Prevention is better than cure

Prevention is better than cure

The current raging debate on healthcare should give us time to ponder over several issues. The need of the hour is to decrease the rapidly escalating cost of health care, expand its coverage and ensure that Medicare and Medicaid are viable future propositions. We should put our faith in the old adage that prevention is better than cure. Primary care should be easily accessible to US's uninsured and underinsured people. People should also be offered incentives in order to bring about much needed change in the ways they take care of their health. The Congress has a major role to play in making prevention the key and basic principal of health care reforms.

According to the U. S. Centers for Disease Control and Prevention (CDC) 133 million people in the country are victims of at least one chronic disease. It is estimated that more than 75% of the two trillion dollars allocated for health are being utilized to fight chronic diseases. The figures are alarming. One out of every four Americans may be victims of two or more chronic diseases by the year 2025. The majority of Medicare's funds are spent on treating patients suffering from chronic illnesses. It is estimated that Medicaid spends 80% of its funds in treating chronic diseases which are increasing rapidly. The Congressional Budget Office prophesizes that unless drastic action is taken health care expenditure is likely to increase from 17 percent of GDP today to 49 percent in 2082. Federal expenditure on Medicare and Medicaid is expected to shoot up from 4 percent of GDP to a staggering 20 %.

The silver lining on this ominous cloud is the fact that most chronic diseases can be prevented. Preventing a few can lead to a multiplier effect. If one were to launch a campaign of national awareness on how to decrease

diabetes and obesity it will also lead to lesser number of people suffering from heart disease and stroke besides reducing medical costs in addition to the trauma and suffering that a patient undergoes. These four chronic diseases alone consume 75% of one trillion dollars.

A few skeptics claim that there would be negligible or very little savings from preventive measures. This fear however is unfounded as facts prove otherwise. A study published in the Annals of Internal Medicine in 2005 reveal that a federally sponsored program to prevent diabetes in pre diabetic patients generated remarkable cost savings. Several studies conducted prove conclusively that educating consumers about life style management and health care resulted in cutting down medical services by 20%. Academic health centers such as the Johns Hopkins University and the University of Maryland in Baltimore can play a pivotal role in conducting incentive based prevention programs. This will enable people at high risk to receive treatment at an early stage which can reduce medical costs drastically. A major drive for preventive health care is the need of the hour to keep health care costs under control otherwise courting disaster will be the only answer.

Third article

JAMA

Application of Comparative Utilization Data in Managed care Organizations

One of the main problems facing managed care organizations all over the US is data management. One of the key elements contributing to successful running of MCOs relies on the way they utilize data. A multi dimensional approach to data management is necessary for efficient working. One of the

main contributing factors is the effective application of comparative utilization data.

One of the chief advantages of using comparative utilization data is that it helps in cost cutting measures in the MCOs and thereby helps them to function efficiently. The MCOs can integrate comparative data into their UM process which will ensure better functioning. External benchmarking is of vital importance. It is of primary importance that MCO managers should make comparisons between their

internal utilization patterns and accepted benchmarks from other communities. In performing this task MCO managers face problems like conformity in data-collection techniques as well as comparability between the subject and the benchmark data cost

In order to get a clearer picture let us deal with the problems. Conformity of data is a challenging task. The healthcare industry tries its best to compile benchmark data. Several surveys are conducted for this purpose. If a survey is conducted regarding Cardiology costs $PMPM, should sub-capitate

invasive cardiology be included? Should the EKG’s done by internists who are specializing in cardiology be considered? Such questions demonstrate the pitfalls of collecting data through surveys. Data can prove to be of use if it contains claims-level detail. It should also be consistent

Comparability is another hurdle which needs to be overcome. Most feel “ Data

from other markets does not apply here in my City, U. S. A.” Many physicians are averse to considering data from other locales. They may go by the logic that they have higher imaging costs in so and so area as they have seven outpatient CT scanners serving 14000 patients. Such logic does not hold water. If the source of comparative actual data is understood, then it will be able to illuminate the MCO’s data by comparison. The amount of services required by people residing in a particular locality should be predictable to a large extent though prices may vary.

However there are solutions which will ensure efficient functioning if they are followed. Start benchmarking using good data which pass the conformity and comparability tests. The MCO’s data should not have any weakness or loopholes. MCO should also learn to handle benchmark data with care. It should not be considered the last word. . It is to be used to “ uncover clues that might lead to utilization management opportunities.” It is necessary to analyze all variations. If the analyst finds abnormal patterns he should find out a reason for it. Sometimes variations occur because of data errors, fee schedule differences random variation, population differences, regional

health trends, benefit differences. Efficient benchmarking does not work without the involvement of physicians at every level. Successful intervention can take place only if there is a high level of communication.

If MCOs are able to lay their hands on reliable and superior quality benchmarking data it will make them function more efficiently, and benefit them in the long run.

Fourth article

Generic Drugs

Many people are not aware of what the term generic drugs actually mean. Generic drugs are basically copies of brand name drugs even though it lacks patent protection. New innovator medicines are marketed under brand names. According to the U. S. Food and Drug Administration (FDA) generic drugs are identical in dose, strength, route of administration, safety, efficacy, and intended use as their brand name counterpart. These are as safe to use as their brand name drug from which they have been copied as the same ingredients are used in their preparation and they have the same effect on our body.

The main advantage that generic drugs enjoy over brand name drugs is their cost. They are much cheaper. One of the main reasons behind this is that producers of generic drugs do not have to bear the investment cost like the company developing new drugs. They help companies like Medicare to reduce costs and save patients a lot of money. As these drugs do not enjoy patent protection they face stiff competition, hence they try to keep the price low. Most developing countries are going in for genetic drugs in a big way. Generic drugs can be produced when patents of brand name drugs are near expiration. Companies interested in manufacturing the generic drug can send an application to the FDA. Once approval is granted these drugs can be floated in the market. These drugs also enjoy the fruits of the marketing effort made by the patent drug company. Today generic drugs are widely used. They find their way into half of the prescriptions that qualified physicians write.

The facilities used to manufacture both the brand name drug and generic drugs are the same as the two are identical. Generic drugs boast of the same quality as brand name drugs. The FDA prohibits drugs to be manufactured in sub standard facilities. Around 3, 500 inspections are conducted by the FDA to ensure that the requisite standards are fulfilled. About half of the brand name firms also produce generic drugs. Many of them even make their own copies.

Generic drugs however look different from the brand name drugs they have been copied from. In US trademark laws prohibits the generic drug to look identical to the brand name drug. However even if looks differ the constituents are the same. Colors and flavors are allowed to vary. Contrary to popular opinion all brand name drugs do not possess a generic version. Brand name drugs enjoy patent protection for a period of two decades. Other companies can bring out the generic version only after the patent expires and they gain FDA approval. The use of generic drugs is on the increase. According to IMS health the global sales of generic drugs have shot up from $29 billion in 2003 to $78 billion in 2008