

3.6 EQUITABLE ALLOCATION OF RESOURCES

Healthcare expenditures in the United States (totaling almost 18% of the gross domestic product on an annual basis) continue to rise, with hospital spending accounting for the largest portion.¹ According to the Congressional Budget Office, up to 5% of the gross domestic product each year (\$700 billion) is spent on tests and procedures that do not improve health outcomes.² Efficient and equitable distribution of healthcare resources is critical for overall population health, as the uninsured and underinsured, the poor, and members of certain minority groups often have inadequate healthcare access and substandard health outcomes.^{3,4} Hospitals are under constant pressure to provide more efficient care with limited resources, with hospitalists acting as coordinators of care and resource use. In addition, hospitalists are positioned to identify healthcare disparities, optimize care for all patients, and advocate for equitable and cost-effective allocation of hospital resources.

KNOWLEDGE

Hospitalists should be able to:

- Define the concepts of equity and cost-effectiveness.
- Identify patient populations at risk for healthcare disparities.
- Identify health resources that are prone to inequitable allocations.
- Differentiate among decision analysis, cost-effectiveness analysis, and cost-benefit analysis.
- Explain how cost-effectiveness may conflict with equity in healthcare policies.
- Describe patient factors that affect the allocation of healthcare resources.
- Explain how equity in healthcare is cost effective.
- Explain the relationship between healthcare disparities and healthcare quality.

SKILLS

Hospitalists should be able to:

- Measure patient access to healthcare resources.
- Incorporate equity concerns into cost-effectiveness analysis.
- Triage patients to appropriate hospital resources.
- Construct cost-effective care pathways that allocate resources equitably.

- Practice evidence-based, cost-effective care for all patients.
- Use cost-effectiveness analysis, cost-benefit analysis, evidence-based medicine, and measurements of healthcare equity to shape hospital policy on the allocation of its resources.
- Lead, coordinate, and/or participate in multidisciplinary teams, which may include radiology, pharmacy, nursing, and social services, to decrease hospital costs and provide evidence-based, cost-effective care.
- Lead, coordinate, and/or participate in quality improvement initiatives to improve resource allocation.
- Lead, coordinate, and/or participate in multidisciplinary hospital and community efforts to ensure proper access to care for all individuals.

ATTITUDES

Hospitalists should be able to:

- Actively listen to the concerns of all patients.
- Advocate for every patient's healthcare needs.
- Recognize that overuse of resources, including excessive test ordering, may not improve patient safety, patient satisfaction, or quality of care.
- Engage collaboratively with information technologists and healthcare economists to track resource use and outcomes.
- Advocate for cross-cultural education and interpreter services in hospital systems to decrease barriers to equitable healthcare allocation.

References

1. Centers of Disease Control and Prevention. Health Expenditures FastStats. Available at: <http://www.cdc.gov/nchs/fastats/health-expenditures.htm>. Accessed July 2015.
2. Orszag PR. Increasing the Value of Federal Spending on Health Care. Testimony to the Committee on the Budget, U.S. House of Representatives. July 16, 2008.
3. American College of Physicians. *How Can Our Nation Conserve and Distribute Health Care Resources Effectively and Efficiently?* Philadelphia, PA: American College of Physicians; 2011.
4. Ginsburg JA, Doherty RB, Ralston JF. Achieving a high-performance health care system with universal access: what the United States can learn from other countries. *Ann Intern Med.* 2008;148(1):55-75.