The American Health Care Dilemma
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Given the vigorous debate on health care and health care costs, this article attempts to give HR professionals an understanding of issues that go into maintenance of health, how health care practice in the US differs from other developed countries, and the impact that has on our global competitiveness.

As a nation we are passionate about technology and have used it to good advantage. Millions of unskilled and semiskilled positions have been replaced by powerful and more efficient materials handling equipment, more accurate and reliable robotics, computer simulation versus test modeling, world-wide interactive video conferencing, RFIDs to track transit, bar codes that track pricing and inventory, information systems that track inventory and arrange just-in-time delivery. We fix problems and find newer and better methods for just about everything. We have applied technology with good results as well to our health care system. We have spent massively on high tech equipment to diagnose and treat disease and shorten hospital stays.

For people with life-threatening conditions, there is no nation better equipped than the US. Yet somehow, our sophisticated treatment processes have proven a double edged sword. While we can treat previously incurable illnesses we leave some with no health care at all. The life span of Americans is decreasing compared to other developed countries though we pay, on average, twice as much per capita. How can that be?

The answer to this question is that we are focusing in the wrong area for maintaining the health status of our personnel. Instead of keeping bodies sound in the first place, we look to hospitals to make things right. This paradigm is costing us dearly.

We also suffer unintended consequences from a fee for service health care system that encourages migration into specialty areas that offer greater financial reward. While we attempt to protect workers by offering health insurance, we have fostered an insidious process for running up costs. We perform many unnecessary tests and procedures simply because “Insurance covers it.” Our desire to justly compensate those who have been harmed has run amok. Trial attorneys advertise increasingly to find cases with high jury appeal that will reap handsome contingency fees. Juries reason: “After all, insurance pays for it.” I worked in health care administration, assisted insurance company defense attorneys, and know from the inside how the system works. The “insurance company” with presumably deep pockets increase the cost of care for all of us.

Health care has a number of variables that impact cost.

1. It is a highly individualized service that must be available locally and quickly for emergencies.
2. Every community takes pride in having a well-equipped hospital. It makes residents feel safe and is a magnet for attracting businesses.
3. It’s wonderful to have a $2 million robotic surgery machine, but how will this cost be amortized when it is truly needed by only 20 to 30% of patients? Can this cost be shared by several hospitals in a region instead of each hospital sporting its own?
4. We have a shortage of front line care givers, the least financially rewarding area of medical practice, yet the one that provides highest cost/benefit.
5. We enjoy the sense of safety of having a nearby emergency room, but the cost of maintaining one goes well beyond what one sees when entering the door. ERs must have 24/7 diagnostic services (xray and laboratory) staffed by professional personnel to provide quick delivery of results, 24/7 pharmacies to prepare and supply medications, adjunct care like respiratory care and a means of serving those who need continuing intensive care.

I served for 8 years on the board of Kansas City’s first HMO. Our medical director was a Harvard grad and board certified internist. We looked constantly at cost/benefit ratios. It was quickly obvious that the greatest cost/benefit came from offering solid primary care.

I still remember a study conducted 40 years ago by the National Institutes of Health. It investigated factors influencing health. Everything I have read since supports those original findings.

The NIH study weighed the relative contribution of the following four factors for their influence on health status:

- **70% :life style** (balanced diet, normal body weight, regular exercise, moderate use of alcohol, no smoking, getting sufficient sleep, reducing stress, and a solid social support system. (People with close friends enjoy healthier immune systems and less illness.)
- **10%: heredity**. All of us have hereditary predispositions, many of which can be controlled except for some fatal chromosomal abnormalities.
- **10%:environment**. Environment includes the air we breathe, the quality of our water supply, the misuse of household poisons, occupational hazards (physical risk, exposure to toxins, and high-stress work environments).
- **10%: medical intervention**.

I remember how floored I was at the allocation made to medical intervention, but I believe these ratios are as valid today as they were 40 years ago. What went wrong? We allowed ourselves to become over-reliant on treating illness and less attentive to staying healthy.

We have overinvested in hospital care and underinvested in primary/preventive care.
Since Americans have largely unhealthy life styles, we will continue needing these sophisticated illness care services. A diet of convenience foods overloaded with refined sugars, high sodium, and saturated fats will continue taking its toll. Pushing the remote from a couch is not exercise. Watching TV while walking on a treadmill or using other forms of exercise equipment is very healthy multitasking.

Hopefully this article can help us encourage policies and practices that really do make our workforces healthier and control health care costs to allow us greater global competitiveness.

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