

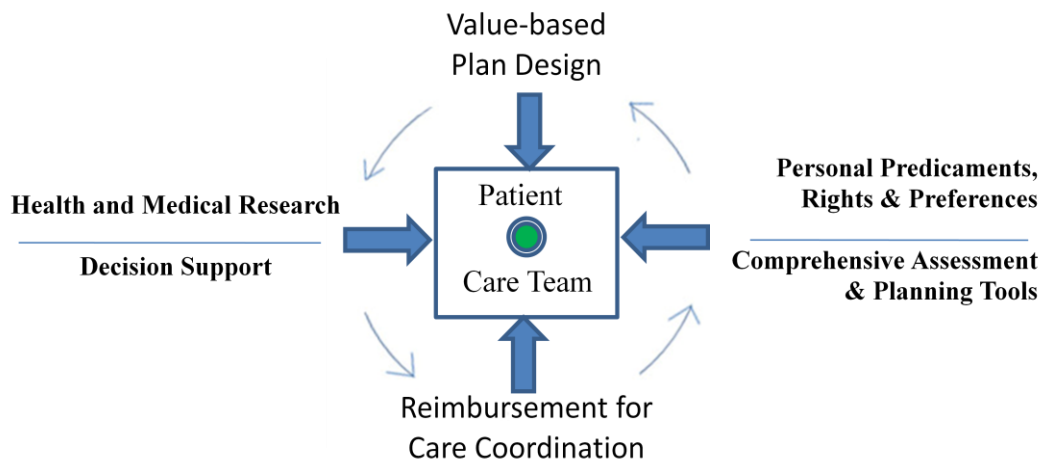


National Health Council

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The U.S. Health Care Delivery System: A Value-based Plan Design for People with Chronic Conditions

Getting the right care at the right time to the right patient for the right price – Institute of Medicine ¹



Evidence-based medicine, as defined by Dr. David Sackett, integrates clinical expertise with the best evidence and individual patients' predicaments, rights, and preferences to support making the best health care decisions.²

According to a 2006 study from the Rand Corporation, American adults receive just 55% of recommended care.³ Twenty percent of the population incur 80% of total health care expenses.⁴ To provide true value in health care (represented above by the center dot), there must be a confluence of health research and personal circumstances, which include the patient's genetic, ethnic, religious, and social-economic status at the point of care. Jack Wennberg, MD, a leading U.S. expert on medical practice variation, states that to improve the quality of health care and control costs responsibly, there needs to be organized delivery systems that "must first be aimed at rationalizing care processes."⁵

The marriage of health research with real-world application leads to improved health outcomes and helps us to curb costs responsibly. New delivery models that are founded on principles of evidence-based medicine, empowered by electronic decision support, respectful of the individual patient's unique situation at the point of care, and committed to reducing out-of-pocket expenses while reimbursing for care coordination are proving to be the most cost-effective health reform strategies available.

An individualized care plan that includes an integrated, coordinated care team that is focused on the individual patient's unique situation can ensure that knowledge is appropriately directed to enable people with chronic conditions and their family caregivers to make educated decisions regarding their treatments and live healthy and productive lives.

1. Institute of Medicine. Statement on Value in Health Care. Available at: <http://www.iom.edu/?id=56943>.

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3. Wu S, Green A. "Projection of Chronic Illness Prevalence and Cost Inflation." Prepared for Partnership for Solutions by RAND Corporation. Baltimore: The Johns Hopkins University; 2000. As reported by the Robert Wood Johnson Foundation, "Chronic Conditions: Making the Case for Ongoing Care," December 2002. Available at <http://www.rwjf.org/files/research/chronicbook2002.pdf>.

4. Agency for Healthcare Research and Quality. Research in Action, June 2006. Available at <http://www.ahrq.gov/research/ria19/expendria.pdf>.

5. The Dartmouth Institute for Health Policy & Clinical Practice. Improving Quality and curbing Health Care Spending: Opportunities for the congress and the Obama Administration, December 2008: 7. Available at http://tdi.dartmouth.edu/press_releases/Policy%20Paper%20E-vfnl.pdf.