



Philip M. Farrell, MD, PhD

## Dean's Corner

# Taking the lead locally to address our urgent national problem

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Most experts agree that the American health care system is in jeopardy and must be improved. Health care expenditures continue to rise—both as a percentage of the gross domestic product and on a per capita basis. At the same time, outcomes are not improving proportionally; in fact, the health of the population has leveled off while expenditures are still climbing.

The problem is that we don't have an adequate understanding of all the factors that feed into this extremely complex issue of affordable health care, and we don't have a politically acceptable plan for addressing them.

I believe that universities—particularly, academic medical centers—are uniquely positioned to take a leading role in our society's health care problems.

In fact, on the University of Wisconsin-Madison (UW) campus we have begun to take small but important steps. These efforts stem from our interest in creating a more balanced approach—one that combines health care and health.

For one, the UW Medical School and the UW Medical Foundation will be co-sponsoring

a two-day symposium titled "The Transformation of Health Care and the Role of the University" this month. It will bring together representatives of academia, government, industry, and advocacy and community groups to define their respective roles in health care reform and brainstorm ideas for possible new directions to take. We hope to be sharing the fruits of this productive meeting with you soon.

The symposium is also co-sponsored by the Wisconsin Partnership Fund for a Healthy Future. This \$300 million endowment resulting from the Blue Cross-Blue Shield conversion has stimulated UW Medical School to fortify linkages with communities across the state and think even more expansively about public health than we historically have done. The Wisconsin Partnership provides an unprecedented opportunity for UW Medical School and its partners statewide to transform Wisconsin's health care system through health improvement projects as well as public health education and training programs.

In addition, Dr Jeffrey Grossman, CEO of the UW Medical Foundation who has played a key role in organizing the symposium, is creating a new "Health Innovations Program" that will examine issues and suggest ways to improve the delivery of health care at our institution—UW

Health. As we've reported in past columns in the *Wisconsin Medical Journal*, Dr. Grossman is very involved in health services research and safety systems that ensure the best patient outcomes.

Along similar lines, UW Medical School is in the process of recruiting a health policy researcher who will spend a good deal of time, in conjunction with faculty members at the LaFollette School of Public Affairs, examining the issue of health care reform.

Finally, at the suggestion of UW-Madison Chancellor John Wiley, UW Hospital and Clinics CEO Donna Sollenberger and CFO Gary Eiler have been taking advantage of the combined intellectual resources existing at the hospital, UW-Madison health sciences schools, and affiliated insurance groups to understand the issues and possibly offer solutions. The hospital executives want to come to a consensus on the root causes of the rising costs and they want to identify UW programs that can address those causes.

UW Hospital and Clinics has been recognized widely as exceptional in many facets of health care delivery, and I feel that by truly grappling with these issues, hospital leaders have a good chance of solving some of our most troubling financial and operational problems—at least at the local level.

For the larger national picture,

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many leaders, including myself, believe that what's needed is a reformation of our health care system. Personally, I think that incorporating some of the advantageous features of the Canadian health care delivery model would be a good way to start. Frankly, we need to start somewhere, and it would seem better to implement changes that have been tested and adjusted through medical practice elsewhere.

Yes, we hear mixed messages about this single-payer, publicly-financed and -administered system, but it guarantees that all Canadians can receive basic care, even if they have to wait for it. The Canadian government has managed to do this with much lower administrative costs than we are experiencing in the United States. Unfortunately, excessive administrative expenditures have become one of our nation's most discouraging sources of "wasted dollars" in health care delivery.

For the short-term, I feel we need to take a proactive stance by establishing community-based, cost-effective methods to identify people who are at risk of disease, and then follow through with prevention measures. We need to allocate resources to better educate the public, because there clearly is a positive correlation between education level and health status.

I would also urge that we encourage all members of our society to take more personal responsibility for their health. This means giving people incentives to stop smoking, eat better, and increase physical activity levels. It also means more regulation, such as ensuring smoke-free public environments.

As the Institute of Medicine recommended a few years ago, many elements of the American health care system must be changed to

emphasize safety, quality, accessibility, and affordability. Although affordability may be the most difficult to achieve nationally, it may well be the most important systematic goal.

With a probable financial crisis on the horizon—perhaps by the end of this decade—it would be much better to improve our health care system by evolution, rather than by a revolution. With a proud history of organized, high-quality medicine throughout the state, Wisconsin could become a national leader and model.

# Wisconsin Medical Journal

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