



For Immediate Release
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Expanding Coverage without Increasing Health Care Spending: Dartmouth Institute White Paper Recommends Course for the Obama Administration

Lebanon, NH – The United States can extend coverage to the country’s uninsured without substantially increasing overall health care costs, according to a Dartmouth Atlas white paper released today by The Dartmouth Institute for Health Policy and Clinical Practice (TDI).

“Most analyses of coverage reform predict that we will spend more as a nation on health care once the uninsured gain coverage and begin consuming more care,” write lead authors John E. Wennberg and Shannon Brownlee. “But we predict that covering everyone will have a much smaller impact on the trend in health care costs, *provided that capacity is not increased.*” Co-authors of the paper are Elliott S. Fisher, Jonathan S. Skinner, and James N. Weinstein, all of TDI.

Not increasing capacity while improving quality and increasing coverage, say the authors, can be achieved in a number of ways, including reducing oversupply of health care services in high spending regions of the country. As documented repeatedly over 20 years of research by the Dartmouth Atlas Project, more spending on health care, more procedures and more hospitalizations, do not result in better health outcomes for patients.

The paper, *An Agenda for Change-- Improving Quality and Curbing Health Care Spending: Opportunities for the Congress and the Obama Administration*, presents four priorities for achieving true health care reform:

- Promote the growth of organized systems of care. Atlas research has shown that the best, most effective, efficient, and appropriate health care is delivered by systems such as the Geisinger Clinic, Mayo Clinic, and others. Were lower-performing, higher-cost, higher intensity hospitals and providers to adopt the practices of these high value integrated systems, costs would be greatly reduced. Most importantly, patients would receive better care. The paper lays out specific changes that would encourage health providers to move to organized delivery systems.
- Require informed patient choice and shared decision-making. By not adequately informing patients about risks and benefits and the full range of treatment options available to them, patients often receive care that they do not want – and would not choose had they been fully informed. TDI research has shown that implementing shared decision-making results in lower costs, better outcomes, and higher patient satisfaction. The paper recommends action at the federal and state levels to ensure informed patient choice. It also makes the case for Centers for

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- Medicare and Medicaid Services (CMS) to reform payment policies to provide incentives to providers to implement shared decision-making.
- Establish a federal physician workforce policy that achieves the goals of organized care. TDI research has shown that the U.S. does not need more physicians; we have enough to care for America's needs well into the future. Congress should resist raising the cap on graduate medical training posts funded by Medicare. Concurrently, Medicare should promote the training of more primary care physicians and offer increased funding to programs that teach coordinated, community-based care for chronic illness.
- Fund a Federal science policy that builds the scientific basis for cost-effective care. Wennberg, Brownlee and their co-authors argue that current discussions of comparative effectiveness are not enough to reduce variation and overuse of care. Medical effectiveness research must create a system for continuous evaluation of emerging clinical theories and technologies.

“Comprehensive health care reform is not only possible, it is imperative. Conventional wisdom would asset that in the current financial crisis, we cannot afford to embark on reform, and that Americans are not prepared to stomach dramatic changes in either their coverage or the way care is delivered,” write the authors.

“But a recent survey published in the *New England Journal of Medicine* reported that 70 percent of respondents believe that the system needs major changes, if not a complete overhaul...We believe that affordable, high quality health care coverage should be the goal. The way to achieve that goal is through fundamental changes in the delivery system, and the time to begin making those changes is now...The wealth and health of the nation depend upon it.”

John E. Wennberg is the Founder and Director Emeritus of The Dartmouth Institute for Health Policy and Clinical Practice and of the Dartmouth Atlas Project. He holds the Peggy Y. Thomson Chair in the Evaluative Clinical Sciences. Shannon Brownlee is a Visiting Scholar at the National Institutes for Health, a Senior Fellow of the New America Foundation, a Woodrow Wilson Fellow, and the author of *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer*, published by Bloomsbury Press in 2007.

Copies of the paper can be downloaded at <http://www.dartmouthatlas.org> or www.tdi.dartmouth.edu. Media contact: Deborah Kimbell at deborah.kimbell@dartmouth.edu or 603-653-3602/802-236-6934 (cell).

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