

Preface



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Guest Editor

Countries around the world struggle to properly manage health care access, quality, and cost. In fact, some European countries with public health care systems are looking to privatize segments of health care to use competition as a mechanism to ration finite medical resources. This is ironic because in the United States, the opposite is occurring, as there is much political discussion about the viability of a public system as a way to reform the private, market-based medical system we live in.

Especially concerning is that, although we spend more per capita on health care than most countries, we don't necessarily do better when it comes to measurable indicators. By the time this edition of *Anesthesiology Clinics* appears on your bookshelf, the new President may have been elected and will face the challenges of improving the financing and delivery of health care in this country.

Health care is different than consumer goods, such as pencils or computers or toasters, which rely on the marketplace in the United States to get allocated optimally. How is health care different from consumer goods? In many ways. For example, suppliers may influence demand for medical care (ie, new doctor in town increases the number of surgical cases performed); patients do not feel the full cost of health care decisions (as the health economists like to say: we are cost-unconscious) because the insurance company typically pays most of the bill; patients are shielded from the true cost of insurance because these benefits are non-taxable; and there is considerable uncertainty in the services needed to treat patients because information on what works is lacking (thus, the outcry for more outcomes research).

From the policy perspective, you should know that the US Congressional Budget Office reports the federal deficit to be on an unsustainable path with larger and larger deficits, mostly due to soaring Medicare and Medicaid expenditures. In fact, if one assumes a 6% annual growth in national health care expenditures, twice the growth of the rest of the economy, then theoretically in the lifetimes of members of Generation X health care will be 100% of the US economy!

Similarly, if Medicare and Medicaid grow as rapidly in the future as they have over the past four decades, Medicare/Medicaid would go from 4.5 % of the entire US economy today to 20 percent by 2050. Some pundits have asked, "Is the federal government becoming a health insurance firm with other side businesses?"

These issues hit the pocketbooks of many Americans directly. For example, the Employer Health Benefits Survey (by the Kaiser Family Foundation and Health Research and Educational Trust) found that premiums for employer-sponsored health insurance for family coverage in 2007 equaled approximately \$12,000. USA workers now pay more than \$3,000 per year on average out of their paychecks to cover their share of the cost of a family policy.

It is in this context that this issue of *Anesthesiology Clinics* explores the relationship between the costs of anesthetic management strategies and the value of this care as reflected by patient outcomes and satisfaction. The goal is to provide practicing physicians with perspectives on these difficult issues from a variety of individuals, including those in industry, academics, and community practice. The challenge we face is how to provide the best patient outcomes given the low marginal net benefit of the “last dollar” in our expenditures. This includes administrative and organizational support for an efficiently functioning surgical suite. The application of economic analysis to medicine does not necessarily mean that less money should be spent but rather that money can be better spent elsewhere and that current processes need to be reevaluated and retooled to maximize efficiency.

I would like to thank all the authors for putting together such a compelling group of articles. I also would like to thank the reviewers who worked with me to provide many useful comments to improve each article. These include Rakesh Marwah, Abram Burgher, Chandler Robinson, Jeanne Rosner, Ted Burdumy, Stephen Jackson, and CJ Chang. Thank you. Enjoy this terrific issue, and please let me know your feedback on the content and suggestions for next time.

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