

eCommons@AKU

Department of Emergency Medicine

Medical College, Pakistan

May 2013

Increasing health care costs and its adverse impact on healthcare

Waris Qidwai Aga Khan University

Follow this and additional works at: http://ecommons.aku.edu/pakistan_fhs_mc_emerg_med
Part of the Community Health and Preventive Medicine Commons, Health Services
Administration Commons, and the Primary Care Commons

Recommended Citation

Qidwai, W. (2013). Increasing health care costs and its adverse impact on healthcare. *Journal of Liaquat University of Medical and Health Sciences*, 12(2), 68-69.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_emerg_med/36

Edito-

Increasing Health Care Costs and its Adverse Impact on Healthcare and Health: A Call for Action

Waris Qidwai

Modern day medicine has improved life expectancy and health of populations in general. This is a matter of great satisfaction, for those involved in this great achievement of the last century. Technological advancement and development of new diagnostic and therapeutic modalities, has opened options for better health care intervention, leading to better health outcomes. It is unfortunate, that options for improved health care interventions and better health outcomes have come at a cost that countries, communities and families are finding increasingly difficult to utilize. Rationing of certain services is being recommended.

The rising cost of health care is an issue confronting both resource rich and resource constraint countries. National Health Service (NHS) in the United Kingdom (UK) is finding it challenging to continue to meet the growing health care needs of the British population, particularly the growing geriatric population with multiple co-morbidities.3 This has led to the introduction of partial charges for certain health care services that are now being directly charged to the patient. Similar challenges are faced by health care delivery systems in Canada, Australia, and other resource rich countries. United States of America (USA) spends a substantial portion of its GDP on health, yet a large majority of its population lacks access to modern medical care due to rising costs and lack of insurance.4 Oil rich countries are also facing similar challenges for health care delivery.

The issue of rising costs of health care is causing a much more serious problem for the resource constraint countries. Lack of resources that includes human, infrastructure and financial resources on one hand and the rising costs of health care on the other, is adversely impacting health care in these countries. The issue of rising costs of health care is part of a more complex problem that includes lack of proper governance and utilization of resources in a proper manner and corruption in the system that erodes the limited available resources. A Lack of human development approach⁵ in resource constraint countries, results in population that lacks education and insight into how to look after their health and that of their families. They are unable to utilize limited resources available to improve and sustain health due to lack of proper job opportunities and due to their socially disadvantaged position.

Given the huge problem of rising costs of health care in an environment of limited resources, innovative and

multipronged approaches are required to meet the ensuing challenges. A human development approach⁵ will be necessary in general and for resource constraint countries in particular, so that better utilization of limited available health care resources is ensured. An educated person, gainfully employed and favorably placed socially, is in a better position to judiciously utilize health care resources and with better health related outcomes.

A strong emphasis on health maintenance and disease prevention should be the backbone of any comprehensive approach to deal with curtailment of health care budget and costs. This will require a strong focus on strengthening primary health care and its function in the overall health care delivery. This change in focus will have to be part of an overall change in health care delivery system that ensures its proper functioning at primary, secondary and tertiary levels. A waste of resources occurs when a primary care level patient bypasses the system and goes to tertiary level. Not only valuable resources are wasted, patient related health outcomes are also not satisfactory, since tertiary level services are not geared to provide primary care services.

A major revamp in medical education curriculum will be required to educate and train health care providers, in the judicious use of limited health care resources. An approach based on knee jerk response, to request for a battery of tests in any given clinical situation is no longer sustainable. Medical colleges and universities should train health care providers, who request for investigations based on genuine patient need that will make a difference to patient management and health related outcome. Limited health care resources being used for purely academic reasons should be justified. Evidence based clinical guidance can help reduce health care costs. ⁶

The development and testing of health care delivery models, having a favorable benefit to cost ratio will require innovative and out of the box thinking. For example, training of Private Drug Sellers⁷ has been shown to improve health outcomes and saves costs associated with hiring of trained Pharmacists, according one innovative model. Training of nurses and paramedics to take on more responsibilities will improve efficiency of doctors and will save costs.⁸

Development of low costs investigations and drugs through research and development will provide opportunities for cutting overall health care costs. Sharing

of resources and collaboration between services will reduce health care costs. Judicious use of Information "Information and Communication Technology" (ICT), will reduce costs by offering avenues for econsultations for patients, better record keeping and learning opportunities for health care providers that will improve health care delivery and health related outcomes.⁵

Today we live in a world where resources are shrinking and health care needs continue to increase. We are aware of the reasons for increasing health care costs and have insights into the ways in which these costs can be curtailed, without compromising health related outcomes. It is high time that World Health Organization, governments, academicians and all shareholders join hands to cut health care costs by improving efficiency of health care delivery system, so that health of populations and community can be improved, by ensuring universal and equitable access to health care services.

REFERENCES

- Lisitsyn IuP, Zhuravleva TV. The major achievements of medicine in XX-early XXI centuries and their significance for the near future. Probl Sotsialnoi Gig Zdravookhranenniiai Istor Med. 2012;(5):3-6.
- 2. Huguier M. Healthcare expenditure. Bull Acad Natl Med. 2012;196(7):1443-9.
- 3. Wilson PM, Kataria N, McNeilly E. Patient and

- carer experience of obtaining regular prescribed medication for chronic disease in the English National Health Service: a qualitative study. BMC Health Serv Res. 2013;13(1):192.
- 4. Krueger AB, Kuziemko I. The demand for health insurance among uninsured Americans: Results of a survey experiment and implications for policy. J Health Econ. 2013;32(5):780-793
- Qidwai W. Healthcare Delivery System Improvements: A Way Forward to Improve Health in Developing Countries and Pakistan. J Coll of Physicians Surg Pak. 2013,23 (5):313-314
- Kosimbei G, Hanson K, English M. Do clinical guidelines reduce clinician dependent costs? Health Res Policy Syst. 2011;9:24.
- 7. Qidwai W, Krishanani MK, Hashmi S, Afridi M and Ali RA. Private Drug Seller's education in improving prescribing practices. J Coll Physicians Surg Pak. 2006;16(12):743-746.
- 8. Hummel J, Pirzada S. Estimating the cost of using non-physician providers in primary care teams in an HMO: where would the savings begin? HMO Pract. 1994;8(4)162-4.
- Qidwai W, Hamza HB, Qureshi R, Gilani A. Effectiveness, safety, and tolerability of powdered Nigella sativa (kalonji) seed in capsules on serum lipid levels, blood sugar, blood pressure, and body weight in adults: results of a randomized, double-blind controlled trial. J Altern Complement Med. 2009;15(6):639-44.



AUTHOR AFFILIATION:

Dr. Waris Oidwai

Professor and Chairman Department of Family Medicine Aga Khan University Karachi, Sindh-Pakistan. E-mail: waris.qidwai@aku.edu