Healthcare in the United States

The healthcare system spending in the United States reached $2.8 trillion, nearly $9000 per person, in 2012 [1]. Prior studies have suggested disparities in quality of healthcare and time to treatment across socioeconomic groups. Such differences can be of greatest consequence in the setting of emergent medical conditions.

The United States spends more of its gross domestic product on Healthcare than any other country in the world [2]. Hence, healthcare economics reform has dominated the US political scene, and healthcare reforms will continue to shape patient care and physician practices. To direct healthcare reform, national organizations have implemented initiatives to address waste in the medical field.

Given the quantum changes that are happening to the healthcare system in the United States, there has never been more of a need for quality data in almost every facet of neurological surgery [3].

The United States spends nearly 18% of its gross domestic product on Healthcare (approximately $3.3 trillion), far more than any of the other 34 countries in the Organisation for Economic Co-operation and Development (OECD), and this gap is widening [4] [5].

The unsustainability of healthcare expenditures in the United States is widely understood, as they now represent 18% of the gross domestic product (GDP). Surgical care alone accounts for 7% of GDP, which puts a premium on strategies that can reduce costs in that arena [6].

With increasing Healthcare cost threatening the stability of the USA economy, policymakers and Healthcare providers have shifted focus on pay-for-performance and value-based purchasing. Current Healthcare reforms are scrutinizing all interventions and call for a reduction in the number of procedures and treatments that are less effective, more costly, and of little “value.” Because the Healthcare value equation cost effectiveness is being used to drive policies and Healthcare reforms, accurate measurement of real-world effectiveness is of utmost importance. Prospective registries have emerged as a feasible way to capture and measure real-world effectiveness via patient-reported outcomes incorporating multiple domains of patients’ general health status, disease-specific health, and societal productivity. As compared with a randomized controlled trial (RCT), prospective longitudinal registries are more feasible and may more closely reflect daily clinical situations, as they measure real-world care and are not artificially constrained by research settings, strict inclusion/exclusion criteria, and loss of patients not consenting to participate in clinical trial.

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