Epidemic Of Care: A Call For Safer, Better, and More Accountable Health Care
By George C Halvorson and George J Isham, MD

Epidemic of Care is an important book for Permanente physicians to read because it provides insight into the thinking of George Halvorson, the new CEO of Kaiser Foundation Health Plan. The book is a simple, clearly written treatise on the complex subject of delivering and paying for medical care in the United States. The tone of the writing is encouraging and suggests that the Health Plan may have its most forceful and outspoken leader of the past 35 years. George Isham, MD, the book’s coauthor, is medical director of HealthPartners in Minnesota.

Epidemic of Care is basic in its approach to the problems of delivering medical care in the United States. The authors’ medical economics methodology is helpful because insofar as medicine is a metaphor for human concern, economics can be viewed as social psychology in which the units of measurement are dollars. Halvorson and Isham are excellent guides through the complex issues underlying our current problems with delivering medical care as well as how those problems came about. The authors suggest possibilities for change and explain current resistance to change. The problems described are not intellectually complex but are emotionally disturbing and thus are often misinterpreted and misunderstood.

In some ways, the authors have written a modern version of Victor Fuchs’ fine old book, Who Shall Live.1 This update was needed because in the 30 intervening years since the Fuchs book first appeared, total annual US expenditures for medical care have risen from $450 per American1 to $4930,2 and medicine’s portion of the gross national product has risen from 8% in 19731 to 14% more recently.2 With the book’s title, the authors make the point that the quantity of health care delivered has become a major problem—especially because no equivalent increase exists either in the quality of care or in its outcome. Rene Dubos’ comment is particularly relevant: “To ward off disease or recover health, men as a rule find it easier to depend on healers than to attempt the more difficult task of living wisely.”3

Most of us in The Permanente Medical Groups have been shielded from the realities of community medical practice; indeed, we usually are even unaware of the extent of that shielding. This book provides needed understanding of medical care issues extending far beyond our own specialized areas of practice. Much to their credit, the authors provide this understanding clearly and interestingly while presenting an intelligent, perceptive analysis of a major political problem facing our country generally and Permanente physicians specifically. This problem—how to deliver high-quality medical care consistently, efficiently, and affordably—confronts us whether or not we choose to pay attention to it.

The book begins by outlining our expectations for medical care and how our sense of entitlement developed: “We get what we pay for. There are over eight thousand billing codes set up for various units of care. There isn’t one single billing code set up for a cure. There is no fee for preventing a disease. The system does what it is paid to do. That really shouldn’t surprise anyone.”2 We are also given an interesting, necessary description of insurance processes—how insurance works—and of the implications of those processes for various proposals aiming to change the way medical care is paid for and delivered. The authors make helpful comparisons with medical care, expectations of it, and its costs in Britain, Canada, and Germany.

Because Permanente physicians experience relatively little fallout from the complicated issue of community competition, they will be particularly interested by the discussion of the usual competition between hospitals, insurers, and physicians. The discussion suggests that the Health Plan under Halvorson may expect The Permanente Medical Groups to actively partner with the Health Plan to solve these problems. That increased expectation would be a profound and probably healthy change in the relationship between Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, and The Permanente Medical Groups. (Did you know that no entity exists called Kaiser Permanente? “Kaiser Permanente” is not the name of an organization


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but is instead the name applied to a function contracted yearly between three legally distinct organizations: Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups.)

Halvorson and Isham emphasize the importance of an emerging application of technology: the electronic medical record. By his recent actions, Halvorson has made clear that he expects rapid arrival of the electronic medical record at Kaiser Permanente facilities. The rumor that $1 billion has been spent on this project during the past 17 years or so is not an encouraging piece of our history.

The authors point out that we absolutely must retain Health Plan members who use little or no care, because these least frequent users are the economic motor driving the entire operation; by contrast, 5% of our member population uses 50% of the medical care. By dismissively referring to these low-utilizing patients as “the worried well,” we often fail to do them justice. Drug costs and the subtle forces supporting increased prices also are perceptively discussed. So too are the developing shortages in support personnel, the expanding role of the Internet in medical practice, and the problem of providing insurance coverage for experimental medical treatment.

*Epidemic of Care* openly addresses many impending realities from which we have been largely shielded thus far by the protective nature and size of our organization. For this reason—among the others given here—this small, excellent book deserves to be read by all Permanente physicians and indeed by all people working within the Program. ✤

References

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**Through Books**

It is chiefly through books that we enjoy intercourse with superior minds.

*William Ellery Channing, 1780-1842, clergyman and writer*