Health Care Challenges Similar Around World

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WASHINGTON — The globalization of health care is creating challenges for health care systems worldwide. Though the systems themselves may be very different in terms of financing and administration, the problems they must address—aging populations, increasing chronic disease, shrinking budgets, extreme mobility of both patients and health care professionals—are very similar.

Health care analysts, administrators, and providers compared notes on these challenges at the fourth annual World Health Care Congress, sponsored by the Wall Street Journal and CNBC.

"Despite the fact that health care may be organized and financed very differently in different countries, and there may be cultural differences, there are … a lot of common themes, and shared objectives for high-performing health care systems, innovation, and sustainability," said Robin Osborn, director of the International Program in Health Policy and Practice at the Commonwealth Fund.

Simon Stevens, who served as a health care advisor in U.K. Prime Minister Tony Blair's cabinet, said the United States is not alone in confronting a major health care crisis. Single-payer national health systems of the sort found in the United Kingdom and all over Europe make the dynamics a bit different, but they certainly do not avert the crises.

"Despite differences in financing mechanisms, the challenges are similar across all industrialized nations. Tobacco, bad diet, lack of exercise are driving the conditions that result in the greatest consumption of health care resources, and tensions are erupting across [health care] systems due to changes in financing. The U.S. is not the only country debating these issues. The challenges are the same regardless of how you choose to finance the health care," said Mr. Stevens, now the CEO of UnitedHealth Group's Ovations, a health plan for individuals over age 50.

Aging populations are the juggernauts straining health care systems in nearly all industrialized countries. Over the next 30 years, the dependency ratio, an expression of the number of elderly nonworking dependents versus younger working people, "will grow rapidly in the U.S., Western Europe, Japan, and China. And this will radically change how health care is financed," Mr. Stevens said.

He added that while American corporate leaders have been screaming the loudest, the issues around employer-funded health care are not uniquely American.

In several European countries, corporations are footing the bill for significant chunks of health care spending. "In the U.K., 52% of spending is private sector spending, despite the fact that the delivery systems are government funded."

Around the globe, health care is increasingly a transnational endeavor, with immigration, relocation, medical travel, and multinational business blurring borders. The establishment of the European Economic Community has created an interesting health care quandary, Mr. Stevens said.

In the earlier days of the EU, many hoped that the confederation would lead to harmonization of health care benefits, but that has not happened. "Per capita spending on health care in Eastern and Western Europe is fourfold different," he said. "Western Europe spends way more."

Migration also has an impact. More people are living outside their countries of origin, and this makes for some peculiar health care dilemmas.

Mr. Stevens noted that in many parts of the world, national borders are blurred. "In California, for example, we know there are 8 million Hispanics living in border counties. Many have dependents across the border in Mexico. How do we handle that? Can we mandate that dependents of U.S. employees only be treated in clinics in Mexico?"

At the other end of the socioeconomic spectrum are thousands of retired U.S. citizens living in Mexico, Costa Rica, Panama, and other Central American countries. They're eligible for Medicare but unable to get coverage for medical services or drugs they obtain where they live. "Does this mean these people must fly back to the U.S. every time they need medical care?"

Physicians, nurses, and other medical personnel also have become highly mobile. Citing only one example, Mr. Stevens said there are more Filipino nurses, born and trained in the Philippines, working in the United States than there are in the Philippines. In the EU, there are significant migratory flows of health care professionals from east to west.

This can result in shortages of qualified professionals in many countries, hindering the growth and development of their medical systems.

Ironically, it is the influx of international patients seeking lower-cost health care that will be an important driver for the development of hospitals and the retaining of health professionals in countries such as Thailand, India, Hungary, and many Latin American countries.

Health plan administrators are struggling to figure out ways to do business without borders. The challenges are daunting, said UnitedHealth Group's Ori Karev. Referring to coverage for Americans obtaining care outside the United States, he said there are many complicated issues involved, including those around transportation, authorization, and taxes—in terms of the ways in which the IRS will treat medical travel expenses.

As countries such as India, Thailand, China, Brazil, and others become more affluent, their health care spending will increase, as will the number of risk-sharing plans. UnitedHealth Group is already a major health insurance player in India, with an employer-funded plan now covering 300,000 members via a large provider network. ■

POLICY & PRACTICE

Drug Side Effect Awareness Low

One-third of surveyed patients with bipolar disorder were not aware that some of their medications are associated with hypertension, hypercholesterolemia, and elevated blood glucose. Bipolar patients are at higher risk of cardiovascular disease, and yet fewer than half of those surveyed had regular cholesterol or glucose testing, according to the survey, which was conducted by Harris Interactive on behalf of an academic working group that included Dr. Gary Sachs of Harvard University, Dr. Paul Keck of the University of Cincinnati, and Dr. Andrea Fagiolini of the University of Pittsburgh. Side effects such as weight gain led 55% of patients to discontinue a therapy, according to the survey of 300 patients, 105 psychiatrists, and 101 primary care physicians. The vast majority of physicians surveyed said they discussed side effects with patients, but even so, 70% of patients said they wanted physicians to provide more information. The study was sponsored by Pfizer Inc.

Teen Drug Chatter Pervasive

A sampling of 10 million messages posted by teenagers on online forums such as MySpace.com, ym.com, and teenspot.com found that at least 160,000 of those conversations were about drugs or alcohol. Nielsen BuzzMetrics used proprietary software to eavesdrop on the teens' online conversations. The vast majority of the illicit discussions mentioned alcohol, marijuana, cocaine, and LSD. The top behavior discussed was having sex while drinking. More girls talked about sex with alcohol, while boys mostly shared drunken experiences. The analysis was conducted for Caron Treatment Centers, a nonprofit addiction treatment provider.

Failed Mental Health Mission

The Department of Defense Task Force on Mental Health has found that the military is failing to provide adequate mental health care to service members. The task force report, which was issued in June, will be used to "develop and implement a corrective action plan" within 6 months, according to a statement from the DoD. The report states that according to the most recent Post-Deployment Health Re-Assessment (PDHRA), given to service members 90-120 days after returning from deployment, 38% of soldiers and 31% of Marines report psychological symptoms. Almost half of National Guard members said they had such symptoms. The task force also found that: Many service members are afraid to reach out for assistance because of a perceived stigma; mental health professionals aren't accessible; and, the military does not have enough "resources, funding or personnel to adequately support the psychological health of service members and their families." The report is available at www.ha.osd.mil/dhb/mhtf/MHTF-Report-Final.pdf.

Limiting DXM Abuse

A small congressional group is attempting again to keep dextromethorphan out of the hands of teenagers who abuse the ingredient, found mostly in over-the-counter cough and cold medicines. The Dextromethorphan Distribution Act was introduced in the Senate by Sen. Patty Murray (D-Wash.) and in the House by Rep. Fred Upton (R-Miss.). The House passed a similar bill in 2006, but the Senate never took action. The new proposal would make it illegal for anyone not registered with the Food and Drug Administration or a state regulatory authority to possess or distribute unfinished DXM.

New FDA Risk Panel

Following an Institute of Medicine recommendation, the FDA has created a new advisory committee that will be charged with helping the agency better communicate the risks and benefits of pharmaceuticals and other products it regulates. In 2006, the IOM's report, "The Future of Drug Safety: Promoting and Protecting the Health of the Public," urged Congress to establish a new advisory panel that would weigh in on the FDA's communications about safety and efficacy to health care providers and the public. The agency found an administrative process that let it establish the committee without congressional action. The FDA is now seeking 15 members to serve on the Risk Communication Advisory Committee, including experts on risk communication, social marketing, health literacy, journalism, bioethics, and cultural competency.

DTC Ads Still Fall Short

Direct-to-consumer (DTC) advertisements emphasize individual drugs over conditions, don't do enough to emphasize risk, and minimize the importance of underlying health issues, according to a panel that reviewed such advertisements for the Pharmaceutical Research and Manufacturers of America. The review was undertaken to determine if consumer-directed marketing is meeting PhRMA's voluntary guiding principles, adopted in 2005 to address "many of the concerns publicly expressed about DTC advertising." The four volunteer panelists—a pharmacist, a nurse, and two family physicians—also urged drug makers to include more information in their ads about assistance programs that provide low-cost or free medications. In a separate report, PhRMA said that comments it received from consumers on DTC ads indicated that many were confused about the ads' contents and thought they did not present a balance of risks and benefits. The organization received 458 comments from July to December 2006, mostly from consumers; 10% were from health professionals. The comments go to PhRMA's Office of Accountability, which forwards them for responses from individual drug makers.

—Alicia Ault