

Lifting the fog of health delivery and costs

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The heated national debate on complex issues related to health care was ignited by the implementation the Affordable Health Care Act (ACA) in January 2014. There is no national system that adequately records and quantifies the wide range of issues related to health care, and the public argument has been based primarily on undocumented opinion. Anecdotal reports related to health issues have increased dramatically. Since such reports are most often at best unreliable and at worst misleading, this adds to the combative unproductive nature of the public debate. As a result, academic economist estimates of the future costs under the ACA have varied from large increases to considerable reductions.

In a current editorial in the journal *Pharmacotherapy*, Hershel Jick, MD, director emeritus of the Collaborative Drug Surveillance Program and associate professor of medicine at Boston University School of Medicine (BUSM) feels it is now necessary to design and initiate accurate standardized electronic systems that routinely record comprehensive medical information related to the many aspects of the law. In the absence of such a system, he believes the dysfunctional debate will continue.

For the decade prior to 2014, the average annual health cost in the U.S. was estimated to be roughly \$8,500 per person. By contrast, the comparable health cost average in all other industrialized countries covered by national governments was less than \$4,200. If these overall estimates are reliable they indicate that the total annual health costs in this country are more than \$2 trillion, \$1 trillion higher than the cost for a comparable number of people in other advanced countries. The ACA

was designed to substantially increase the millions of people who newly enroll in private [health insurance coverage](#) as well as the number of companies that provide it while at the same time reducing the number of uninsured people who had previously received primary care in emergency rooms.

According to Jick, continuous comprehensive, universal, interactive electronic medical record software has been successfully created and used for nearly three million people annually in the U.K. for more than two decades and, if properly applied in the U.S., would improve patient care and substantially reduce costs. "Reliable transparent private insurance medical data costs are available and readily accessible in the U.S. They provide a sound basis for lifting the heavy fog of the current public policy debate and contribute to the future evolution of the ACA. In the absence of universal standardized medical record systems, the combined costs and [health](#) consequences of the Affordable Health Care Act will remain opaque," he added.

Provided by Boston University Medical Center

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