

AFD Ep 303 Links and Notes - Hospital economics

- <https://twitter.com/BillHumphreyMA/status/1241714683486314496> [comparison to subway systems in terms of what should or should not be publicly run and comparison to Amtrak for the UK's mixed system with profit pressures despite public ownership]
- Abdul el-Sayed tweets/articles on hospital economics:
 - <https://www.currentaffairs.org/2020/04/in-the-middle-of-a-pandemic-our-for-profit-healthcare-system-is-failing-us>
 - *But what hospitals need most right now is basic personal protective equipment that protects their staff from infection while they work bravely to save lives, plus the ventilators that are frequently all that stands between critical COVID-19 patients and death. Though money can facilitate the production of ventilators, we must ask, "why weren't they stored up to begin with?" Indeed, modern business operations teach that supplies should be delivered "just in time" to avoid the overhead costs of warehousing. But this is decidedly bad advice when those supplies are needed in an emergency such as, say, to save lives in a pandemic. When healthcare runs like a business, it fails like a business. And lives are lost.*
 - <https://www.jacobinmag.com/2020/04/abdul-el-sayed-coronavirus-pandemic-health-care>
 - *Our health system is uniquely poorly suited to dealing with something like this. When you're talking about an infectious disease pandemic, it's never good that 10 percent of your population has learned not to see a doctor when they have nonspecific symptoms that are the same as what this disease produces. There's a whole part of the population that's learned to ignore a fever and a dry cough, because that might mean a bill on the back end.*
 - *You look at how our system is financed, which relies on a profit margin. When all of a sudden, hospitals have to cancel all of their most lucrative cases of elective procedures to make room for the onslaught of COVID patients on the way, they're now not only just fighting COVID, but also fighting bankruptcy. That's where most of our hospitals are right now.*
- NHS hospital semi-privatization economics:
<https://novaramedia.com/2020/03/27/coronavirus-has-destroyed-the-nhs-internal-market-overnight-proving-that-it-never-worked/> [Novara Media is an independent media outlet in the UK. The writer, Jo Sutton-Klein, is a junior doctor in Sheffield and has an MSc in social epidemiology.]
 - *Since the 1990s the UK's healthcare provision has been subjected to increasing marketisation, in particular through the so-called [internal market](#). Introduced by Margaret Thatcher, this system splits the NHS into purchasers and providers who must trade with one another. [...] Initially, Thatcher's arrangement simply split 'providers' of healthcare from newly created 'purchasers', who commissioned services for specified populations. Over time, the internal market became increasingly entrenched, resulting in an unwieldy marketised arrangement of NHS services. Within hospitals different departments and services function as financially separate entities, and hospitals themselves are forced to compete with each other to win contracts from Clinical Commissioning Groups (CCGs) in the local area. By mid-March many elements of the internal market within hospitals had been put on hold, as some wards had stocked up on personal protective*

equipment leaving other wards in the same hospitals short. The purchasing and distribution of Covid-19 supplies was instead centralised within hospitals – meaning purchases no longer needed to come out of ward or department budgets. Since then the procurement of coronavirus supplies has been centralised nationally – with the government coordinating daily deliveries of supplies to hospitals.

- *The internal market of the NHS relies on the individualisation of healthcare, enabling it to become a commodity with value attached to the benefit medical intervention brings to an individual. But the health of individuals is always a consequence of, and contributor to, the state of society. In essence, all health is public health – it's just a shame that it has taken the coronavirus pandemic to make the government realise this.*
- Rural Hospitals and Medicare for All:
<https://www.healthaffairs.org/doi/10.1377/hblog20191205.239679/full/>
- Public Health system preparedness for emergencies:
<https://www.tfah.org/wp-content/uploads/2020/01/2020ReadyOrNotFINAL.pdf>