Overtreated: Why Too Much Care Is As Bad As Too Little

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Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer
DISCLOSURE

These are my views, not the NIH’s

No conflicts of interest to declare
Spending on Health Care as a Percentage of Gross Domestic Product Under an Assumption That Excess Cost Growth Continues at Historical Averages

Source: CBO
Sources of Growth in Projected Federal Spending on Medicare and Medicaid

Percentage of GDP

- Effect of Excess Cost Growth
- Effect of the Aging of the Population

Source: CBO
Busting state budgets
Exhibit 4: Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2007

*Estimate is statistically different from estimate for the previous year shown (p<0.05). No statistical tests are conducted for years prior to 1999.

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four. The average premium increase is weighted by covered workers.

THE $2.3 TRILLION HEALTH CARE TRAIN WRECK

20 - 30 % of $$$ goes toward USELESS CARE
Medicare Spending per Beneficiary, 2005

Source: Dartmouth Atlas
The Three Categories of Care That Show Unwarranted Variation in the U.S.

1. Effective Care
2. Preference-Sensitive Care: Elective procedures and tests
3. Supply-Sensitive Care: Discretionary hospitalizations, visits, and procedures
Proportion of Medicare Spending Attributed to Each Category of Unwarranted Variation

- Effective Care: 12%
- Preference Sensitive Care: 25%
- Supply Sensitive Care: 63%

Source: John E. Wennberg and Dartmouth Atlas
Pioneering research

Named the most influential health policy researcher of the past 25 years by *Health Affairs* in 2007

John Wennberg, MD, MPH., Founder, Center for Evaluative Clinical Sciences at Dartmouth Medical School
Medicare Spending per Beneficiary, 2005

Source: Dartmouth Atlas
Well Bob, it looks like a paper cut. But just to be sure let’s do lots of tests.
“Our patients are sicker.”
Relationship Between Prevalence of Severe Chronic Illness and Medicare Parts A and B Reimbursements per Enrollee (2000-01)

Source: 2006 Dartmouth Atlas
Note: Each dot represents Medicare spending in a single hospital referral region.
IS MORE CARE BETTER?

no
The Relationship Between Quality and Medicare Spending, by State, 2004

Composite Measure of Quality of Care

Source: Data from AHRQ and CMS.
The Paradox of Plenty: More Spending Buys Worse Care

1. Lower quality
2. More hospitalizations, tests, drugs, procedures; same volume of elective surgery
3. Worse communication between physicians
4. Worse coordination of care
5. Worse access to care; longer waiting times
6. Lower patient satisfaction

Source: 2008 Dartmouth Atlas of Chronic Care
OK, stranger...
What's the circumference of the Earth? Who wrote "The Odyssey" and "The Iliad." What's the average rainfall of the Amazon Basin?

Bart, you fool! You can't shoot first and ask questions later!
HIGHER MORTALITY

1 million Medicare recipients (colon resection, hip fracture, AMI)

$7,000 more services in LA versus Portland for AMI

4 % higher mortality

The Risks of Overtreatment

- CLINICAL RISK
  Higher mortality; wrong patient surgery; chaotic, uncoordinated, unsatisfying care
- FINANCIAL RISK
  Federal, state individual budgets; inability to ensure universal coverage
- SPIRITUAL RISK
  High tech death
The Risks of Doing Nothing

- NOT COVERING EVERYBODY = increasing inequity
- NOT supporting comparative effectiveness research = greater uncertainty, rising costs
- NOT reforming the delivery system = rising costs and chaotic, fragmented care
Annual Growth Rates of per Capita Medicare Spending in Five U.S. Hospital-Referral Regions, 1992-2006
Relative rate of specific procedures provided to patients with AMI, colon resection, and hip fracture in highest spending hospital regions compared to lowest spending.

**Major Surgery**
- Angioplasty
- CABG
- Hip Replacement
- Knee Replacement
- Back Surgery
- Hernia Repair

**Tests & Minor Procedures**
- Brain CT or MRI
- Lumbar Spine CT or MRI
- Breast Biopsy
- Skin Biopsy
- Laryngoscopy
- PSA Test
- Pulmonary Function Test
- Electroencephalography
- Vena Cava Filter

Elective surgeries (preference sensitive care)

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