



Presidential address

Health care quality, access, cost, workforce, and surgical education: the ultimate perfect storm

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Abstract The discussions on health care reform over the past two years have focused on cost containment while trying to maintain quality of care. Focusing on just cost and quality unfortunately does not address other very important factors that impact on our health care delivery system. Availability of a well-trained workforce, maintaining the sophisticated medical/surgical education system, and ultimately access to quality care by the public are critical to maintaining and enhancing our health care delivery system. Unfortunately, all five of these components are under at risk. Thus, we have evolving the ultimate perfect storm affecting our health care delivery system. Although not ideal and given the uniqueness of our population and their expectations, our current delivery system is excellent compared to other countries. However, the cost of our current system is rising at an alarming rate. Currently, health care consumes 17% of our gross domestic product. If our system is not revised this will continue to rise and by 2025 it will consume 48%. The dilemma, given the current state of our overall economy and rising debt, is how to address this major problem. Unfortunately, the Affordable Care Act, which is now law, does not address most of the issues and the cost was initially grossly underestimated. Furthermore, the law does not address the issues of workforce, maintaining our medical education system or ultimately, access. A major revision of our system will be necessary to truly create a system that protects and enhances all five of the components of our health care delivery system. To effectively accomplish this will require addressing those issues that lead to wasteful spending and diversion of our health care dollars to profit instead of care. Improved and efficient delivery systems that reduce complications, reduction of duplication of tertiary and quaternary programs or services within the same markets (i.e. regionalization of care), health insurance reform, and tort reform collectively could save hundreds of billion dollars per year! These changes may not be easy to accomplish politically but will be essential to save what is likely the best health care system in the world.

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We all remember this phrase: “Houston, we have a problem.” This referred to Apollo 13 in April 1970. America, we have a problem! However, it is not our economy that I am referring to, but it is the components of our health care delivery system which are under siege.

Health care quality, safety, and access have always been a major concern of Americans, and these issues escalated during the recent health care debates. In contrast, the discussion emanating from our Federal Government has focused on cost containment. What has been absent is a full discussion on the other important aspects of health care delivery, such as excellent medical/surgical education and providing a well-trained, competent, and sufficient workforce which has made our system the best in the world. The reality is that to optimize our health care delivery system requires that we must address all of these factors. Because all of these factors are under attack, we are facing the “ultimate perfect storm.” Focusing this presentation on health care quality, access, cost, workforce, and surgical education in the timeframe allotted is difficult. However, I chose this topic because of my strong interest and recent involvement in health care policy, knowing full well that the scope is broad, and it could consume many hours to fully discuss. Regardless, the important message is that these five components of our health care delivery system overlap, and thus, define what makes our system unique. The ultimate outcome of health care delivery in this country will have to involve all of these components, but the difficulty is that in the current political environment, they have become in conflict with each other.

I was not the first person to talk about health care in an American Pediatric Surgical Association (APSA) presidential address. The first was Dr Hardy Hendren in 1983. He titled his presentation: “Some Reflections on the Cost of Health care” where he pointed out that the rising cost of health care was not from physician or surgeon fees but from changes in lifestyles and the fact that America was becoming an unhealthy society [1]. Note the foresight of Dr Hendren in talking about this issue 30 years ago! In 1992, Dr Al de Lorimier’s presidential address entitled: “Health care Costs in a Declining America,” looked at the changes occurring in America as it relates to the tolerance of lifestyles and the relationship of those lifestyles to the added cost of health care [2]. Subsequently in 1995, Dr Jay Grosfeld in his presidential address entitled: “Economics and Education: Impact on Pediatric Surgery in the Next Decade” provided a wonderful, comprehensive discussion on the

impact of the rising cost of health care and the source of the dollars for health care on medical education overall, and particularly as it relates to surgery and pediatric surgery [3]. Unfortunately, many of these issues that Dr Grosfeld addressed, as well as Dr de Lorimier and Hendren, still exist, and in fact, most of them are worse.

A year ago our country went through extensive debate over a bill that ultimately became law as the “Affordable Care Act.” Unfortunately, much of what was defined in the Affordable Care Act was predetermined as a result of negotiations between the Executive Branch of our Government and the major players (the health insurance industry, hospital associations, pharmaceutical industry, and the trial lawyers) that define or greatly influence our health care delivery system. The reality is that the major aspects of this legislation were worked out well before it became a public debate. There were commitments politically made by the American Hospital Association, “Big Pharma,” the health insurance industry, and the Trial Lawyers Association. Each group made a commitment to save billions of dollars in cost reduction, if their specific priorities would be protected. Thus, the bill was really not an open debate. Remarkably, the evolution of this bill (now law) did not involve the providers of health care! That is, those of us present here today, i.e. doctors, nurses, etc. As health care providers, all of us care about the *quality* of our health care delivery system, but many difficult questions linger, such as: will there be an adequate *workforce* available to provide it? Will we have well-trained medical professionals in our *medical/surgical education system*? Will the ultimate *cost* of that care be affordable? Finally, will there be *access* to quality care that meets the expectations of the American public?

1. Quality

The definition of “quality health care” depends on who you ask and what country you are in.

However, as health care providers we inherently know what we mean and we strive to deliver it. As pediatric surgeons we strive to do the best for our patients. We also know that quality of care is not just what we do, but it is also dependent on the resources and competence of the environment in which we work. You might be thinking that we do not have much control over our collective work environment, but in fact we do, and history bears this out. The advances in health care and health care delivery in America have been dramatic. People are living longer and with a better quality of life.

The components that impact on quality health care in the United States are different from every other country. Whatever works or is deemed acceptable in another country may not be applicable or acceptable with the American public. We have 310 million people, and a tremendous diversity in culture, socioeconomic status, geography, and governance. However, we have created a culture of high

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