**The Anatomy of Health Care in the United States**

1. What is responsible for 91% of the healthcare cost increase since 2000?
   1. Price (especially of hospital charges), professional services, drugs and devices, and administrative costs
2. What 3 factors have produced the most change?
   1. Consolidation: with gewer general hospitals and more single-specialty hospitals and physician groups, producing financial concentration in health systems, insurers, pharmacies, and benefit managers
   2. Information technology: investment has occurred by value is elusive
   3. The patient as consumer: influence is sought outside traditional channels, using social media, informal networks, new public sources of information, and self-management software
3. The article states, “Clinicians increasingly are expected to substitute social and economic goals for the needs of a single patient.” Give an example that illustrates this point.
   1. When a lower-class patient needs medication, the clinicians have to choose the medications that are cheaper to meet the needs of the lower-class patient, which might mean the dosage isn’t as high and the treatment isn’t as effective.

**Reimagining the Future of America’s Healthcare System**

1. McClellan states that the US is willing to spend money on healthcare, the problem is the “distribution of funds.” What does he mean?
   1. Compared to 34 other nations in the OECD, the US’s health care spending is on par with its peers. Where things diverge is how those funds are allocated. The US spends about half as much on social services as it does for traditional health care programs. We are witnessing a divergence in population health outcomes. That means that even though people value longer and better lives, there’s an increase in mortality rates related to substance abuse, violence, suicide, cardiovascular disease, diabetes, and cancer.
2. What is a “fee for value” approach to healthcare?
   1. McClellan advocates moving to a fee structure that pays health practitioners for achiecing the desired health outcome, not simply for ordering a test or scan. That gives clinicians the freedom to make decisions that are in the best interest of the patient. They’re able to make treatment options available that are often less expensive and more effective, all while being compensated for achieving the ultimate goal: giving people longer and better lives

**The Healing of America – France**

1. Describe system
2. Highlight differences to US
3. Analyze which aspects are better and which are worse than US

**Where Health Disparities Begin Health Affairs 2011**

1. According to the author, how can decreasing spending on education, child care, and jobs increase medical costs?
   1. Reducing spending in these areas could actually increase medical costs by magnifying disease burden and widening health disparities. Disease rates and health care costs are connected to education, employment, and socioeconomic well-being
2. What are the 4 reasons why the author thinks this issue is so important now?
   1. A time of worsening socioeconomic conditions and rising inequality, formented by the recession and economic policies
   2. Exposing children to today’s adverse social conditions has ramifications for the health of tomorrow’s adults
   3. The very programs that could cushion stresses on children and families are now vulnerable to proposed budget reduction
   4. Presidential and congressional elections are fast approaching, and many politicians are eager to exhibit their fiscal conservatism by reducing the size of government and eliminating social programs

**Health care is a Business, Not a Right**

1. Contrast market exchange with reciprocal altruism
   1. Market exchange is the form that we’re familiar with. You go to the store, you give the clerk money, and you get to take goods away with you. Market exchange is impersonal, explicit, and limited : I know what I am getting, and once we walk away, we have no further obligations to each other. Market exchange is what modern societies use for most of their economies, but what foragers use for dealing with strangers
   2. Reciprocal altruism is a system of mutual obligation: I do a favor for you now, and you do a favor for me at some unspecified point in the future. Reciprocal altruism is not explicit, and it is not limited in the same way that market exchange is. It is what you do in families: your sister comes over to help you clean your house, and at some point in the future, when she asks for helping mulching the yard, you’ll have a hard time saying no unless you can point to some other obligation that you’ve already taken on.
2. Why does the author think healthcare can never be a right?
   1. It has to stop before we run out of wallet. Which means that no matter how much it horrifies, we have to stop hoping for a system that will make those hard decision and unhappy trade-offs go away

**Is Health care a right?**

1. How does this article reframe the discussion of healthcare entitlements?