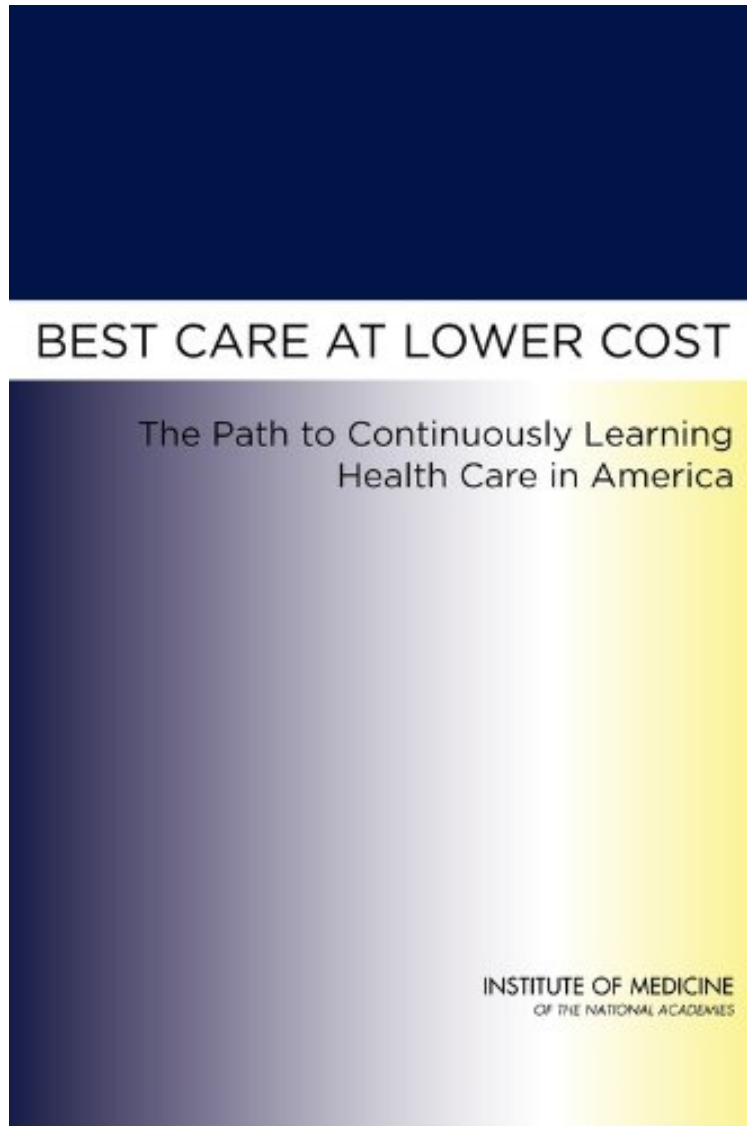


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## Best Care at Lower Cost: The Path to Continuously Learning Health Care in America

*Institute of Medicine, Committee on the Learning Health Care System in America*  
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**Institute of Medicine, Committee on the Learning Health Care System in America : Best Care at Lower Cost: The Path to Continuously Learning Health Care in America** before purchasing it in order to gage whether or not it would be worth my time, and all praised Best Care at Lower Cost: The Path to Continuously Learning Health Care in America:

1 of 1 people found the following review helpful. Credible and ImportantBy Loyd EskildsonAmerican health care has

two overarching imperatives: To manage its ever-increasing complexity, and curb ever-escalating costs. If banking were like health care, ATM transactions would take days or longer as a result of unavailable or misplaced records. If home building were like health care, carpenters, electricians, and plumbers each would work with different blueprints, with little coordination. If shopping were like health care, product prices would not be posted, and the price charged would vary widely within the same store - depending on the source of payment. If auto manufacturing were like health care, warranties would not exist, few factories would monitor and improve production line performance and product quality. And if airline travel were like health care, each pilot would be free to design his own preflight safety check, or not to perform one at all. One contributor to increasing complexity is the rapid increase in biomedical and clinical knowledge - research publications have gone from over 200,000/year in 1970 to over 750,000 in 2010. Another - the prevalence of chronic conditions has increased - from 125 million in 2000 to a projected 157 million in 2020 as the population gets older. More than 20% of those over 65 receive treatment for multiple chronic diseases. Managing these multiple conditions requires a holistic approach, creating uncertainty for clinicians attempting to manage the treatments. With specialization, clinicians must coordinate with multiple other providers - Medicare patients now see an average of seven physicians, including five specialists, split among four different practices. One study found that in a single year, a typical primary care physician coordinated with an average of 229 other physicians in 117 different practices just for Medicare patients - blurring accountability. Still another - rising administrative burdens and inefficient workflows - hospital nurses spend only about 30% of their time in direct patient care. If all states provide care of the quality delivered by the highest-performing state, an estimated 75,000 fewer deaths would have occurred across the nation in 2005. The current system for capturing and using new knowledge is flawed and likely to be overwhelmed by the increasing pace of knowledge growth. Use of checklists eliminated catheter-related bloodstream infections in the ICUs in most hospitals in one study, and an 80% decrease in infections/catheter-day. Diffusion of new evidence can take eg. 13 years for thrombolytic drugs between when they were shown to be effective and when most experts recommended the treatment. There is also evidence that a substantial proportion of health care expenditures is wasted. IOM estimates \$210 billion for unnecessary services, \$130 billion for inefficiently delivered services (eg. unnecessary use of higher-cost providers, errors), \$190 billion for excess administrative costs (eg. insurance paperwork costs beyond benchmarks), \$105 billion for prices that are too high, \$55 billion on missed prevention opportunities, and \$75 billion on fraud. Clinicians reimbursed for each service tend to recommend more visits and services - most payment methods pay without focus on patient health and value. One study found, on average, only a 4.3% correlation between quality of care delivered and price - with higher prices often associated with lower quality. Strong leadership focused on continuous improvement is essential.

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009--roughly \$750 billion--was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.