

Bölüm 2

Endüstriye bir bakış

Sağlık ekonomisi

ABD' de sađlık harcamaları, ~~1960-2001~~

| | <u>1960</u> | <u>1970</u> | <u>1980</u> | <u>1990</u> | <u>1995</u> | <u>1999</u> | <u>2001*</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Nominal health expenditures (billions of dollars) | \$26.9 | 73.2 | 247.3 | 699.4 | 987.0 | 1210.7 | 1424.2 |
| Annual rate of growth (average annual % change from previous period shown) | -- | 10.6% | 12.9 | 10.9 | 6.7 | 5.2 | 8.4 |
| Nominal per capita health expenditures | \$143 | 341 | 1,052 | 2,690 | 3,686 | 4,358 | 5,043 |
| Health expenditures as percentage of GDP | 5.1% | 7.1 | 8.9 | 12.2 | 13.3 | 13.0 | 13.4 |

*Projected

Source: Health Care Financing Administration Homepage: <http://www.hcfa.gov/stats/stats.htm>

Onur Ozsoy Ankara Universitesi Siyasal Bilgiler

Fakültesi Sađlık Ekonomisi Dersi 2017-2018

National Health Expenditures Calendar Year 2015

| | |
|--------------------------------|-----------|
| Total | \$3.205,6 |
| % of GDP | 17,8% |
| Per Capita | \$9.990 |
| Health Insurance | \$2.384,5 |
| Private Health Insurance | \$1.072,1 |
| Medicare | \$646,2 |
| Medicaid (Title XIX) | \$545,1 |
| CHIP (Title XIX & XXI) | |
| Department of Defense | |
| Department of Veterans Affairs | |

Dollars in billions except for Per Capita.

SOURCE: CMS/Office of the Actuary
Onur Ozsoy Ankara Üniversitesi Siyasal Bilgiler
Fakültesi Sağlık Ekonomisi Dersi 2017-2018

Sağlık Hizmetleri Piyasası

Sürdürülebilirlik

- Tıbbi gelişmelerin getirilmesi > Anlam
- Nüfus

CMS Program Data - Populations¹

| | CY 2015 | CY 2016 | CY 2017 ² |
|-------------------------------------|---------|---------|----------------------|
| Medicare (avg monthly) | | | |
| Parts A and/or B | 55,6 | 57,1 | 58,0 |
| Aged | 46,7 | 48,3 | 49,1 |
| Disabled | 8,9 | 8,9 | 8,9 |
| Original Medicare Enrollment | 37,8 | 38,4 | 38,0 |
| MA & Other Health Plan Enrollment | 17,8 | 18,7 | 20,0 |
| MA Enrollment | 16,5 | 17,6 | 18,6 |
| Part D (MA PD+PDP) | 39,5 | 41,2 | 42,5 |
| Medicaid (avg monthly) ³ | FY 2015 | FY 2016 | FY 2017 |
| Total | 68,5 | 70,9 | 72,3 |
| Aged | 5,5 | 5,7 | 5,8 |
| Blind/Disabled | 10,5 | 10,6 | 10,6 |
| Children | 28,0 | 28,0 | 28,2 |
| Adults | 15,4 | 15,5 | 15,7 |
| Expansion Adult | 9,1 | 11,2 | 12,0 |
| CHIP (avg monthly) ³ | 5,9 | 6,5 | 6,7 |

¹ Populations are in millions and may not add due to rounding

² Preliminary and subject to change

³ Projected estimates

Sağlık Hizmetleri Piyasası Sürekli Olarak Gelişmektedir

- Maliyetlerin sınırlandırılması için çalışma yapılmaktadır.
 - > Sağlık hizmetleri sağlayıcılarına devletin yaptığı ödemeler değişmektedir.
 - > Özel sağlık sigortası şirketleri sağlık harcamaları konusunda daha dikkatli olma çabası içindedirler.
- Rekabetin artması sebebiyle oluşan baskı
 - > Mevcut firmaların birleşmesi.
 - > Yeni firmaların piyasaya girişi.

Hastane Bakımı

- ABD'de sađlık harcamalarının yaklaşık olarak 1/3'ü hastane bakımı için yapılmaktadır.
- Sađlık sigortası şirketleri zaman içerisinde maliyet temelli geri ödemededen sabit ödeme sistemine geçmişlerdir.
 - Bunun en önemli nedeni hasılatlardaki azalmalardır.
- Özellikle özel hastaneler daha fazla hasta çekebilmek için ileri teknoloji tıbbi cihazlara çok fazla harcama yapmaktadır.

Hastane Bakımı

- Ameliyat yöntem ve tekniklerinde meydana gelen gelişmeler hastanede geçirilen sürelerin azalmasını sağlamıştır.
 - > Bunun sonucunda hastanelerdeki yataklara ve ameliyathanelere olan talep azalmaktadır.
- Hastane yatakları ve yüksek teknoloji hizmetlerin bolluğu, çok az sayıda hastanın çok az sayıda hastayla yarışmasına yol açtı.

Sick Wards

**New York's Hospitals
Merge, Cut and Fret
As Deregulation Nears**

**Crazy-Quilt of Price Controls
Will Vanish on Jan. 1,
Unleashing Competition**

NYT 10/25/96

Onur Özsoy Ankara Üniversitesi Siyasal Bilgiler
Fakültesi Sağlık Ekonomisi Dersi 2017-2018

Texas hospitals riding tall

While hospitals post robust profit margins, HMOs are saddled with mounting losses

By Ann Scipir

Hospitals across the country are blaming managed care for their precarious financial positions, forcing them to fire workers, cut services and seek merger partners to gain market share and become more cost efficient.

While hospitals nationwide are banding together to fight managed care, the 496 acute-care and specialty hospitals in Texas have been particularly successful at it.

In Texas hospitals are riding the back of the managed-care industry by linking in greater numbers. At the same time, physicians are hamstringing HMOs by pushing a variety of anti-managed-care bills in the state Legislature.

The consequence? Texas hospitals are enjoying record profits while HMOs there are losing hundreds of millions of dollars. It's a situation to be envied by suffering providers everywhere.

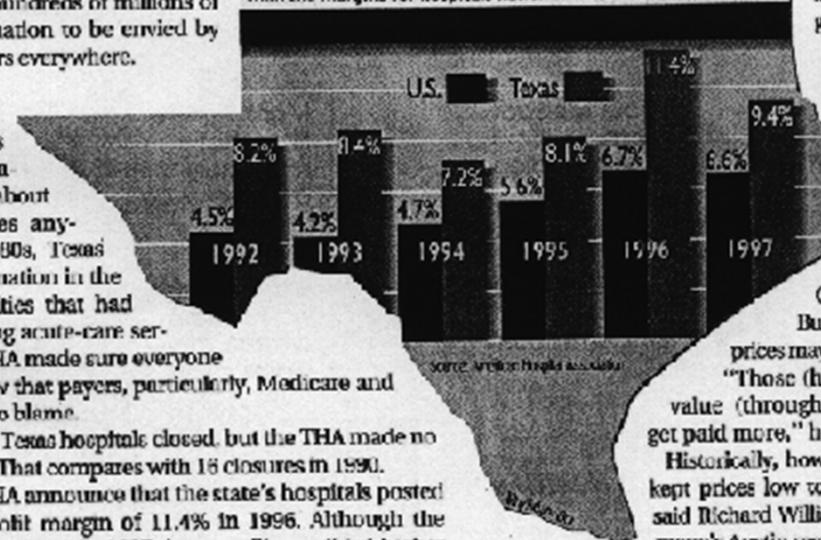
Perhaps most telling is the fact that the Texas Hospital Association isn't crying about hospital closures anymore. In the 1980s, Texas typically led the nation in the number of facilities that had stopped providing acute-care services. And the THA made sure everyone knew it and knew that payers, particularly, Medicare and Medicaid, were to blame.

Last year, nine Texas hospitals closed, but the THA made no announcement. That compares with 18 closures in 1990.

Nor did the THA announce that the state's hospitals posted an aggregate profit margin of 11.4% in 1996. Although the margin dipped to 9.4% in 1997, it was still one-third higher than the national average for hospitals nationwide.

Texas-size profit margins

For the past several years, Texas hospitals have enjoyed profit margins substantially higher than the margins for hospitals nationwide



would have more than \$1 billion in assets.

Dan Wilford, president and chief executive officer of M Hermann, said that market clout is key to getting managed care contracts. With 20% of the beds in Houston, his system already does business with managed-care plans largely on its own terms.

What about consumers? Consolidation creates potential for consumers, said Marianne Fazen, executive director of Dallas/Fort Worth Business Group on Health, which represents health benefits managers for some of the area's largest employers. Those rewards include better geographic access and possible improvements in quality and data reporting.

But large deals between hospitals are also worrisome.

"The whole purpose of consolidation is to obtain

market leverage in managed

care contracts, better

market share, control

greater network," said

If hospitals force

to concede to higher

imbursement

HMOs may pressure

increases to come

through higher

premiums, said Paul

president and

207,000-enrolled

Care of Texas.

But Feyn added that

prices may be warranted.

"Those (hospitals) that bring

value (through consolidation) will

get paid more," he said.

Historically, however, HMOs in Texas

kept prices low to lasso more market

said Richard Willis, executive director

of Humana's Austin region.

The 206,000-enrollee Humana Health

**Errors may
kill as many as
98,000 a year
in hospitals,
agency reports**

*Health care facilities
must make major
changes in the way they
operate, the Institute
of Medicine says.*

America's Top 100 Fastest-Growing Companies

FORTUNE, September 4, 2000

| 100 RANK | COMPANY | EPS GROWTH RATE | REVENUES (millions) | WHAT THEY DO |
|----------|-------------------------|-----------------|---------------------|--|
| 16 | VISX | 100% | \$266.8 | Holds 150 patents for laser technology, charges a per-procedure licensing fee. |
| 23 | Advance Paradigm | 78% | \$1968.4 | Prescription-drug benefit manager |
| 23 | Forest Laboratories | 105 % | \$959.9 | Licenses drugs developed by other companies & markets them. |
| 28 | Minimed | 71% | \$252.1 | Infusion pump worn like a pager for diabetes patients to avoid injections. |
| 30 | Polymedica | 48% | \$156.9 | Sells diabetes-testing equipment to seniors covered by Medicare. |
| 30 | Sunrise Assisted Living | 124% | \$280.6 | Assisted Living Homes |
| 69 | Biogen | 60% | \$881.1 | Biotech drug company, leader in MS drugs. |
| 92 | Impath | 38% | \$99.0 | Collects and interprets Cancer data |

PHARMACEUTICAL INDUSTRY

- U.S. prescription drug expenditures reached \$99.6b in 1999.
- Industry highly dependent on research and development (R&D).
 - > \$300m to bring a new drug to market.
- Aggressive marketing to physicians, hospitals, pharmacists, and even the patient.

PHARMACEUTICAL INDUSTRY

◉ Merck

- > \$40.4b in sales in 2000
- > 50% of sales come from Merck-Medco (pharmaceutical benefits management)
- > 50% of human health sales come from 5 drugs: Vioxx, Zocor, Fosamax, Cozaar/Hyzaar, and Singulair

Fast Out of the Block

Prescriptions of three leading drugs in their first three weeks on the market:

| | WEEK 1 | WEEK 2 | WEEK 3 | % GROWTH WEEK 1-WEEK 3 |
|----------|--------|---------|---------|---------------------------|
| Celebrex | 9,500 | 46,200 | 82,600 | +770% |
| Viagra | 42,100 | 128,900 | 224,100 | +432% |
| Lipitor | 4,500 | 8,400 | 13,100 | +191% |

Source: NDC Health Information Services

Monsanto Drug Is Selling Briskly

Continued From Page A3

Health Information Services, an informa-

genetically engineered "Roundup-ready"
soybean, corn, cotton and canola seed—de-

MANAGED CARE

- ◉ *Systems which manage the quality and cost of patient care.*
- ◉ Most common:
 - > Health Maintenance Organization (HMO)
 - Consumer pays a fixed annual capitation fee, for which HMO agrees to provide comprehensive medical services.
 - 60% of U.S. population (66.8m) enrolled in 2000.

MANAGED CARE

- ◉ ADVANTAGE: If capitation fee $>$ costs, HMO keeps the profit.
- ◉ DISADVANTAGE: HMO responsible for cost overruns.
 - > Subject to lawsuits if provides sub-optimal care.

Kaiser's Red Ink Signals Trouble for HMOs

By GEORGE ANDERS

Staff Reporter of THE WALL STREET JOURNAL

Three years ago, Wall Street analyst Ken Abramowitz warned that big health-maintenance organizations might well be entering a period of "profitless prosperity." It turned out to be a shrewd call.

The latest HMO to register break-neck growth — and rue the consequences — is

HEALTH

Kaiser Permanente, the nonprofit giant that in some ways is the grandfather of the entire managed-care movement. On Friday, Kaiser, based in Oakland, Calif., reported a record \$270 million loss for 1997, even as it expanded membership 19%, to 8,970,000.

been climbing more than expected — ripping a hole in financial projections.

Profit margins at many HMOs are being hurt, or even obliterated, by rising costs, coupled with pricing wars and embarrassing computer snags. Late last year, Aetna Inc. and PacifiCare Health Systems Corp. announced disappointing results. And one-time highflier Oxford Health Plans Inc. has been reeling since October, when it reported an unexpected loss, its first since going public in 1991.

Overall, HMOs have become mired in a less-than-brilliant financial strategy, says Uwe Reinhardt, a health-economics scholar at Princeton University.

"They have been going for market share, feeling that they need to be big," Prof. Reinhardt says. "They compete to see who can offer the lowest premiums, to

tors promptly boosted United's stock Friday to \$58.1875, up \$2.1875, on the New York Stock Exchange — even though the company said 170,000 of its 5.4 million members didn't renew coverage in January, largely because they didn't want to pay higher rates. (See article on page C2.)

indemnity carriers that paid each bill as it arrived, without much of an attempt to influence costs or medical quality. Those companies went through endless multiyear cycles of rate-cutting followed by premium increases. Securities analysts made entire careers out of trying to predict

EMPLOYEES ARE CHOOSING more-flexible plans that let them pursue costlier treatments. That means HMOs' medical costs have been climbing more than expected—ripping a hole in the organizations' financial projections.

Not all HMOs can overhaul their price sheet in a hurry, however. Kaiser, for

when the cycle would turn.

In the early and mid-1990s, many