INTERVIEW

Comparative effectiveness research and challenges to healthcare reform in the Middle East and USA

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Mustafa 'Mike' Z Younis was a member of the Executive Committee of the International Society for Research of Healthcare Financial Management and is an Editorial Board member or manuscript reviewer for several national and international journals. As an internationally recognized scholar, Dr Younis has authored and published over 100 articles and abstracts in refereed journals, and has presented at national and international conferences. He has collaborated with faculties from the School of Medicine at Jena University (Jena, Germany), as well as those from Turkey and the United Arab Emirates. He served with the American University of Beirut (Beirut, Lebanon) and the World Bank training workshops for health sector reforms in the Middle East, which involved training health administrators from several Middle Eastern countries. His present and future research activities focus on issues related to disparities and access in healthcare, cancer centers, long-term care and nursing homes; capital structure and debt financing for hospitals and healthcare organizations; examination of quality and efficiency in the healthcare sector; hospital mergers, conversions and changes of ownership; and hospital profitability. Dr Younis has administrative experience as Chair of the Department of Health Policy and Management at Florida International University (FL, USA) where he led the accreditation efforts for the Healthcare Management Program. He has strong research expertise in working with hospital and nursing home data to measure economic and financial performance.

"Comparative effectiveness research should be used to shape rational, effective health policy."

Q Could you tell our readers a little about your career to date & how you came to your current role? How is your time balanced between the different aspects of your role?

I started my career in banking and although I enjoyed working in financial services, I felt that academia would give me the opportunity to carry out research and examine certain issues of interest, as well as to lecture and use a pragmatic way to teach and help my students to progress in their careers. As a result, I started teaching courses in investment, financial management, economics and international finance. Through my research, I realized that the healthcare industry, and specifically spending on healthcare, is one of the major issues facing the US economy and is also a global concern. I then shifted my focus to the area of healthcare-applied economics and finance.

Currently, I am a tenured professor of health economics policy and finance at Jackson State University (MS, USA). As a senior and founding faculty member I play a major role in the school doctorate program in addition to my role in the masters and undergraduate programs; I also mentor the junior teaching and research faculty. I also undertake consulting responsibilities in the USA and other countries such as Kuwait and the United Arab Emirates. Furthermore, I am a member of the Executive Committee of the International Society for Research of Healthcare Financial Management and an Editorial Board member and manuscript reviewer

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for several national and international journals, including *Health Economics, Annals of Family Medicine, American Journal of Managed Care,* the *Journal of Comparative Effectiveness Research* and the *European Journal of Health Economics*. I have served as a guest editor for several respected refereed research journals. I have also just coauthored a book with Dr William Ward (University of South Florida, FL, USA) [1]. I balance my time between my students and classes, research, international lectures and consulting. I believe that teaching and research go hand-in-hand with the dynamic and fast changes in the healthcare sector.

Q What is your research focusing on at present?

My current research (in collaboration with other colleagues) is focusing on healthcare financing and aging in the Middle East. Recently, in the Middle East, youth unemployment has become the focus of much media attention. However, an equally important issue in the Middle East is the legal age discrimination in employment, which creates pressure on the young to take care of their parents financially. Another emergent issue is the long-term policy in the Middle East to deal with access to healthcare and health for the growing aging population.

> "...comparative effectiveness research will be a failure if we don't figure out how to translate it to improve the health outcomes and quality of healthcare for the population."

Another area of interest is the increasing share of physicians and health services in the US healthcare sector. The proposed solution to control physician and hospital costs is twofold. First, in my opinion, physicians recommend and carry out surgeries and procedures that are not necessary (induced demand), and the price discrimination by the hospitals and physicians between the insured and uninsured was completely ignored by reform (The Patient Protection and Affordable Care Act [PPACA]). Second, in the long term, we should work hard to change the culture of practicing medicine; the medical profession should be run as a public service rather than a business. Such solutions will require long-term public policy, and physicians and health professionals will need to align their income expectations with other public service professionals, such as college professors, teachers, policemen and firemen.

Q How has healthcare improved in the Middle East over the past 5–10 years? What factors have driven these advances?

Healthcare in the Middle East has been through rapid changes over the last 5–10 years; however, the changes within the region are not homogenous. The wealthy oil countries in the region provide free healthcare for their citizens with the most advanced medical technology and treatment. However, such wealth and free healthcare is materializing as a problem rather than a solution. The rising standards of living accompanied with free healthcare and the increased use of private transportation has led to a lifestyle shift in the majority of the population, with minimal physical activity being the main concern. These changes have led to an increased prevalence of obesity, cardiovascular disease and diabetes.

The middle- and low-income countries face increasing pressure to reduce the disparities between their citizens to get access to acceptable healthcare services. For example, Yemen, which is one of the poorest Arab countries, lacks healthcare services for more than 50% of the population. Such disparities arise from poor infrastructure and a lack of medical providers and hospitals in the rural and mountainous areas.

Q What have been the main conclusions from your recently published cost–volume–profit analyses?

Our recent paper, published in the *International Journal of Pharmacy Practice*, examined the unit costs of the multiservice Rafidya Hospital in Nablus City, Palestine between 2005 and 2007 [2]. The study was an important step in providing the Palestinian authorities with a framework with which to best provide healthcare with the limited resources available.

We used cost–volume–profit analysis to examine total costs, along with fixed and variable costs. Cost–volume–profit analysis illuminates how changes in assumptions about cost behavior and the relevant range in which those assumptions are valid affect the relationships among revenues, variable costs and fixed costs at various production levels. For the hospital of interest, we found that fixed costs account for 70% of total costs and variable costs were 30% of total costs. Inpatient departments accounted for 86% of total costs and outpatient departments accounted for 14% of total costs. Results of the break-even analysis illustrate that several departments charge sufficient fees to cover all unit costs.

One of the main conclusions was that the hospital in the Middle East gains a very large portion of its revenue from inpatient hospital care, unlike the USA, which shows an increasing trend in shifting inpatient care to outpatient care. Such variations are related to the reimbursement methods and the level of use of technology in the USA.

Q What would you say has been your greatest academic achievement to date?

My greatest academic achievement is seeing my students learning and progressing each semester toward their academic goals. My other achievements include the ability for me, with collaborations with others around the world, to examine certain issues related to international healthcare and to be able to publish such findings in the hope that others may benefit from them. In addition, my major achievement has been publishing two books and over 100 articles and presentations.

Q How successfully do you think comparative effectiveness research is currently being translated into policy & practice worldwide?

Comparative effectiveness research (CER) has been an ongoing issue that has been much discussed. However, Obama's Healthcare Reform (PPACA) ensured that understanding the theory behind and applications of comparative effectiveness are as important as other policy and practices. To study and examine cost–effectiveness, the The PPACA has created the Patient-Centered Outcomes Research Institute to advance CER and its use by doctors, patients and others. The Patient-Centered Outcomes Research Institute is a semi- or quasi-government agency with no power to implement or legislate any finding or policies.

Q How do you think this can be improved?

CER is supposed to help patients and physicians compare available treatment options. However, the threat is misusing CER as a budgetary tool rather than providing the option with the best quality and outcome. It will be improved if the policy-makers distinguish between the use of CER for the benefit of the patients and for budgetary outcomes. Furthermore, CER should be used to shape rational, effective health policy. Policy-makers should avoid ideological and partisan traps. The public investment in CER will be a failure if we don't figure out how to translate it to improve the health outcomes and quality of healthcare for the population.

Q What are you excited about working on over the next year?

I have various projects in progress in addition to my heavy teaching load. I am currently excited about being involved in a sepsis project with other colleagues at the School of Medicine, Jena University (Jena, Germany). I am also looking forward to giving lectures this April at the American University of Beirut (Beirut, Lebanon) and Zirve University (Gaziantep, Turkey) among other expected lectures and workshops in Europe, Korea, Singapore and the Middle East. Other projects include my role as a guest editor for three leading journals' special issues.

Q Finally, what do you think will be the hot topics in CER over the next few years?

Healthcare cost and access to quality healthcare are issues that have been and will continue to be examined and discussed. I foresee that the use of CER as a budgetary tool (which may limit the options available for patients without an increase in current health [private or public] insurance premium, deductible and co-copy) will be one of the hot topics over the next few years.

Disclaimer

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