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Are high-utilizers the key to lower health care costs?

In the latest issue of *The New Yorker*, Atul Gawande tells the [story](#) of Jeffrey Brenner, MD, a family physician in Camden, N.J., whose passion for the last decade has been to identify the people in his community who use the most medical care and do something to help them. In May of 2009 Brenner closed his regular practice to focus full time on this effort, which some refer to as “health care hot-spotting.” In seeking out these individuals and helping them to improve their health, one patient at a time, Brenner has come face to face with what Gawande describes as the critical flaw in our health care system, “that it was never designed for the kind of patients who incur the highest costs.”

Brenner is currently trying to clear all the hurdles necessary to open a practice in the low-income housing project that is source of the highest health care spending in Camden and where the residents understand that Brenner would be “involved in their lives” and “after them about their smoking, drinking, diet, medications.” They accept this because they know him and believe he cares about them, Gawande writes. It remains to be seen whether it's possible to both improve health care services and lower health care costs beyond the local level, but Brenner's story and those of other health care providers described in the article are a testament to the values of primary care and family medicine – and to the morass that threatens their efforts.

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