The Impact of Health Care Policy

Measuring the Impact of Health Care Preventative Strategies

Health services research and policy analysis seem to be points at either end of the health services continuum. The former seeks information and knowledge based on a gathering of information, and the latter is an attempt at analyzing proffered solutions to various emerging health care and social issues. Evidence gathered through research relating to effective health care delivery might include the following:

- Health indicators
- Determinants of health
- Various policy strategies

There are three models for evaluating the impact of health care policies. These three models are 1) effectiveness, 2) efficiency, and 3) equity. Effectiveness has many definitions but at its most basic, it means reaching the health care improvements that can be attained. The measure of effectiveness is what really helps one achieve attainability. At both the micro and macro levels, effectiveness means improving the health of individuals and populations through the medical services offered. (Aday, Begley, Lairson, & Balkrishnan, 2004)

Effectiveness research focuses on institutions and patients; levels of analysis that-in medical care-narrow down to structures, processes and outcomes, as mentioned earlier. It is argued that the structure influences the process and hence, the outcome. The first dimension deals with quantity and efficacy; the second deals with quantity and quality (i.e., variation) (Brook & Lohr, 1985) and appropriateness (Donabedian, 1973); while the third deals with achieved benefits or lack thereof. Efficiency tends to be measured by the best and maximum use of available resources by the widest number of people; in the United States, based on cost-benefit analyses (CBA), that is the bottom line.

The Value of Health Care Policies

The U.S patient outcome measures tend to be used to evaluate quality, and therefore, value. In other words, value is calculated by dividing the results of health care initiatives by the health care cost per the individuals receiving care. This is also known as running the numbers.

In a cost-benefit analysis (CBA) you try to sum up all of the positive indicators on hand and then review the difference between the positive results and the sum total of all negative indicators; in other words, the cost. This difference
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tends to point out the advisable action or value. A clarifying yet very simplistic example of a cost-benefit analysis would be an organ donor case. Which individual would get the donor’s heart—the elderly patient living a healthy lifestyle or the 22 year old with a healthy lifestyle? All of the benefits must be included and all of the costs must be calculated before a value decision is reached. In other words, the decision of value is based on risk-benefit, efficient care, and cost-effective care (American Medical Association Council, 1990). Excluding the media involvement and the pressure felt from an emotional outcry of family and community pressure groups, the decision would normally be based on life span and the remaining years of contribution to society; hence, the heart would most probably be given to the 22 year old who would be adding to the community tax coffers from gainful employment for many more years to come.

In terms of public health in general and Healthy People 2020 in particular, the Centers for Disease Control and Prevention (CDC) shares the following example as it relates to the value of vaccine control (n.d.):

A CBA of a publicly funded vaccine to counter a bio-terrorism threat will have to list all of the individuals and groups who will benefit from the development of the vaccine, and it will also list all those who will be affected by the cost of this vaccine development. On the side of those who benefit, the whole U.S. population at large will have to be listed, including the emergency respondents and the military, as well as the pharmaceutical companies involved, and the government and health insurance companies who would save on health cost outlays because of a safe and healthy populace. The cost side will be the sum total of monies paid out by one or more levels of government to the pharmaceutical companies for their researchers and employees who are developing the vaccine.

There are some very specific steps that need to be followed to measure value in health care policies and actions. The powers to be must first highlight the problem. Second, they must enumerate the interventions needed and identify the ramifications of such interventions in terms of health-related outcomes such as mortality, morbidity, life span extension, and the improvement in quality of life while reducing health-related costs. Non-health care and intangible outcomes must also be taken into consideration, for example, reduction in work absenteeism and the minimization of pain and suffering. Third, they must focus on and identify the audience, the time frame, and the discounted time frame.

It is imperative that people understand that the focus on improving the health
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of the nation is a worthy goal and an important principal of all levels of government; however, it is not the only driving force to contend with. The economic viability of policy and policy implementation plays a major role in whether the program reaches fruition.

**Summarization of the Impact of Quality and Value of Policy**

Michael Porter, an American management guru, maintains that "since value depends on results, not inputs, value in health care is measured by the outcomes achieved, not the volume of services delivered, and shifting focus from volume to value is a central challenge" (Porter, 2010, pp. 2477–2481). Hence, the conclusion that would logically follow would be that the value of the Healthy People 2020 initiative, with its emphasis on prevention and healthy life styles, can only be measured when all data are collected and analyzed and the results are seen in 2020.

Practically everything has been tried in regard to health care in the United States. Perhaps it is time to do the right thing and focus on life style and prevention rather than volume of care. The message and the intent remain the same; get better and higher value for less health care cost.

**References**


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Medicine, 363, 2477–2481.