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Overuse, Underuse and Misuse of Medical Care

FACT SHEET

Across America, there are dangerous gaps between the health care that people *should* receive and the care they *actually* receive. These variations in care result in major costs in both lives and dollars.

Delivering the best care to every person every time will only happen when we understand the scope and depth of the problem. Poor-quality care comes in three forms: overuse, underuse and misuse. We give people care they do not need, we fail to give people care that we know works, and we make mistakes that hurt or kill people. We must address all three problems to create a more efficient, equitable and high-value health care system in America.

What is overuse?

Overuse occurs when a drug or treatment is given without medical justification. It includes treating people with antibiotics for simple infections – or failing to follow effective options that cost less or cause fewer side effects. For example, antibiotics are prescribed inappropriately for children's ear infections 80 percent of the time despite the finding that these infections get better within three days without antibiotics.

In health care, more is not always better. More spending and treatment does not translate into better patient outcomes and health. For example, when used appropriately, MRI's and other imaging exams are valuable. But MRI's often don't change the treatments prescribed or a patient's outcome, in which case the technology is an unnecessary cost.

What is underuse?

Underuse is when doctors or hospitals neglect to give patients medically necessary care or to follow proven health care practices – such as giving beta-blocking drugs to people who have heart attacks. As many as 91,000 Americans die each year because they don't receive the right evidence-based care for such chronic conditions as high blood pressure, diabetes and heart disease.¹

There are countless, alarming examples of underuse of health care. For example:

- One study showed that only one in 20 women are consistently getting an annual breast cancer screening mammogram, despite the fact that regular mammograms are clearly associated with reduced risk of death from breast cancer.²
- Nearly 10,000 deaths from pneumonia could be prevented each year with a one time vaccination. Yet in 2005 only 56 out of 100 adults age 65 and older received the shot.³

What is misuse?

Misuse is another way of describing medical errors. It occurs when a patient doesn't fully benefit from a treatment because of a preventable problem – or when a patient is harmed by a treatment. Between 44,000 and 98,000 people die annually from preventable errors—more than from car accidents, breast cancer or AIDS combined.⁴ (See companion Fact Sheet on Medical Errors)

- Misuse includes avoidable medical errors like prescribing a drug the patient is allergic to, for example a patient who gets a rash after receiving penicillin for strep throat, despite having a known allergy to that antibiotic.

Do these problems affect everyone?

Poor quality care affects everyone, whether or not they have health insurance. A study published in the *New England Journal of Medicine* found that, on average, children received less than half (46.5 percent) of the care recommended by experts.⁵ Nearly all the children in the study had health insurance. *Health insurance does not protect patients from poor quality care.*

What can we do to reduce overuse, underuse and misuse?

Quality health care is a national issue. It's a local issue. It's everyone's issue. Everyone who gives, gets or pays for care should be concerned with improving quality.

There are three fundamentals to improving quality: performance measurement, quality improvement and consumer engagement.

1. We must measure and report information about the performance of health care providers to everyone who gives care, gets care and pays for care.
2. We must help doctors' offices and hospitals improve their quality.
3. We must encourage people to act more like "consumers" when it comes to health care so we can create demand for high-quality care. In the same way that consumers buying a new car compare prices and features to find the best value car, and then make their purchase from a place that provides good customer service, they must take similar action with health care.
4. We must design a system in which patients work in partnership with their doctors and other providers to manage their own health care.

As a consumer advocate, you can lend support for national and state policies that:

- Encourage health care performance measurement and public reporting, and use of these reports by consumers. Measuring performance shows doctors and hospitals if and when they are providing the right care to the right patients. Additionally, by publicly reporting the information, patients can make decisions about which doctor and hospital to see based on their track record of providing the right care at the right time for the right reason.
- Promote the practice of evidence-based medicine and preventive care. When doctors are making treatment decisions based on existing research and data, they are more likely to give the right care to the right patient – and the likelihood of underuse, overuse and misuse decreases.

¹ The Essential Guide to Health Care Quality. Washington: National Committee for Quality Assurance, 2007. (No authors given.)

² Karen Blanchard et al. "Mammographic Screening: Patterns of Use and Estimated Impact on Breast Carcinoma Survival," *CANCER*; Vol 1/Issue 3, 495-507. (August 1, 2004).

³ The National Health Care Quality Report 2007, US Department of Health and Human Services; Agency for Healthcare Research and Quality. Publication No 08-0040 (February, 2008)

⁴ Kohn LT, Corrigan JM, Donaldson, MS (eds). *To Err Is Human: Building a Safer Health Care System*. Washington: National Academies Press, 2000.

⁵ Rita Mangione-Smith, et al. "The Quality of Ambulatory Care Delivered to Children in the United States," *New England Journal of Medicine*, 357, 1515-1523. (October 11, 2007).



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