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LEADING THROUGH SOLUTIONS

As a professional school at the world's leading public research university, we have a special obligation to apply our discoveries to solve societal problems.

Nowhere are those problems more manifest today than in the health policy arena. This issue of the magazine highlights the work of the UC Berkeley public health community—faculty, students, alumni, and our partners—in providing some potential solutions to the inadequate access, excessive costs, and varying quality of our health care system. As I have said elsewhere, our health care system is the “poster child for underachievement.”

Approximately 47 million Americans are without health insurance coverage, representing about 15 percent of the population. We also have the costliest health system in the world, with total expenditures approaching \$3 trillion, representing approximately 16 percent of our gross domestic product and involving expenditures of approximately \$6,700 per person per year. At the same time, the quality of care we receive varies widely across providers, geographic regions, medical conditions, and sociodemographic groups. While some progress is being made, more than 100,000 Americans die each year from a preventable medical error; and, another 100,000 from preventable infections. On average, we receive evidence-based recommended care only about half the time. A recent Commonwealth Fund report on comparative health systems ranked the U.S. health system last among six countries studied. In brief, for the United States the “three-legged stool” of access, cost, and quality has totally collapsed and is lying on the ground.

As the work highlighted in this issue suggests, it is possible to have access to high quality, cost-effective health care if we understand how the issues of access, cost, and quality are interrelated. Access to care that remains affordable over the long run can occur only if we also reorganize and improve the delivery system. Expanding health insurance coverage to all Americans must be accompanied by a higher performing delivery system that does not waste people's time, employer or taxpayer dollars, and reduces the unnecessary variation in quality.

A variety of solutions exist for expanding health insurance coverage and paying for it. These include mandating coverage for everyone; requiring employers to either provide coverage for their employees or pay into a pool; offering total subsidies for those who cannot afford coverage; tax credits and/or vouchers for others; and efforts to streamline administrative costs, such as establishing a single payer. Whatever approaches are used, two basic questions must be addressed: 1) How much will it cost? and 2) Who will pay? While these questions will be informed by analysis, the ultimate outcome will be determined in the political arena.

But expanding health insurance coverage alone will not solve the health care crisis. Rather, it only raises a further fundamental question of whether the delivery system is equipped to provide cost-effective care to the increased number of insured Americans. As noted earlier, current evidence suggests that it is not. There is need to create incentives for hospitals, physicians, health centers, and other providers to develop more integrated systems of care—particularly for the more than 100 million Americans suffering from chronic illnesses. If we want better care, we need to reward those providers who produce superior results rather than paying everyone the same. There is also a need for greater use of electronic medical records, health care teams, patient education for management of their illness, and closer linkage to public health and community-based resources. In the process, there is need to draw on the tools and disciplines of operations research, human factors engineering, and quality improvement so that care can be made safer, more effective, and more efficient on a continuous basis. Only if these and related changes in the delivery system occur will the expanded financial access to care resulting from health insurance reform make care affordable and beneficial in the long run for all involved.



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