Cost, Quality, Access: Balancing the Health Policy Triumvirate

A DISCUSSION FEATURING:

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Friday, March 4, 2005
9:30 am — Refreshments
10:00 am–Noon — Discussion

Reserve Officers Association of the United States
One Constitution Avenue, NE
Congressional Hall of Honor — Fifth Floor
(Across from the Dirksen Senate Office Building)

To register:
Please send your contact information to nhpfmeet@gwu.edu as soon as possible. Space is limited.
Cost, Quality, Access: Balancing the Health Policy Triumvirate

Advances in medical science are typically greeted with much fanfare and optimism. The development of each new drug, device, technology, or treatment technique offers hope to the sick and portends long, happy life spans for future generations. The American public not only hopes for but expects “medical miracles” to cure disease and eradicate disability. Over the last half century, the United States has achieved remarkable success in health care and is arguably the world leader in the development of “cutting edge” products and services.

Innovations in medical care have come at very high cost, however. As medical expenses spiral, consistently outpacing inflation, health insurance has become increasingly unaffordable and the percentage of the population covered by insurance has declined. Despite shrinking coverage levels, health care claims a growing slice of the economic pie and consumes substantial resources that could otherwise be focused on other beneficial social goods, such as education, housing, and environmental improvements. Growing inequities in access to care and escalating budget pressures have caused many to question the long-term sustainability of the ever-expanding health care enterprise.

Few would advocate a moratorium on medical breakthroughs, yet many argue that existing and emerging treatments could be deployed in a far more equitable, effective, and efficient manner. A general consensus exists that the current health care system suffers from a...
simultaneous over-use and under-use of goods and services. The “right” products and services are not being provided to the “right” people at the “right” time. But ascertaining these elusive “right” choices and crafting workable policy incentives to guide these choices is tricky business.

SPEAKERS
The vision of high quality, universally accessible health care at sustainable cost lies at the heart of nearly every health policy debate. This Forum session will highlight the work of three leading health policy experts who offer thought-provoking ideas for reforming health care delivery, research, and financing systems. Each of these speakers has presented at prior Forum events and is attuned to the information needs and concerns of policymakers.

David Cutler, PhD, is currently professor of economics in the department of economics at the Kennedy School of Government, and associate dean of the Faculty of Arts and Sciences for Social Sciences at Harvard University. Dr. Cutler served on the Council of Economic Advisers and the National Economic Council during the Clinton administration, and, among other affiliations, he has held positions with the National Institutes of Health and the National Academy of Sciences. Dr. Cutler is the author of *Your Money or Your Life: Strong Medicine for America’s Health Care System*. He recently presented at the biannual NHPF briefings “Understanding Medicare and Medicaid: Fundamentals and Issues for the New Congress.”

Daniel Callahan, PhD, cofounded the The Hastings Center in 1969 to examine the ethical issues of medicine, biology, and the environment. Over the years, his interests have ranged widely, exploring ethical concerns from the beginning to the end of life. In recent years, he has concentrated his attention on health policy and research policy. In addition to his work at the Center, he is a senior fellow at the Harvard Medical School, directing its ethics track. Dr. Callahan is the author or editor of 36 books, including *What Price Better Health? Hazards of the Research Imperative*.

Jerry Avorn, MD, is an associate professor of medicine at Harvard Medical School and chief of the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women’s Hospital in Boston. An internist, geriatrician, and pharmacoepidemiologist, he focuses his research on medication use, with particular reference to elderly patients and chronic disease. Topics of particular interest include scientific, policy, and social determinants of physician prescribing practices; patient compliance; quantification of risks and benefits of drugs; and pharmaceutical cost-effectiveness analysis. Dr. Avorn recently published *Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs*. 
KEY QUESTIONS

The Forum session will explore a broad range of provocative issues, including:

- Is the United States spending too much or too little on health care? What comes first in getting better value for our expenditures, covering the uninsured or improving the cost-effectiveness of health care? Is this yet another chicken-or-egg dilemma?

- How can public and private reimbursement policies reward effective and efficient care? Are “pay for performance” approaches feasible in the near term, or are they a pipedream?

- Is the existing evidence base robust enough to guide clinical decision making and shape pay for performance standards? Can existing information systems and risk adjustment techniques yield meaningful performance metrics?

- Beyond financing incentives, what levers are needed to shift inappropriate medical practice patterns and inefficient organizational models?

- Are the existing research agendas of the National Institutes of Health, the Agency for Health Care Research and Quality, and other public research agencies moving the United States toward a more desirable health care system? What changes are needed?

- To what extent should research investments be re-directed from basic research toward applied clinical research? Toward a more equitable distribution of health care services? Toward disease prevention?

- What changes are needed in the oversight and dissemination of clinical research?

- Should drug and device approval processes examine the effectiveness of new products in comparison to existing treatments? How should “productless” treatments be addressed?

- To what extent should economic factors be considered in analyses of comparative effectiveness? Should such analyses be incorporated into regulatory processes, or should public and private health care purchasers (either individually or collaboratively) resolve these questions? How could these efforts be funded?