

How much does a bad treatment cost?



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When one asks for a cappuccino at Starbucks or Costa, one knows that the cappuccinos of one and the other coffee shop will not be very much different from each other. When one goes into a hospital, one assumes that

the kind of equivalence that one finds among coffee shops can also be found among hospitals. Broadly speaking, anyone of us assumes that the health outcomes among hospitals will not differ much.

The truth is the differences can be very significant. According to the International Consortium for Health Outcomes Measurement (ICHOM), in Germany, the reoperation rate after hip surgery of the best hospital is 18 times lower than the reoperation rate of the worst hospital. Additionally, in Sweden, the variation in capsule complications after cataract surgery is 36 times. This means that the best Swedish hospital has outcomes that are 36 times better than the worst hospital.

Having variation in health outcomes means that the health systems have been funding clinical practices that are not as good as they could be. This is a worldwide problem that ought to be address-

sed promptly as it has direct consequences for the patients and their families, as well as for the health care payers. On the one hand, a bad treatment means that the pa-

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tient will be sick for a longer period of time and/or that the disease will unnecessarily become more serious. On the other hand, at the level of the health system, a bad treatment can bring more disease and consequently more expense.

The variation in health outcomes among health care providers also translates into a problem of inequality of access to health care, lack of transparency, and breach of trust in government.

Some persons may be fortunate and have a hospital near their homes that produce the best health outcomes, while others may have the misfortune of living near a hospital that produces the worst health outcomes. But perhaps more worrying than this is the fact that the people are kept in the dark regarding the health outcomes of the health care providers. When a person goes into a hospital, the person goes in good faith trusting that the gover-

ment agencies have done their jobs, and have ensured that the best possible treatment will be provided. Unfortunately, the person – anyone of us – may be going into a hospital whose practices lead to very poor outcomes.

I strongly believe that the health outcomes by condition, and at the level of the patient, should be collected straightaway, and that this information should be disclosed. Everyone would benefit from it. The patients would know which providers perform best. The Medical Doctors would use this information to improve their own clinical practice. This information would also be helpful for them to identify to whom they should refer patients. Furthermore, this would allow the health care payers to foster the adoption of the best clinical practices, and it would prevent them from paying for bad treatments as if they were good.

