

**Health as an Investment:  
A Comparative Perspective**

Massachusetts Medical Society  
State of the State  
October 18, 2007

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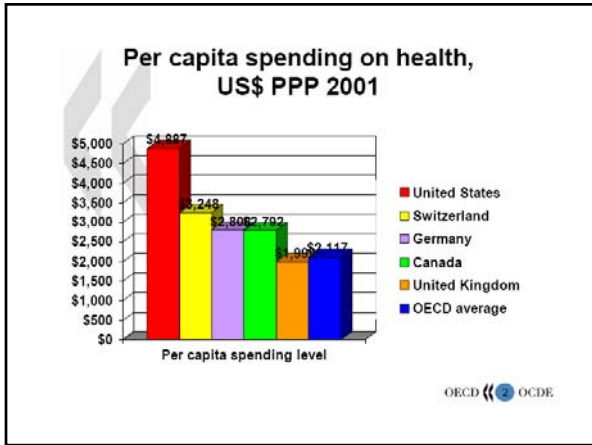
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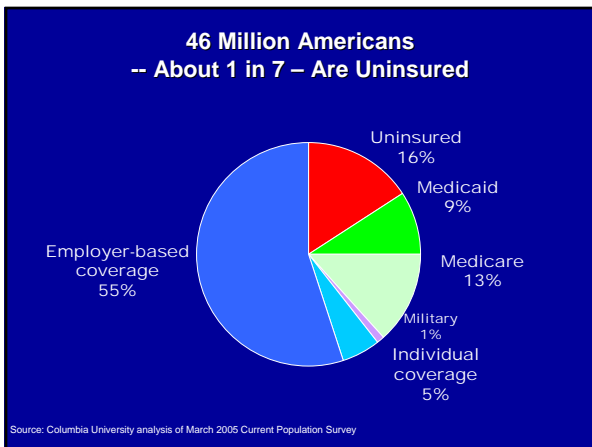
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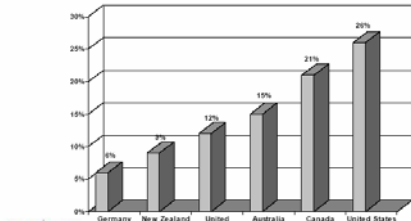
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Patients Who Went to Emergency Room For a Condition That Could Have Been Treated By a Regular Doctor, 2005



SOURCE: Commonwealth Fund, National scorecard on U.S. Health System Performance, 2006.

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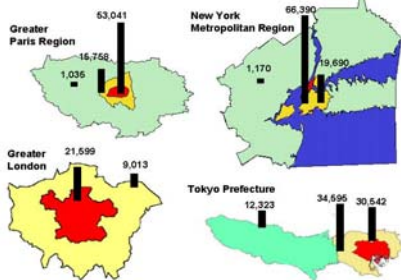
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Tokyo, New York, London and Paris: Units of Analysis

Urban Core, First Ring, MSA




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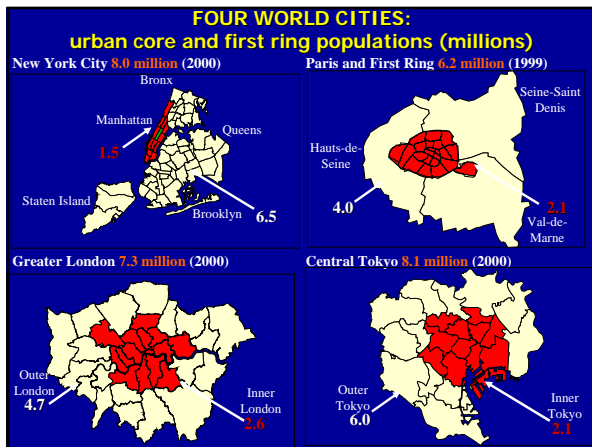
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## Health Care Resources: Manhattan, Inner London, Paris and Tokyo

	Manhattan	Inner London	Paris	Inner Tokyo
# of teaching hospitals	19	13	25	9
# of medical schools	5	4	7	7
Acute hospital beds per 1000 population	5.5 (2002)	4.1 (1990)	7.0 (2002)	12.8 (2000) <sup>1</sup>
Physicians per 10,000 Population	85.5 (2004)	36.9 (2000)	85 (2002)	70.0 (2000)

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## Comparing Access to Primary Care

### Avoidable Hospital Conditions

*Examples:*

- Pneumonia
- Congestive Heart Failure
- Asthma
- Cellulitis

### Marker Conditions

*Examples:*

- Acute Myocardial Infarction
- Appendicitis
- GI obstruction
- Hip fracture

We use the list of ICD-9/ICD-10 Codes from the definition used by Dr. Joel Weissman and colleagues

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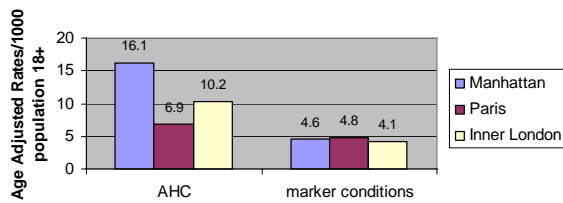
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**Hospital Discharges for Avoidable Hospital Conditions and Marker Conditions: Manhattan, Paris and Inner London 1998-2001 average**




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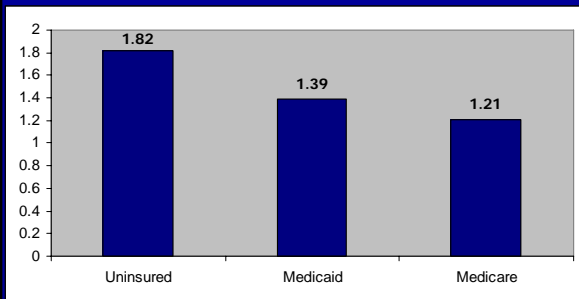
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## Odds of AHC Discharge by Insurance Status in Manhattan



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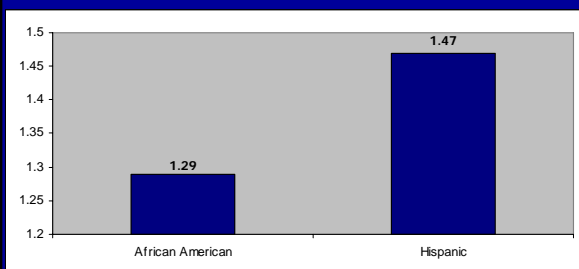
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## Odds of AHC Discharge by Race/Ethnicity in Manhattan



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## Cost of Avoidable Hospitalizations

- If Manhattan's AHC rate was comparable to that of Inner London
  - It would reduce the number of AHC discharges by 7,561 per year
  - And hospital expenditures by over \$30 million\*
- If Manhattan's AHC rate was comparable to that of Paris
  - It would reduce the number of AHC discharges by 11,790 per year
  - And hospital expenditures by over \$47 million\*

\* Expenditure estimates are based on a weighted average of Medicare DRG payments for these conditions

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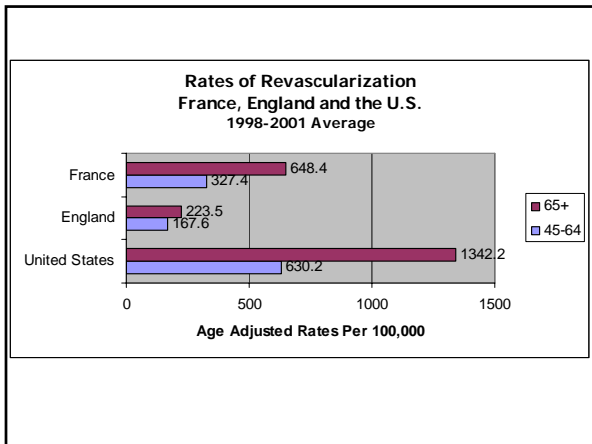
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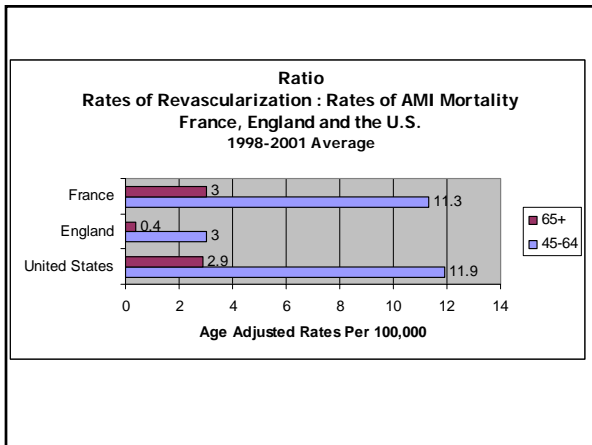
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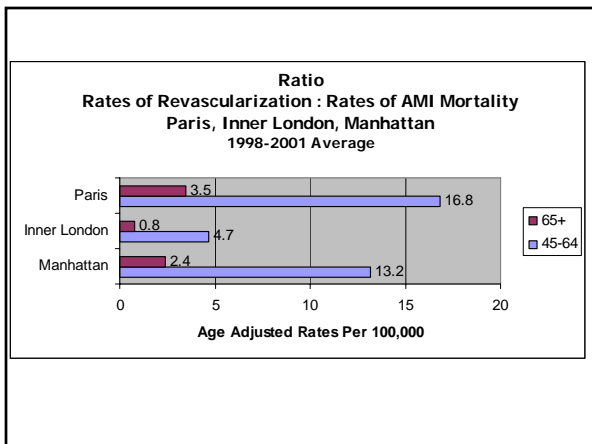
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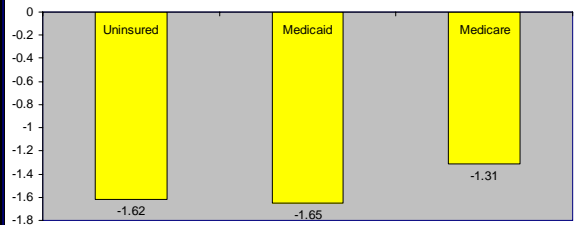
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## Odds of Revascularization by Insurance Status in Manhattan




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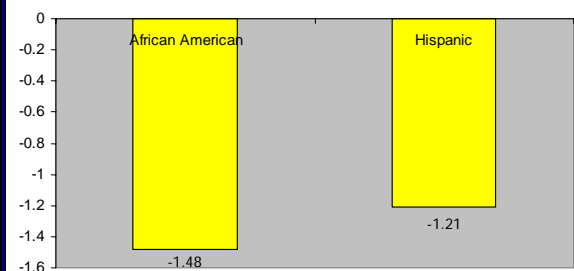
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## Odds of AHC Discharge by Race/Ethnicity in Manhattan




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## Cost of Limiting Access to Revascularization

- Estimates of the "net benefit" range from \$13,000 to \$60,000 per case
- U.S. **annual welfare loss** associated with denying access to revascularization among uninsured patients (55-64) is **\$6-28 million** (Glied and Little)
- If Manhattan's ratio of revascularization : AMI mortality was comparable to that of Paris:
  - It would **increase** the number of revascularizations performed on Manhattanites by **753** per year

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