HEALTH SYSTEM COMPLEXITY: "A Navigation Conundrum"

System complexity connotes the difficulty that many individuals face when navigating the labyrinth of the health care system. In fact, there is no health care "system," but rather a patchwork health care industry composed of doctor's offices, group practices, clinics, hospitals, integrated delivery systems, and public health departments, funded by patients, employers, HMOs, the government, and a plethora of insurance companies—all linked together in an "impossible welter of chains, buying consortia, and voluntary associations that compete, combine, spin off and re-absorb with confusing speed, each with their own institutional and systemic goals and incentives that conflict and combine and influence one another."[1] Within all of this, patients sometimes fail to obtain appropriate care.

The role and effectiveness of the American health care system is once again in the national spotlight and a major focus of policymakers.[2,3,4] It is natural, therefore, to explore within our own community the challenges and opportunities for improved access and appropriate medical response to San Diego's personal and public ills. Notwithstanding the indispensable role and contribution of San Diego's health care community, too many people find it difficult to navigate the tangle of insurance benefits, eligibility requirements, referral protocols, levels of care, and bureaucratic maze.

This topic of health system complexity is categorically different than depression, alcohol abuse, or nutrition and physical activity, but it plays an important role in the social and institutional response to the other three topics as well as to all other health issues.

GLOBAL IMPACT

- Americans, who pay more for health care than any other industrialized nation, are least satisfied with their health care system than anyone else in the developed world.[5]

- Patients report that the health care system is a nightmare to navigate; it is confusing, expensive, unreliable, and often impersonal.[6]

FACT SHEET

- "Nearly three quarters (72%) of the population believe it is difficult for people with chronic conditions to get necessary care." For people with a chronic condition, 72% report difficulty obtaining needed care from a primary care physician, 74% report difficulty obtaining needed medicines, and 79% report difficulty in obtaining needed care from a medical specialist.[7]

- 75% of Americans believe that most people in this country do not get the health and medical care they need.[8]

- About 61% of Americans believe the health care system needs fundamental change, while another 25% believe it needs to be completely rebuilt.[9]

- Almost half (48%) of privately insured adults under age 65 had a problem with their health plan in the last year, with a range of consequences from hassles to paying more to adverse effects on their health.[10]

- "Many patients, doctors, nurses, and health care leaders are concerned that the care delivered is not, essentially, the care we should receive."[11]
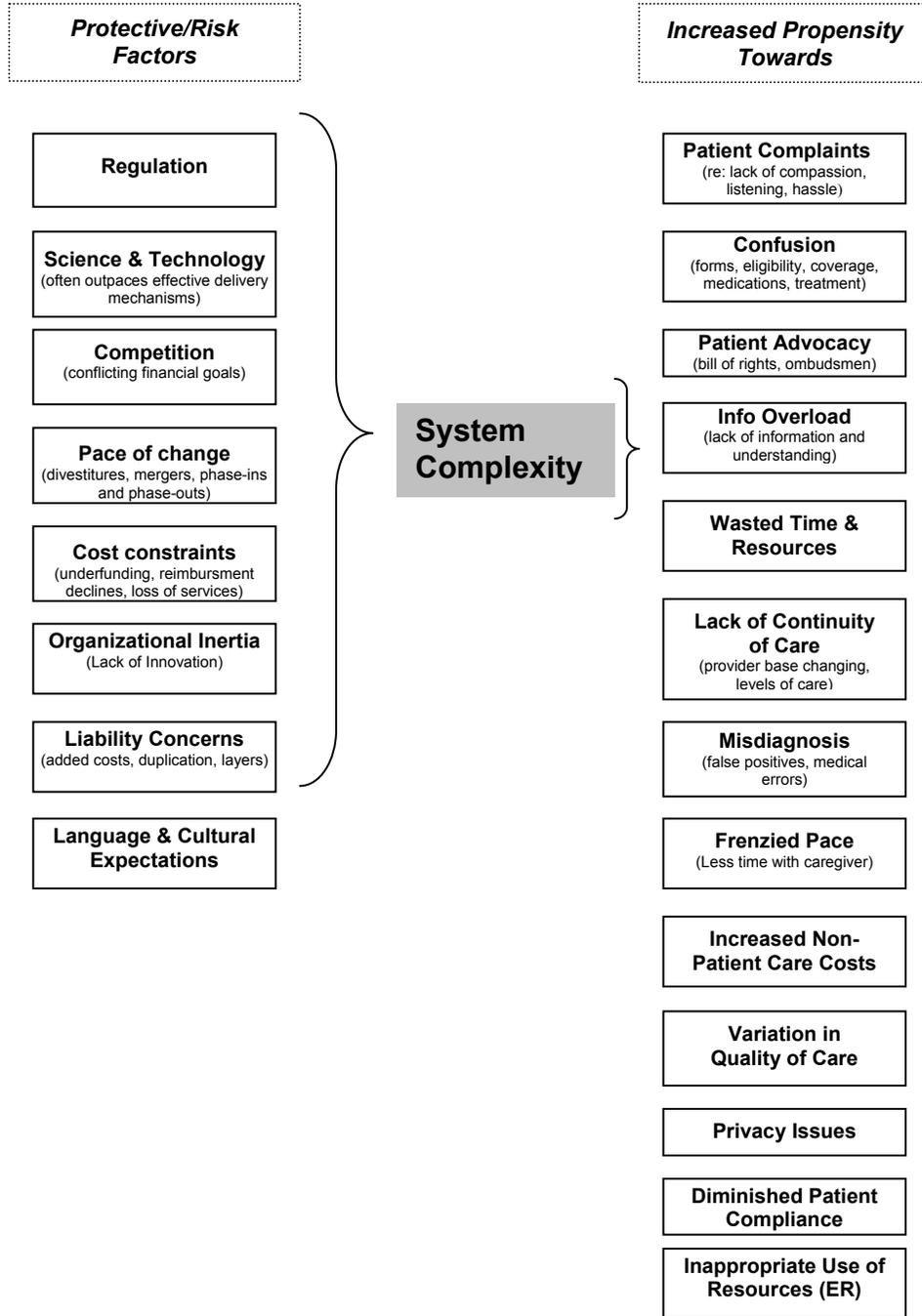

ECONOMIC COSTS

It is difficult to determine the total potential cost savings associated with more efficient, timely, and equitable systems of care. While research suggests unnecessary costs for various aspects of the health care system (e.g., duplication, waste, fraud, lost time, and productivity), these estimates are generally hard to corroborate.

Suffice it to say that a sizeable portion of the $1.3 trillion of total health care spending in the U.S. is available for retrieval.

Total Annual Health Care Spending
Per Capita 1980-2000
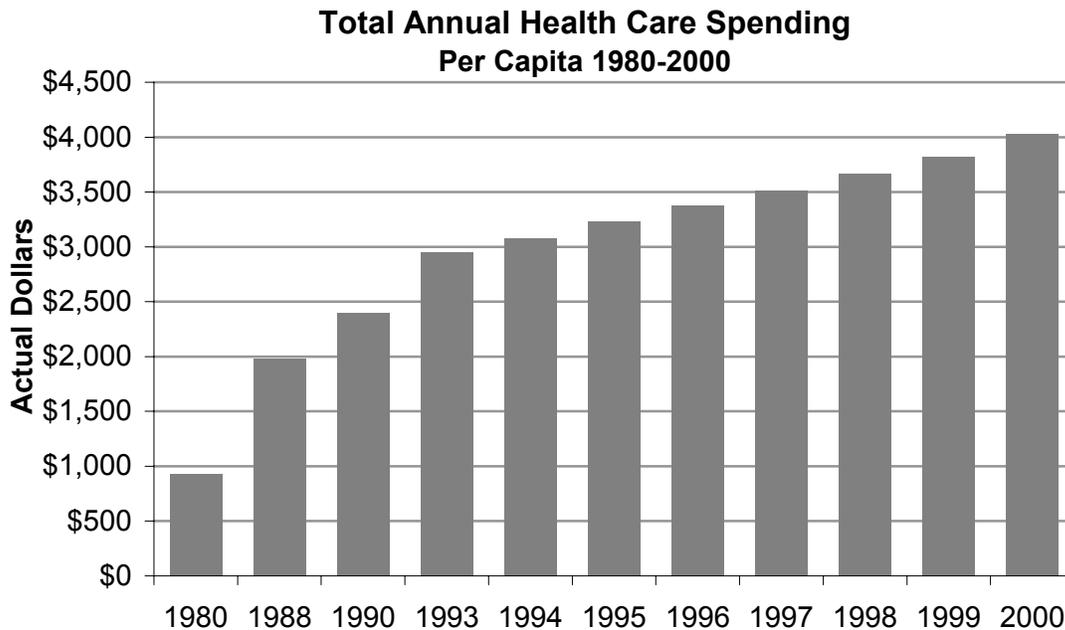
Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group; U.S. Bureau of the Census

DETERMINANTS & CONSEQUENCES

Protective/Risk Factors		*Increased Propensity Towards*

Regulation

Science & Technology
(often outpaces effective delivery mechanisms)

Competition
(conflicting financial goals)

Pace of change
(divestitures, mergers, phase-ins and phase-outs)

Cost constraints
(underfunding, reimbursment declines, loss of services)

Organizational Inertia
(Lack of Innovation)

Liability Concerns
(added costs, duplication, layers)

Language & Cultural Expectations

System Complexity

Patient Complaints
(re: lack of compassion, listening, hassle)

Confusion
(forms, eligibility, coverage, medications, treatment)

Patient Advocacy
(bill of rights, ombudsmen)

Info Overload
(lack of information and understanding)

Wasted Time & Resources

Lack of Continuity of Care
(provider base changing, levels of care)

Misdiagnosis
(false positives, medical errors)

Frenzied Pace
(Less time with caregiver)

Increased Non-Patient Care Costs

Variation in Quality of Care

Privacy Issues

Diminished Patient Compliance

Inappropriate Use of Resources (ER)

GUIDELINES FOR EFFECTIVE PLANNING

In early 1998, The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry developed more than 50 recommendations for improving the health care system. Many of these recommendations were incorporated into the Institute of Medicine's 2001 sentinel report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* which is perhaps the most current and comprehensive overview and discussion of the American health care system. Particular attention here is given to three recommendations and 10 guidelines for process redesign:[12]

1. Important health system improvements will occur at the local level to the degree that all individual health care institutions and organizations "build organizational supports for change" (i.e., supportive of leadership, innovation, and risk taking).

2. Health care organizations should focus greater efforts around care processes for the most common and pervasive conditions. Such efforts, it is believed, can make "sizable improvements in the quality of care received by many individuals within the coming decade."

3. By recognizing that most of the challenges and problems in the system are due to faulty processes, not individuals' failings, developing more user-friendly processes can do much to improve the patient experience.

Guiding Rules

The following 10 guiding rules support the redesign of health care processes and can be applied to both new and existing improvement efforts:

1. Care models that are based on continuous healing relationships include new and innovative access points for patients along the care continuum.
2. Customization care is based on patient needs and values.
3. Patient information and decision-making control.
4. Shared knowledge and the free flow of information are necessary for effective communication between the patient and care-giver.
5. Evidence-based decision-making reduces variation among clinical practices.
6. Safety as a system property reduces risks and ensures patient safety.
7. Availability of information about health care providers and insurance companies allows for informed decision-making.
8. Anticipating patient needs is preferred, as opposed to reacting to events.
9. Minimize waste in time and resources.
10. Cooperation among providers and system partners ensures an appropriate exchange of information and coordination of care.

LOCAL MODEL INITIATIVES & RESOURCES

Model Initiative: *San Diego's Kid's Health Assurance Network (KHAN)*

The San Diego Kid's Health Assurance Network is a community-based project that links uninsured children and their families with health insurance and health care providers. The Network consists of a group of local community-based organizations, hospitals, government agencies, health plans, and schools working together to provide medical and dental coverage for all children in San Diego County.

Strengths of this effort include: identifying innovative ways to utilize existing resources; making it easy for people to ask and receive information; accessing targeted families with creative messages through established channels; partnering with established agencies and organizations, and fostering collaboration with the business community and other community organizations for information dissemination.

Local Resources
- HealthCare Association of San Diego & Imperial Counties – 619-544-0777
- San Diego Medical Society - http://www.sdcms.org/
- Community Health Improvement Partners (CHIP) - www.sdchip.org

State Resources
- California Association of Health Plans - http://www.calhealthplans.com/default.asp
- California Center for Health Improvement - www.cchi.org
- California Department of Health Services - www.dhs.ca.gov
- California Department of Managed Health Care - www.dmhc.ca.gov
- California Healthcare Association - www.calhealth.org
- California HealthCare Foundation - www.chcf.org
- California Medical Association - http://www.cmanet.org/
- California Nurses Association - http://www.igc.org/cna/
- California Primary Care Association - www.cpca.org

National Resources
- Agency for Healthcare Research and Quality - http://www.ahcpr.gov/consumer/
- American Association of Health Plans - www.aahp.org
- American Hospital Association - http://www.aha.org/index.asp
- American Medical Association's Health Insight - www.ama-assn.org/consumer.htm
- Consumer Coalition for Quality Health Care - http://www.consumers.org/worker.htm
- Crossing the Quality Chasm: A New Health System for the 21st Century - http://www.nap.edu/books/0309072808/html/
- Employer Quality Partnership - http://www.eqp.org/
- "For America's Health!" Campaign - http://www.americashealth.org/programs.html
- Health Insurance Association of America (HIAA) - www.hiaa.org
- Joint Commission on Accreditation of Healthcare Organization - www.jcaho.org
- National Committee for Quality Assurance - www.ncqa.org

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[1]Flower J. Building integrated systems: getting paid to keep people healthy. *Healthcare Forum Journal 1993 Mar-Apr;36*(2): 51-3.

[2] Becher EC & Chassin MR. Improving the quality of health care: Who will lead. *Health Affairs 2001;20*(5):164-179.

[3] Institute of Medicine (IOM). *To Err Is Human: Building A Safer Health System, 2000;* and *Crossing the Quality Chasm: A New Health System for the 21st Century, 2001.* [These are two landmark publications from the IOM.]

[4] One example of many education and advocacy efforts is the "For America's Health!" Campaign, supported by W.K. Kellogg, Henry J. Kaiser Family and Robert Wood Johnson Foundations. This is a multi-year national education campaign to examine how the health care system operates, its problems, how it is changing, and how Americans can better understanding the health care system so that people can make informed decisions about their care.

[5] Flower J. Building integrated systems.

[6] Picker Institute and the American Hospital Association, 1996.

[7] Partnership for Solutions. http://www.chronicnet.org/uploads/files/Harris_Survey_11-30-_Final.doc

[8] The Harris Poll. Sept. 8-17, 2000.

[9] CBS News Poll. July 13-14, 1999.

[10] The Henry J. Kaiser Family Foundation, Consumers Union, November 13, 2001.

[11] IOM. *Crossing the Quality Chasm: Executive Summary*. Washington, DC: IOM, 2001.