

Final Project Topic Research

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First summary of research which was written by Leah A. Burke, MD and Andrew M. Ryan, PhD. ("The Complex Relationship between Cost and Quality in US Health Care") February 2014.

The United States spends between 50-200% more on health care per capita than other economically developed countries. The US ranks 26th in the world in terms of life expectancy and low on other quality indicators, such as nursing care quality. Medical specialists were 65% more prevalent in high-spending locations, whereas general and family practitioners were 26% less. Medicare enrollees who resided in regions with high expenditure received 60% more services. This increased use of healthcare cannot be attributed to rising disease rates or life expectancy.

The researchers discovered substantial regional disparities in health care spending and quality. Increased-intensity treatment may enhance patient outcomes. According to a study, increased operation intensity was connected with a decreased death rate one year following hospitalization. While the medical personnel in the United States is highly skilled in intense medical treatments, the existing health care system may overlook low-cost, low-intensity health care initiatives. The FDA will only approve a medicine or device if it has been demonstrated to be both safe and effective.

No obligation exists that new medications or technologies be more effective or less expensive than already available regimens. As a result, costly novel medicines are being used despite the lack of compelling evidence that these medicines enhance patient outcomes. The Choosing Wisely campaign urges clinicians to make judgments regarding the appropriateness of medical care based on the unique circumstances of each patient, rather than simply following established recommendations. Across the country, eliminating unneeded tests and treatments would have a small effect on health care costs. A national objective is to reduce unnecessary aggressive health care.

We must guarantee that cost-cutting measures do not degrade the quality of health care or patient outcomes. Given the evidence that intensive care can enhance patient outcomes, policymakers should use a scalpel, not a hacksaw.

The second one was written by Apoorva Ph.D. (2019) on the title of "National Health Expenditures, 2018: Spending Growth Remains Steady Even With Increases in Private Health Insurance and Medicare Spending" The United States National Health Expenditures (NHE) increased by 4.6 percent to \$3.6 trillion or \$11,172 per capita in 2018. This PRP examines the breakdown of health care spending and changes in its various subcomponents. Personal healthcare spending maintained a growth rate of 4.1 percent in both 2017 and 2018.

Health care spending is divided into investment and spending under different health insurance programs (private health insurance, Medicare, Medicaid, and other), out-of-pocket, and by other (non-insurance) third-party payers. The sum of the components will be \$3.6 trillion.

In 2018, the US spent \$3.649.4 billion on health care or \$11.1172 per person. A total of \$3075.5 billion was spent on personal healthcare in 2018. It was followed by the federal government (\$1033.8 billion) and households (28.4%). 16.5% (\$602.5 billion) came from private enterprises, while 6.9% (\$250.7 million) came from state and municipal governments.

Reference

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Rama. (2018). National Health Expenditures. *Policy Research Perspectives*, 1–17.

<https://www.ama-assn.org/system/files/2020-08/prp-annual-spending-2018.pdf>