs of disease prevention, health protection, and health promotion. Those who are well insured are the beneficiaries of a comprehensive delivery system. Those who suffer most from a lack of adequate public health protection and access to personal health care are children, some of whom are unable to obtain even basic care, including immunizations; the disabled and those who suffer from debilitating chronic illness; and, across all age groups and geographic areas, the working poor.

Throughout the 1980s and 1990s, the nation also experienced an increase in the number and types of corporate for-profit providers and insurers, including managed care plans. In addition, there are major conversions of nonprofit health entities to for-profit corporations such as Blue Cross of California that have raised serious questions of the disposition and control of assets as well as access to care. This hotly debated phenomenon has resulted in the proprietary ownership of many hospitals, surgicenters, urgent care centers, clinical laboratories, and imaging facilities. Hospitals and other providers have become increasingly competitive and, as a result, they have begun to operate more like businesses, using techniques such as advertising, marketing, specialization, and productivity monitoring. The effects of this trend are just beginning to be understood.

The irony is that at a time when the working poor have been victimized by society's disparities, a large segment of society has come to expect access to almost unlimited medical care. Along with the benefits of high-priced care come the pitfalls of overtreatment, overprescribing, unnecessary surgery, and neglect of emphasis on sound preventive measures. Thus, issues related to quality of care are being examined anew. Measuring the effects of medical interventions is a complex and imprecise science. Increasingly, clinicians are asked to interpret medical findings that they are ill-equipped to evaluate. This causes vastly differing treatments from one clinician to another, and the end result is that new issues related to inappropriate care are being investigated today.

In this book, we critically examine the nation's health, the determinants of health, and the roles of public health (population based intervention) and personal health care in protecting and assuring the health of the population. Rather than merely emphasizing the care of the sick, the financing of care, and public health, we look at the complex web of issues, policies, controversies, hazards, problems, and proposed solutions to protect and promote the nation's health. While acknowledging the inevitability of death, we would like to explore a means to greater health and longevity

for everyone. Despite changes in health behaviors, environmental improvements, and the advances of science, medical care, and public health that have contributed to increased life expectancy and reduced mortality, on the verge of the 21st century, America faces critical issues if it is to maintain its leadership role in science and to become a world leader in public health and health care.

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