At the case-level:

the unnecessary use of care. This makes up half of all waste. For example, x-rays done twice when originals can’t be found or duplicate lab tests ordered because a physician didn’t know someone else had already done the tests.

At the production-level:

inefficiencies in producing units of care, such as drugs, lab tests, x-rays or hours of nursing support. An example of a solution to this would be negotiating prices down for supplies and streamlining processes for producing lab tests.

At the population-level:

care that is unnecessary or preventable on a larger scale. This makes up 45% of total waste. For example, this includes unnecessary visits to specialists or hospitalization that could have been avoided by a regular visit to a primary care provider.

Studies show that capitation addresses the 3 main kinds of waste in the health care system:

Capitation describes payment to a health care provider on a per-patient rather than a per-service basis.

Capitation is the right model for The Bahamas because it gives:

- Higher profits for primary care providers
- More opportunities for health care providers, such as investing higher profits into cutting-edge technologies to continue the elimination of waste
- Less expensive, higher-quality care for patients

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