

## **THE DOCTOR'S CORNER**

By Michael D. Miller, MD

*Educator-Analyst-Consultant for Health Policy & Planning*

### **WORKING TOGETHER ON COMMON CONCERNS & COMPLEX SOLUTIONS**

Column #1 – Summer 2000

When my family gets together in large groups, the talk inevitably turns to healthcare. This is no surprise since I come from a family with two other physicians, and for the last 12 years I have been working on healthcare policy issues in Washington, DC. Two common themes have emerged from these discussions over the years: Getting treatment for a current ailment or illness, and a strong desire for new medicines which will be better able to treat or cure many worrisome diseases like cancer, arthritis, Parkinson's, and AIDS.

For the last six months I have been working as a consultant to PhRMA, and in that capacity I have been talking to a variety of groups to help answer some questions they have about issues related to pharmaceuticals, including:

- How are new medicines researched and developed?
- How do the government, academic institutions, and industry work cooperatively?
- What factors affect the pharmaceutical industry's research decisions?
- Why is the spending on pharmaceuticals increasing?
- Do health systems in other countries operate differently than what we have here in the United States?
- How can access to today's medicines be improved here in the United States? And
- What could happen to our healthcare system that would affect the development of new medicines?

As I have talked with various groups of patients, physicians, managed care executives and others, there has been great similarity to my family discussions. There is general agreement that access to medicines should be improved, and about the great benefit we all expect from potential new medicines still in the research stage whose safety and effectiveness are still being evaluated. However, there is controversy about paying for medicines -- how they should be paid for, and who should be paying for them.

It is clear that our healthcare system is complex and could be improved in several areas. For example, about 44 million people here in the US do not have health insurance, and 1/3 of people with Medicare do not have coverage for outpatient prescription drugs. International comparisons are also interesting. For example, of each dollar Americans spend on healthcare, only about ten cents of that dollar goes for prescription drugs. Whereas, in other developed countries like Japan, England, Sweden, Canada and Germany, spending on prescription drugs consumes 12-21 cents of every dollar spent on healthcare. Given that Americans already spend 30-50% more of our total earnings on healthcare than these other countries and we are in an era of economic prosperity, it seems that through rational and cooperative planning and action, there should be an opportunity to improve access to prescription drugs and thus improve the quality of healthcare in the United States.

Because our health system and its financing are complex, it is not a simple matter to make improvements while avoiding or minimizing unintended consequences. The practice of medicine addresses this by making sure that any actions taken consider the entire “patient” rather than just focusing solely on the single problem of the moment. In the policy world this is done by taking a comprehensive and integrated approach, rather than conducting so-called “silo thinking.”

Over the years there have been many attempts at both large and small changes in our healthcare system. Some of these attempts have been successful, some have been reversed, and others remain ideas having never been tried. Most successful improvements have been achieved through comprehensive analysis that includes the perspectives from the entire range of affected groups and remains focused on patients and the how these changes would affect them. The lesson learned from these successes (and other attempts) is that, as a society, it is important for all parts to work together and to continue to generate ideas for improving our healthcare. This is the best way to achieve successful improvements and avoid painful unintended consequences.

If you would like to see specific questions or topics discussed, please contact me through PhRMA c/o Valerie Volpe, Editor “Patient Matters” at 1100 15th St. NW, Washington, DC 20005.