

# INCREASE PREVENTION AND DECREASE HEALTH SPENDING: THE USA EXPERIENCE

Reported by: **Dr. Alice Geroges Geagea,**  
Lebanese Health Society

*Preventive Medicine is somehow neglected in various countries, including Lebanon. Primary, secondary or tertiary preventions are hardly making part of the priorities in strategic planning of the government. However, the non-government organizations do the major share. Budget allocation by the Ministries is usually minimal compared to other services. This article stresses the importance of tertiary prevention in controlling the health spending.*

Prevention is the key to cost control and improving the quality of health care in many nations. Most people think of prevention as vaccines and screening tests. But it is tertiary prevention—keeping people with established diseases from becoming worse—that holds the greatest promise for strengthening the health care system. Why? Health care costs are unevenly distributed across populations. In the United States, 50% of the population uses hardly any health care, whereas 10% consumes nearly two-thirds of all health care spending. The latter are patients with one or more chronic conditions, such as congestive heart failure, diabetes, or cancer. To control costs, we must prevent the conditions of this 10% of patients from worsening.

Primary preventative strategies (treating healthy people to avoid disease), such as vaccination, and secondary strategies (diagnosing and treating people who are at risk of developing disease) remain critical interventions.

Tertiary prevention improves the care of patients with serious and often multiple chronic illnesses, and it requires extending responsibility for their health beyond the hospital and physician's office. This approach begins with interventions that transform medical care: entrusting care to multidisciplinary teams that share a common electronic health record with a single care plan; giving the patient access to a health care provider who has the patient's clinical notes, diagnoses, medication list, and care plan; and establishing specialized clinics for recurrent problems. It also requires careful monitoring at home of early physiologic indicators; frequent interactions (in person, by phone, or by e-mail) to enhance patient engagement with their own health through activities such as diet compliance; home services, including house calls for emergencies; education and support for the patient's caregivers and family members; and even transportation services to ferry patients to and from medical appointments.



This type of intensive outpatient care for the chronically ill can achieve remarkable results. For instance, CareMore, a private health plan for seniors, has documented a 56% reduction in hospitalization of patients with congestive heart failure and a 60% reduction in amputations for diabetics. Overall, CareMore's Medicare beneficiaries have a readmission rate of 10% as compared to approximately 20% for all Medicare patients (Medicare is the U.S. federal health insurance program for seniors). Hospital lengths of stay are 38% shorter than the national average. The primary care team and specialists work together closely, avoiding many superfluous tests and treatments. This approach has dramatically improved the quality of care, with cost savings focused in three areas: reductions in emergency room use, hospitalization and readmission rates, and use of specialists. Overall, groups such as Care More reduce costs by 15 to 20%.

The expansion of tertiary prevention presents important challenges. How can, proven models be successfully introduced into new settings? Can Medicare, Medicaid, and private payers transform their payment systems to incentivize the appropriate types of services? Groups that have successfully implemented tertiary prevention usually receive global capitation payments that allow them to redirect resources and reward physicians and other providers for improving the health of their patients, rather than rewarding them for treating acute exacerbations. Somehow, health care systems must move away from a fee-for-service payment system that rewards performing more interventions and penalizes a tertiary prevention approach. Any quality health care system must control costs. An effective implementation of tertiary preventative measures is an important step in this direction, while simultaneously improving health.

## PRESS RELEASE



### LUCAS™ – Your partner in life-support

The latest international guidelines for cardiopulmonary resuscitation emphasize the importance of effective and minimally interrupted compressions as one of the keys to improve cardiac arrest patients' outcomes.

Rescuers should provide at least 100 compressions a minute, with a depth of at least 5 cm, allowing for full recoil between each compression.

However, it is difficult to know if the rate and depth of

compressions are correct, and it is tiring to keep up effective compressions over more than a minute. Studies show that, when measured, manual CPR seldom meet the guidelines depth, and that up to 50% of the time is "no-flow" time where compressions are not provided at all due to rescuers focusing on other life-saving tasks.

LUCAS Chest Compression System from Physio-Control, Inc. (Redmond, WA, US) is a tool designed to help you improve chest compression quality and to help increase the chances for good outcomes after cardiac arrest.

The device automatically delivers effective and consistent chest compressions according to guidelines, and has shown to increase blood circulation compared to manual CPR:

- Improved flow to the brain and heart.
- Improved ETCO<sub>2</sub>.
- More flow time – less interruptions.

In addition to this, LUCAS helps you to provide more progressive patient care, higher operational efficacy and a safer work environment for your team.

#### LUCAS:

- Frees up hands, allows you to focus on other life-saving tasks.
- Allows for safe and effective transportation both in ambulances and inside hospitals.
- Allows for other therapies, coronary intervention or prolonged CPR in cases of cardiac arrest due to for example acute myocardial infarction, pulmonary embolism, accidental hypothermia and anaphylactic shock.

LUCAS has over 90 publications to date and is used by hospitals and EMS organizations all over the world.

For technical and clinical references please feel free to contact us  
LUCAS2 is sold at BISCO the sole distributor of Physio-Control products in Lebanon



Tel/Fax: 01.388588/ 688/ 788 Mobile: 70.310505 E-mail: support@bisco.com.lb Facebook Page: BISCO Emergency Shop

