

# Chapter 1

## Unmanaged Care

**M**any people consider our health care crisis to be a social or even moral problem requiring more money, expanded coverage, and extensive reform to resolve. Some are calling for a socialized, not-for-profit, government-run or single-payer system, though the majority recognizes that American tradition and society are not amenable to a system that is too centralized or restrictive of choice or entrepreneurial efforts.

What's becoming better understood is that our health care crisis is fundamentally a business problem. The system is overstrained and is breaking down due to outdated information technology (IT); poor application of the basic principles of market economics; overall inefficiency in terms of work flow, care delivery, and the spreading of best practices; a lack of transparency around quality and cost; and blocked access to making informed consumer choices.

Don't get me wrong: I'm not assigning blame for any of these built-in flaws. They are a result of the way our health care system has developed into a set of parallel cottage industries that until recently have never had a

real chance of being integrated into a seamless, efficient industry. Doctors, hospitals, insurers, suppliers, and the government have all run their shops separately and distinctly from each other, so that literally one part of the system cannot talk to another in any trustworthy, efficient, error-free way.

At the patient level, our system's problems become compounded, creating so much doubt, stress, and aggravation that many people elect not to seek out health care until an easily treatable condition lands them in the emergency room instead.

If you're healthy and your family members are healthy, you probably don't think about the health care system much. But if you or a family member is receiving treatment, whether because of an injury, an illness, or even a happy occasion like the birth of a child, you think about the system all the time. I imagine you feel immense gratitude for some of the very caring and competent strangers who are looking after you and great frustration over so many of the other aspects of getting treatment. There are the long waits and endless paperwork, the necessity of telling your story or the details of your condition or treatment over and over again, the impersonal processing of what feels intensely personal to you, the redundancy of tests, the challenge of getting clear information, the costs of treatment and medicine, the fears about side effects and mistakes, the difficulty of coordinating insurance coverage, not to mention your concerns about whether you are getting the right care in the best hospital by a doctor, nurse, or technician who knows his or her stuff.

Take a simple doctor's visit. No matter how busy you are or how far in advance you schedule the visit, you wait 45 minutes or more to see the nurse and doctor. When you're in the examination room, your doctor has less than 12 minutes of quality time to spend with you because he or she is in a rush to see the next patient. A good portion of those 12 minutes is spent figuring out your medical history. After your diagnosis, you get your prescription on a piece of paper. You then physically carry it to the pharmacist and wait around for it to be filled, blissful in your ignorance that there are 140 million illegible prescriptions every year.

The economics of the entire interaction are a complete mystery to you. Your doctor's visit will cost you a co-pay fee up front, if you have insurance, but you won't know what the examination really cost until you get the bill months later. If you have insurance, you probably don't bother to check that statement, but if you do, the numbers and codes are

almost impossible to unravel, and you would get little comfort knowing how much confusion is rampant behind the scenes in those back offices. The doctor charges one thing, the insurance company pays something else, and chances are it takes three exchanges back and forth before the final claim is settled, and you are lucky if you do not receive calls or notices drawing you into the dispute. Small wonder. There are 1.5 trillion claims each year, and a full 30 percent of those claims have errors, while 15 percent get lost. Twenty-five percent of claims are still paper-based, and it costs \$20 to \$25 to manually process them.

Consider how strange this would be if it were applied to any other economic transaction. Imagine you go to Macy's to buy a tie or blouse. You want to pay for the item, but the price isn't marked. You ask the salesperson, who says, "Sorry, we have to mail you the bill." You insist you want to pay right now, and the salesperson's manager says, "We just can't do it that way. The price is different for different people, and we don't know what your credit card company or bank will allow us to charge you." Four to eight weeks later you get the bill, but you have no idea if you've been charged the right price. Take the metaphor further: Suppose when you go shopping at Macy's, you can't choose to buy a more expensive blouse or tie even if you want to, and you can't shop at Wal-Mart or Bloomingdale's down the street even if they're having a sale. In the same way, you can't pay a doctor to spend more time with you. You can't check the doctor's record of quality and service to make an informed choice. You can't determine which treatments or prescription drugs your payer reimburses in advance of your doctor's recommendation. What's more, you have no skin in the game—no economic motivation or incentive to take a stand for your own health—and neither does anyone else involved in the transaction.

In terms of consumer frustration, health care ranks with the airline industry. Like airports today, emergency rooms and physician clinics are all about delays and inconvenience. It takes an average of three hours and 43 minutes to get treatment at an emergency room. It takes an average of 55 days to schedule an appointment with your primary care physician. But while airlines have a remarkable record of getting us safely to our destination, the health care industry is not so impressive. Deaths from medical errors alone amount to 100,000 per year, and that number doesn't even include the one million or so injuries that do not lead to death.

Think about that. A hundred thousand deaths is the equivalent of a 747 airplane falling from the sky every single day, killing everyone on board.

If that were happening in the airline industry, every plane would be grounded until we fixed the problem. In fact, in the airline industry, safety standards and operating procedures are strictly adhered to, regardless of carrier. Every catastrophic accident gets thoroughly reviewed, and any technical or engineering faults are corrected industry-wide. In health care, this is not the case.

Despite all the frustrations inherent in flying today, there are areas where its customer service, such as it is, actually outshines health care. Competition and efficiencies have driven the cost of a flight down to levels that encourage ever-increasing numbers of travelers. You can shop and buy tickets online, which gives you access to the information necessary to be an educated consumer and makes it easier and more convenient to book a flight. At the airport, self-check-in kiosks have streamlined the ticketing process. And you don't need to seek out the best airline with the most famous pilot to know that you're going to be safe. Your plane is operated by a well-trained team using sophisticated controls and systems while following strict protocols of operation to ensure that quality and safety are 100 percent every single time.

In comparison, the health care industry is inconvenient, inefficient, price regulated, fraught with errors, and wildly varied in terms of quality of outcomes.

When it comes to health care decisions, you are not provided access to important information and you have less power than the government or your insurance provider to make your own decisions. You can't go online to choose your doctors based on quality and cost data, or even book your appointments or hospital stays. You don't have self-service kiosks to check in, confirm your appointment, or obtain a prescription. And we still rely on the hospital emergency room as the last resort center of care even when other options might be more efficient and practical. Imagine forcing every traveler in the United States to take a plane even when a train, boat, bus, or car might be more sensible and effective—that's what happens in health care every single day.

Quality of care is another area where most people don't know the extent of the problems we're facing. While we've made tremendous progress in advancing the science of diagnosis and treatment, we've done

a poor job ensuring that all health care providers are in possession of the latest protocols and best practices. How do you know that your physician or hospital will be able to offer you top quality care? It's practically a random walk. In fact, whether you see a doctor in a clinic, obtain scheduled surgery, or are rushed to the emergency room in a crisis, you have only a 55 percent chance of receiving the best recommended care, which means getting scientifically appropriate, evidence-based medical treatment. Looking at six killers—heart disease, cancer, stroke, chronic obstructive pulmonary disease, diabetes, and Alzheimer's disease—which together consume 25 percent of our health care dollars, the *New York Times* found that “the medical system has been unable to turn proven remedies into everyday care.”<sup>1</sup> Of the million people who have heart attacks every year in this country, half of them die. Moreover, “half the people who need to be treated to prevent heart attacks are not treated and half who are treated are treated inadequately. Patients go home with the wrong drugs or the wrong doses or misimpressions about the importance of taking their medications.” With everything we know about heart disease, we could drastically reduce the impact of heart attacks now, but because of the fragmented and nonstandardized nature of the health care system, 500,000 people die every year.

Thirty percent of our health care dollars are spent on treatments that do not improve our health or are completely redundant. If you look at quality across the country, between hospitals, doctors, and clinics, the variations are simply staggering. Yet we provide no information to help patients, as health care consumers, to seek out the best doctors, hospitals, and treatments—in part because there is resistance to providing that information and in part because we don't have enough standards in place to process the data. From doctor to doctor and illness to illness, medicine remains as much art or craft as science. The mystique of the physician is such that we view our doctors as heroes, working on their own to dispense the right care based on years of accumulated wisdom. In no other industry do we leave implementation of best practices to an individual practitioner. Airline pilots don't fly by feel or individual instinct. They manage to fly us safely the same way each day as an integral part of an overall flight system designed to function flawlessly time after time.

Today, the average 65-year-old spends four times as much on health care as the average 40-year-old. Why? Naturally, our health issues pile

up as we get older, but the system isn't designed or aligned to give us the preventive focus to keep our health care costs down over a lifetime. Private insurers have no incentive to worry about our health condition post-65, even as the number of people over 65 in this country will double in the next 30 years and Medicare is projected to go bankrupt by 2017.

Meanwhile, because treatment is not coordinated between care providers and insurers, chronic conditions are more costly than they should be. We now have 100 million people with chronic conditions in this country, and we can expect that number to reach 134 million by 2020.<sup>2</sup> Chronic illnesses are expensive because they are long-term, requiring prolonged medication periods and many visits to doctors or hospitals. Our health care system, however, is set up to deal most efficiently with acute illnesses during one-off visits. We provide little support or incentive for the chronically ill to manage their conditions more effectively so they can avoid more expensive treatments and emergency room visits later. This is not because we don't care, but because our health care providers are only just now organizing into teams that coordinate care seamlessly from emergency room to clinic to outpatient facility and pharmacy.

Compounding all these problems is a growing labor shortage. We are losing primary care doctors, nurses, geriatricians, and pharmacists at an alarming rate. By 2020, it is estimated that we will have shortages of between 85,000 to 96,000 primary care physicians, one million nurses, 36,000 geriatricians, and 157,000 pharmacists. Even foreign-born medical students, attracted to the excellence of our medical schools, are going back home to practice—and so are the foreign-born nurses we've come to rely on so much. Some of these clinicians are drawn to the increasing number of choices outside the United States, including fully accredited hospitals that operate like five-star hotels. In addition, many American care providers are leaving their professions because the intellectual and emotional satisfaction has diminished since they entered their practices. As reimbursements for service become capped and the stress and paperwork pile up, the rewards are simply no longer worth it.

It's not just patients who are frustrated by the situation we find ourselves in. Care providers, who deal with the problems every single day, are sick of it, too.

## Choices for Tomorrow

Those are the obstacles, and they cannot be simply brushed aside with the wave of a policy maker's pen. Indeed, they are the focus of much of the dialogue about health care in the media and among politicians today. But there are also changes happening that will alter the equation for the better—changes that we all need to encourage and support.

To say that health care is behind the times in terms of technology is a laughable understatement. I'm talking about a system in which, at present, the fax machine is a more commonly relied upon communication tool than e-mail. I can receive a BlackBerry message from a colleague climbing a mountaintop, yet I still show up at a doctor's office to learn that my hospital test results have not yet arrived weeks after they should have.

Every other industry in this country, from financial services to automotive manufacturing, has become automated in the past 20 years. But not health care. Across the board, information technology, business process improvements, six sigma, and total quality management strategies have helped sluggish U.S. industries become more productive by making goods and services cheaper, more accessible, more reliable, and of better quality. Think of Wal-Mart. Its satellite ordering system cuts prices to the bone. Or take your local bank. Every single day, anywhere in the world, you can access your money and account balance at the touch of a fingertip. Remember a time when you had to visit a teller whenever you needed to make a deposit or withdrawal, and you carried your checkbook around as an extension of your wallet? Vaguely, I'm sure, and yet it has been only 10 or 15 years since those service innovations took place.

In the same way, going forward, our health care information will be available any time, anywhere, through web-based portals. Using secure information systems, any hospital, specialist, nurse practitioner, or pharmacist who needs to view your records will touch a screen and see everything he or she needs to know. You'll make appointments online, and your clinic will get approval from your insurance provider in advance and send the electronic bill along instantly after the visit. Your prescriptions will be sent to the pharmacist electronically as well, ready for you when you arrive at the pharmacy. This means no more lining up to drop off prescriptions at the pharmacy or, perhaps more stressful, no more begging your doctor's staff to phone in your prescription when you're in a hurry.

You'll be able to communicate with your physician by e-mail if you have follow-up questions about your most recent visit. Your physician, in turn, will be able to view your latest test results or that 3-D magnetic resonance imaging (MRI) on the computer at his office or the one at home that sits on her kitchen counter. She'll do rounds at the hospital with a handheld device that allows her to tap into the latest medical research instantly, consult the best practice protocol, and order treatment then and there. The drugs that you need will be dispensed by robots, and the dosages will be checked by bar-code scanners before they're administered. Every prescription, every patient, every tool, every care provider, and every test result in the hospital will be tracked and monitored through radio-frequency identification (RFID) tags—tiny, advanced transponder tags that use radio waves to identify people or objects.

If you haven't experienced a hospital stay recently, you can't imagine how radical these changes will feel. Some people, fearing change, say we shouldn't automate the processes of health care because we will lose the human touch. I believe that the human touch can only be reclaimed by relying on automation. There's nothing inherent in information technology that restricts or impedes relationships—in fact, IT can build and improve relationships. Ask your daughter, who made a dozen friends at her new college before she even set foot on campus, because she'd met them on Facebook. Her initial interactions may have been only virtual, but they provided instant access to information that might have taken several in-person meetings to reveal. Similarly, doctors are demanding ways of interacting electronically with patients, other care providers, and data banks because it's easier, it's more productive, and it frees up time each day that can then be spent more and more with patients.

Technology allows us to rid the health care system of errors, paperwork, and inefficiencies. In return, it allows care providers to focus more on you. Imagine the nurse who has 30 percent more time for holding a patient's hand or talking with a loved one about treatment because his paperwork has been automated. Imagine the doctor who avoids needless tests because she has diagnosed and treated you accurately the first time; the extra hours currently wasted filing claims for reimbursement can now be spent on keeping her skills and knowledge up to date. Imagine the primary care physician who feels fulfilled and engaged with his work because he is connected with his patients and their care plans over the long term, not just in isolated, hurried visits.

The savings and benefits that come from upgrading our health care system are enormous and already being felt. Roughly 20 percent of the \$2.2 trillion we spend annually on health care goes to paperwork and red tape. Improvements in information technology infrastructure, such as the McKesson Revenue Cycle Solution, have already begun to fill in the white space in this area, eliminating the inefficiencies and freeing up money and time that can be spent on better care. Another 25 to 30 percent of our \$2.2 trillion goes to wasted care in the form of preventable errors, incorrect diagnoses, redundant treatment, unnecessary infections, and extra time spent in the hospital. Team-based medicine, bar-code prescription scanning, evidence-based medicine—all of these are systems and innovations that are being put into place to eliminate such waste so we can reap that money as well. These will be discussed further later in the book.

## **Everyone into the Pool**

Currently, the average health care customer experience is dismal. Instead of feeling supported and guided by a benevolent system, it's more likely that you feel shunted aside like an irrelevant spare part while the great machine of health care grinds on by. The majority of health care workers care deeply about patients, but to the patient lost in the bureaucratic maze, the incidents of quality care are few and far between. As a patient you have little power to influence the care you get. Access to information is a problem for all involved: You are poorly informed about your condition and your choices, and your care providers are poorly informed about you. In the future, however, you will find yourself in a very different position: at the center of decisions, well informed and highly connected, serviced by an industry that is actively looking after your needs.

One of the most important customer-related problems we have today is access to care. As you will read in Chapter 5, I am part of a group of business leaders who recognize that the United States needs universal health coverage, which is not to be confused with nationalized health care or any other kind of single-payer system. There are two compelling reasons for this. First, employer-based health care, implemented in the 1950s as a union concession for capped wages, has become a tremendous competitive burden on American corporations. Second, Americans not

eligible for group plans have relatively few choices, because our current private insurance system doesn't adequately serve to spread risk, reduce costs, and encourage good health, since there are too many people not in the pool.

Forty-seven million people are uninsured in the United States today, because they cannot get insurance coverage through their employers and are unable or unwilling to purchase it for themselves. To get everyone from that group into the pool, consumers must have an incentive to buy health insurance with before-tax dollars, just as corporations do today; and the government must support those who can't otherwise afford health care by enabling them to buy coverage from private insurers. Insurers, in turn, must stop turning down customers because of preexisting conditions and be allowed to charge more to customers who engage in unhealthy behaviors.

As a tool for spreading risk, universal coverage only makes sense. After all, you can't drive a car in most places in this country without car insurance. People who have bad driving records pay more for their insurance than those with good records. Universally accessible insurance paves the way for more competition within the insurance industry. Insurance companies should be able to compete for your business no matter where you live; and you should be able to shop for the best deal and keep the insurance of your choice wherever you live for as long as you live.

Even once we've insured everyone, we're still left with two mutually exclusive insurance pools in the country: private insurance and government insurance. Millions more Americans are not in the private insurance pool because their health care is covered by Medicare or Medicaid. This has a couple of powerful effects on the health care marketplace. First, the government's reimbursement of medical goods and services provided under Medicare and Medicaid is consistently out of step with the actual market price. Today, for many physicians, 50 percent of their patient load is price-controlled by a single payer, Medicare or Medicaid, and the other half is subsidized by private health plans. If we adopt market-based pricing mechanisms across the board—including in the realm of Medicare and Medicaid—then we remove economic distortions that keep the system out of balance right now.

While Medicare has begun to experiment with some market-based price-setting approaches, there are many examples where the market has

negotiated prices below government-set levels, and the government ends up paying too much. There are many other examples where the government has used its monopoly power to pay below cost, leaving the rest of us to make up the difference. This interference hampers the efficiency of the market and creates a dance of confusion in which health care providers anticipate and react to government edict at the expense of anticipating and reacting to actual customer demand. As a result, some desperately needed services, such as family medicine, go undersupplied, while services that are needed but widely available, like cardiology, remain stuck at artificially high prices instead of having to compete for customer dollars through the mechanisms of price, quality, and convenience. When the government artificially caps health care spending, it does not reduce the costs; it just shifts them around.

For instance, take pharmaceutical prices. According to a recent study, every dollar spent on beta blockers for patients with heart disease nets \$38 in health care benefits; every dollar spent on statins to reduce high cholesterol returns \$9 in health benefits. Those are terrific gains, improving lives and reducing costs, yet our regulatory and economic incentives actually impede even more progress. In 1988, for example, there were 25 companies selling vaccines in the United States, and the vaccine business was a model for innovation. Yet by 2001, largely due to lawsuits, there were only *four* vaccine businesses left. Thankfully, the government relaxed the legal chokehold on vaccine manufacturing in the wake of 9/11 and the national anthrax scare, so vaccine innovation has come alive again. We are now seeing new breakthroughs for cervical cancer, malaria, and more, through profit-making efforts led by companies like Merck in this newly rejuvenated market.

The private insurance industry, whether it wants to acknowledge this or not, has little incentive to see people live healthier lives beyond 65 when their customers automatically drop out of the employer-based system and enter the government-based system. Take an overly simplistic example: What insurance company would want to pay for a heart transplant three days before a customer would turn 65, at which time the government would foot the bill and the patient's revenue would be lost to the insurer? More to the point, what insurance company is motivated to develop a plan for treating chronic illnesses like Alzheimer's or heart disease when those conditions are not going to manifest and become

expensive until after the patient has stopped being a customer? We need to better align economic interests with health and ethical interests if we're going to get better health care, and a major step toward doing that is to begin phasing out our two-tier worker/retiree insurance system with innovative cradle-to-grave insurance choices. We all need more skin in the game.

Today, when choosing doctors, you have no way of knowing whether they are the best at what they do, or among the worst. When you go to a hospital for knee surgery, how can you know whether that hospital does 1,000 knee replacements a year or 20? And whether the outcomes are predominantly excellent or consistently mediocre? You won't know ahead of time whether the hospital coordinates care among team members to ensure you get the best rehabilitation after the operation, or just drops off your chart in someone else's in-basket. You also don't know how much your treatment costs—and you couldn't care less, because someone else is paying for it.

Would you make any other consumer decision that way? We expend more time and effort buying a disposable good like a car than we do looking after an indispensable good like our health! Our current system restricts the choice, information, and incentives we need to be rational consumers.

In the near future, you, your insurance provider, and your primary care doctor will have access to high-quality information to help you make better choices. Think of it as a J.D. Power–like experience where the value of something is evident in terms of its price and quality. You will be able to consult a consumer-guide database that will detail a doctor's performance record or a hospital's quality measures. This database, whether offered by your insurance provider, the government, or some third party, will enable you to choose the cancer clinic that has a 95 percent survival rate for prostate cancer over the one that has an 85 percent survival rate. It will enable you to identify the orthopedic surgeon who does six flawless knee replacement surgeries a day over the one who does only six a month.

You'll know how much it all costs, and you'll be able to make your decision based on some personally assigned balance of cost, quality, and convenience. Imagine the kind of conversations you will have with your health providers then: "I appreciate you're the best surgeon, Dr. Smith, but Dr. Jones is nearly as good, costs me 30 percent less, and is available

right away.” Similarly, you’ll be able to choose the clinic with same-day appointments over the one that makes you wait two months. You might go to the neighborhood hospital because it’s closer, or you might go to the one on the other side of the city because it has zero staphylococcus infections, automated bar-code scanning for prescriptions, and best-practice protocols for its clinicians.

In response to this level of transparency and choice, care providers, insurance companies, and hospitals will begin to compete for your business like never before. We will see a surge in quality and service as a result, and a steady reduction of overall costs as industry players struggle to be the low-cost provider.

Cost doesn’t matter to you now, but it will in the future. Today, most of us get our health insurance from our employers. Consequently, the market forces that have reshaped the rest of the economy are almost completely absent when it comes to making personal health care decisions. Most of us have a co-pay of \$20 or less when we see a doctor. That doesn’t provide much incentive to look for a better deal, or even take better care of our own health. We need a different approach, one where insurers, care providers, and consumers share responsibility for health-related choices. As patients, as consumers, we need more skin in the game.

Health savings accounts (HSAs) are one of the ways consumer incentives are changing. HSAs are high deductible plans that double or triple patients’ financial responsibility for the care they receive. They are attractive to consumers because they represent significant tax savings. Those tax breaks are worth it on a societal level because they induce consumers to think about the price of care and the value of preventative measures and healthy behaviors. It’s your money, after all, so it pays to take care of yourself. You may not have heard of HSAs before, or you may have dubious feelings about them, but HSAs are being adopted five times faster than 401(k)s were after they were initially introduced in 1979. They’ll be a major component of our financial considerations, and an investment in our own healthy future.

Coupled with those kinds of incentives, costs are becoming more transparent. Soon, we’ll be able to clearly see the costs of our care and our own financial responsibility—what we have to pay—on a computer screen or in an easy-to-read e-mail before we even get treated. When we get to the hospital, we’ll stand before an ATM-like kiosk and swipe our

health card to electronically check in, while also automatically paying our co-pay or balance. When we check out, the co-pay will immediately be deducted from our health savings account, and there will be no bill to pay. That's the kind of transaction simplicity we get now at the pharmacy counter when we pick up a prescription. What's more, it's a means of aligning payment systems, reducing inefficiencies, and sharing information by allowing payers and providers to have more visibility into costs, patient populations, and treatment plans.

Health care is rapidly becoming a retail experience. You may not have noticed it yet, but we've reached the cusp of this monumental shift. And the signs of that transformation—e-mails from the family doctor, shorter waiting times in waiting rooms, less crowded emergency rooms—will become apparent to you soon.

## Quality, Service, and You

Some people today, even some inside the health care system, say that a nationalized health care system would be better. In fact, however, it would make our situation much worse. I've touched on some of the reasons already—the distortions in the market, the way capping prices only shifts costs, the way transparency and competition increases quality—but you'll read all of that in more detail in the chapters to follow.

In fact, we don't have a health care *system*, per se. We have a remarkably disconnected set of silos in which doctors, hospitals, insurers, and suppliers operate independently and sometimes at odds with each other, and the patient is left out in the cold.

As a nation, we have the greatest medical and research institutions in the world. Our scientists and practitioners push the most significant advances. Our pharmaceutical companies are the best innovators. Our biotech companies drive understanding of the essence of human life. That's why the United States doesn't have just one great hospital or drug company, but hundreds. That's why we're always at the cutting edge of human knowledge.

But we can do so much better. The quandary surrounding our health care system is that while it is medically advanced, the quality of care we receive is dismally low, coupled with costs that are still prohibitively

high. According to a study done by the World Health Organization, the United States, while ranking first in the world in health care spending, ranks only 37th in overall performance. No other innovative industry in the world has succeeded in the long term by being high in cost and low in quality. Instead, the natural progression of a successful industry is to increase reliability and quality while driving cost out of the system by constantly improving operations.

How will you know when the health care industry has finally entered the twenty-first century? When error rates at hospitals are close to zero. When doctors and nurses use evidence-based protocols in your treatment. When you can decide how much to spend on treatment, and you have the information and the opportunity to determine the best value. When your primary care physician is in charge of your extended care team, operating as your command central. When all members of the medical community—nurses, doctors, pharmacists, and specialists—work together seamlessly on your behalf. When their combined efforts are tracked, measured, and reported on, and the insurance reimbursements awarded to them are based on performance. When you see that hospitals, pharmacies, and doctors are working harder in all aspects to make sure you are an informed consumer who has trust and confidence in the services they offer and the prices they charge.

In the chapters that follow, I am going to tell you the story of our health care system. I will give you an appreciation for how far we have traveled in the past hundred years, explanations for why we are in the midst of a crisis now, and a picture of the great strides we are making that have already begun to turn things around. I will help prepare you for the change that is coming, and help you better navigate the system we have today. While many decry this period in health care as the worst of times, 10 years from now I think we are going to look back and see it as the dawn of an astounding new era.

