



Congressional Briefing on Health Care Costs in America

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How does investment in social determinants relate to health care spending?

“This analysis showed that US **social spending** appears to be similar to that in other high-income OECD countries. This finding calls into question the belief that higher health care spending is due to a lack of **investment in social determinants.**” [Emphasis mine]

Papanicolas et al., JAMA, 2018



Let's question the belief!

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Social determinants ≠ social spending

The social determinants of health are the **conditions** in which people are born, grow, live, work and age. These circumstances are **shaped by the distribution of money, power and resources** at global, national and local levels. [Emphasis mine]

World Health Organization

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4

What about other proxies for “investment in social determinants”?*

	Total health spending (% GDP)	Percent of social spending by government
AU	9.6	88.0
UK	9.7	78.5
CN	10.3	79.6
NL	10.5	73.8
DK	10.8	85.9
JP	10.9	86.5
FR	11	90.3
DE	11.3	88.5
SE	11.9	88.3
CH	12.4	74.3
US	17.8	62.9

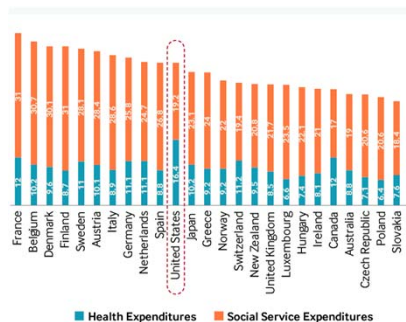
*My analysis of data from Papanicolas et al supplement

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5

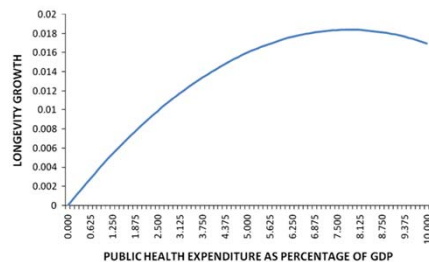
A reminder of some other relevant findings

Ratio of social to health spending is associated with *outcomes* (US outlier again)



Bradley E, et al. Health and social services expenditures: associations with health outcomes. *BMJ Quality & Safety*, 2011 March 29.† using OECD Health Data 2014; OECD Social Expenditure Dataset 2014.

Government health spending is associated with reductions in mortality



Aisa et al., *International Journal of Public Health*, 2014

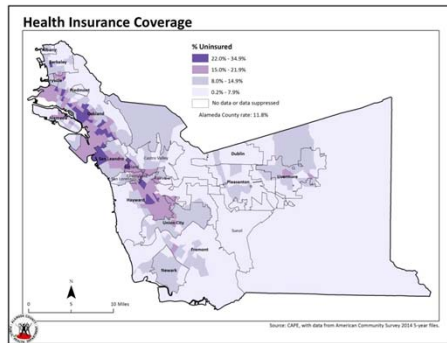
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6

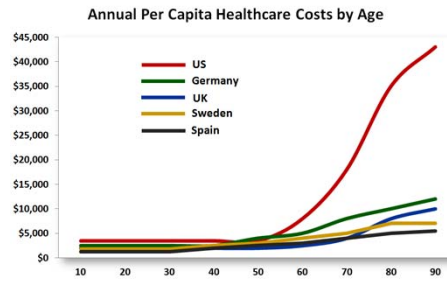
Two “beliefs” that tie together these findings

Spending in the right *place* matters for health care costs and health outcomes

Spending at the right *time* matters for health care costs and health outcomes



Alameda County Public Health Department, 2011



Fischbeck P., Pittsburgh Post-Gazette, 2009

Questions to wrestle with

- How do critical health care activities that are “off the books” (e.g. family caregiving) relate to costs and outcomes?
- In striving to care for whole people, how can health care and social services providers address social determinants without adding to administrative costs and measurement burden that are both currently unacceptable?
- What does a shift toward more intelligent and efficient investment in better health outcomes look like locally, regionally and nationally?