

Understanding Rising Health Care Costs: Introducing a Series of Articles

The cost of health care is one of the most serious problems facing the United States. Health care costs are a terrible burden to federal and state governments, to employers, to employees, and to the uninsured. In some cases, the expenditures are buying real gains. The level of disability in older people is lower than it used to be (1), as is the death rate from heart disease (2). But good evidence suggests that the intensity of care varies widely and that more intense care does not substantially improve health (3, 4). Despite growing concern that U.S. health care expenditures are hurting the economy and aren't necessarily helping patients, leaders seem paralyzed by the magnitude of the problem and the poor prospects for change. Somehow, our country seems too big, too diverse, and too much under the sway of special interests to deal with this problem.

Many factors drive health care costs, and their interrelationships are so complex that most physicians, and most of the public, do not understand them. Since understanding a problem is an essential step toward solving it, I asked Dr. Thomas Bodenheimer to write a series of articles on health care costs, the first of which appears in this issue (5). Until recently, Dr. Bodenheimer was a full-time practicing internist and has been a commentator on health issues for many years. He has a gift for explaining complicated issues in health care policy, and I believe that this 4-part series will be a touchstone for physicians and the public (it is accessible to anyone free of charge at www.annals.org). Dr. Bodenheimer is a noneconomist writing for noneconomists, and we owe special thanks to several economists who reviewed the manuscripts.

People disagree about the root causes of rapidly rising health care costs. Dr. Bodenheimer's first 3 articles acknowledge this diversity of opinion by describing 7 different perspectives. These range from "It's not a problem if it provides real benefit and doesn't reduce consumption of other essential goods and services" to "Competition could

hold costs in check if we just gave it a chance to happen." I finished these articles thinking that the growth of health technology, ineffective cost-control mechanisms, and governmental stasis will lead to rapidly rising costs for the indefinite future.

Dr. Bodenheimer's last article describes actions that physicians can take to reduce costs. Physicians are not *the* cause of ruinous health care costs, but we are *a* cause. I hope that systems of care that promote consistent practice and better evidence about what works in the practice of medicine will help physicians to do their part to reduce unnecessary health expenditures.

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