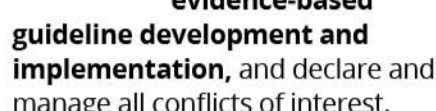
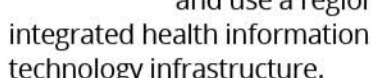


[2] Levers for Addressing Medical Underuse and Overuse: Achieving High-value Health Care (Elshaug et al)



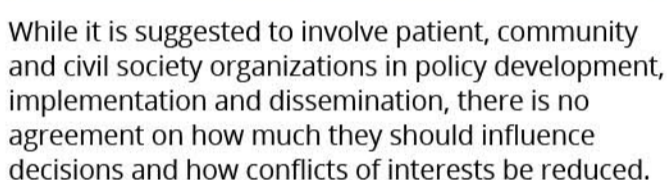
high-value health services and align financial flows within service delivery networks to influence quality of care.



inadequate health coverage



2. Professional societies, academic centers, commercial interests, patient advocates and the scientific and mass media all influence the way people interpret healthcare. **Those with sufficient capital can financially influence and mobilize others, and reinforce terms most favorable to their interests.**



A review of literature was done to produce these papers, which are the third and fourth installments of a four-part series on Right Care by the Lancet.

A. Drivers of Poor Care

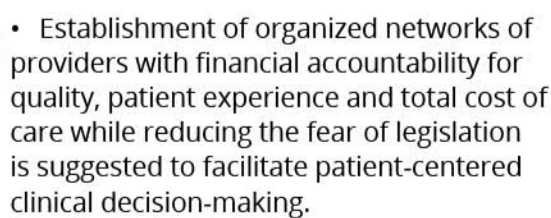
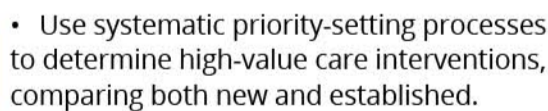
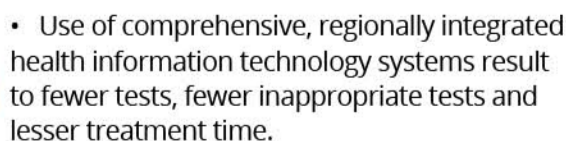
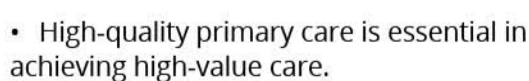
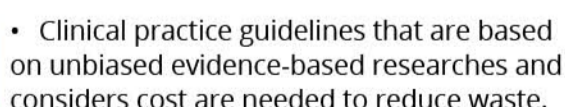
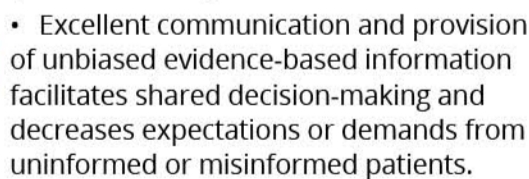
Drivers of poor care exists in three domains - money and finance, knowledge, bias, and uncertainty, and power and human relationships. These operate in specific contexts occurring in various levels in an ecosystem of healthcare delivery: global, national, regional, and individual levels. (Table 1)



Table 1. Three Domains affecting Healthcare decisions at all levels

Domain	Global	National	Regional	Local
Money, Finance, and Organization	<ul style="list-style-type: none"> • Trade agreements • Medical industrial complex 	<ul style="list-style-type: none"> • Provider payment schemes • Resource constraints • Innovations tailored by commercial interests • Insurance coverage: public or private 	<ul style="list-style-type: none"> • Infrastructure and workforce supply • Fragmentation • Mismatch between allocated resources and population needs 	<ul style="list-style-type: none"> • Weak primary care • Discontinuity and redundancy of care
Production and dissemination of knowledge	<ul style="list-style-type: none"> • Absence of evidence • Universal cognitive biases • Mass media amplification and distortion • Corrupted medical research 	<ul style="list-style-type: none"> • Clinical training paradigms • Flawed diffusion adoption curves • Public research funding • Medical education curricula 	<ul style="list-style-type: none"> • Cultural bias 	<ul style="list-style-type: none"> • Flawed forms of decision making • Attitudes towards risks and preferences
Distribution of Social and Political Power	<ul style="list-style-type: none"> • Medical industrial complex • Mass media 	<ul style="list-style-type: none"> • Corruption of ethics • Professional bodies • Fear of litigation • Delivery system configuration • Regulatory regime 	<ul style="list-style-type: none"> • Excessive or inadequate political mobilization of demand • Varying stakeholder power relationships • Local culture and socioeconomics 	<ul style="list-style-type: none"> • Patient • Doctor • Public participation • Information asymmetry • Fear • Trust

B. Levers for Addressing Medical Underuse and Overuse



Produced by the Department of Health, Health Policy Development and Planning Bureau

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The source material can be found here:

Saini et. al. 2017. Drivers of Poor Medical Care. Right Care Series 3 and 4. The Lancet. 390: 178-190

Elshaug et al. 2017. Levers for Addressing Medical Underuse and Overuse: Achieving High-value Health Care. *The Lancet*. 390: 191-202

