

The New York Times  
Letters to the Editor  
Health Care Spending

Published: January 16, 2009

**Editorial: Behind the Health Spending Data (January 8, 2009)**

To the Editor:

The American hospital is a 19th-century cottage industry in the postmodern world. The problem is not medical or technological.

The first problem is correcting wasteful and dangerous management practices before extending coverage to more patients. Knowledge exists to transform every hospital in the country to deliver higher quality care and in so doing substantially reduce costs and save lives.

Extending health care to more people without correcting the antiquated delivery system doesn't make sense. In fact, two large hospitals systems — in Pittsburgh and across the Midwest — cut costs in half and significantly reduced hospital-acquired infections and medical and medication errors.

This solution of continually improving patient care was based on the Toyota management system. The hospital managements created an environment — without blame — where their employees could learn and practice continual improvement of their processes, systems and themselves in pursuit of “perfect patient care.”

Doctors and nurses at first did not believe that it would work, but now are enthusiastic advocates. These ideas are beginning to be used more and more worldwide to improve medical care.

Robert Mason  
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New Bern, N.C., Jan. 8, 2009

The writers are the producers of the PBS documentary “**Good News: How Hospitals Heal Themselves**” and the companion book, “**The Nun and the Bureaucrat: How They Found an Unlikely Cure for America’s Sick Hospitals.**”

As hospitals, we agree with the Jan. 8 editorial “Behind the Health Spending Data” that comprehensive health reform is needed. What drives health spending is utilization, but utilization is a combination of many things — aging, chronic disease, lifestyle choices, patient expectations, financial incentives, new technology and procedures, competition and defensive medicine, to name several.

To affect spending, we must affect each driver of utilization, not simply “health care delivery.” Our delivery system has many areas in need of change, for sure, but our nation will not be able to completely reform its so-called nonsystem of care without addressing coverage for all, prevention and wellness, support for electronic records and improvements in quality, in addition to costs.

This will take the contributions of all stakeholders — providers, purchasers, insurers both public and private, labor organizations, suppliers, politicians and consumers. Our nation’s hospitals want to help develop and deploy a true system that is more just, equitable and efficient for all Americans.

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Washington, Jan. 9, 2009