

# Money Driven Medicine



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## Tests and Treatments That Don't Work

### Executive Summary

Based on a RAND Corporation Quality of Care Report, if everyone received all tests and treatments that the medical establishment currently endorses (45% more than they receive now), medical care would cost Americans \$1.7 trillion more than the \$2.3 trillion they will pay in 2007. This means that de-facto rationing of medical care is already widespread in this country. It also means that we have no extra health care funds for currently under-funded health care priorities like long-term care, computerized medical records, stem cell research, alleviating the nursing shortage, and prevention of cardiovascular disease, AIDS, cancer, and obesity.

This book will challenge the premise of the RAND report, namely, that following officially endorsed health care guidelines leads to better health outcomes. I will dispute the evidence-basis for many risky and expensive yet standard medical interventions, including 40 quality measures cited in the RAND report. In 2007, these non evidence-based tests and treatments will kill at least 73,000 Americans and cost at least \$922 billion.

Altruistic, dedicated, and talented health care professionals exist in all areas related to healing the body, mind, and spirit. With few exceptions, everyone in medical and allied professions wants to improve the health of people. The system is the problem; not the health care workers in the system.

By all accounts, our current course in providing health care is financially unsustainable. Large American corporations are now about \$320 billion short of what they need to back promises made to retirees for post-retirement benefits—mainly retiree healthcare programs. The State of California has \$40 – \$70 billion in future health care obligations to current and former employees and their dependents and this increases by about \$7 billion per year. According to the Social Security and Medicare trustees, Medicare's long-term debt, based on a 75-year actuarial projection, is estimated to be **\$32.4 trillion**.

In 2007, 37 million hospitalizations for acute illnesses or injuries will cost \$709 billion (31% of overall health care spending). Projecting from data cited by the US Government Agency for Health care Research and Quality, over 14.8 million Americans will be hospitalized unnecessarily in 2007, costing well over \$200 billion. In about 4% of people hospitalized (1.5 million people), a serious adverse event will occur (hospital-acquired infection, surgical error, malpractice etc.) Errors causing readmissions to hospitals earn those hospitals more money. About 1.9 million Americans will die in

hospitals in 2007, mostly elderly and chronically ill people who would have rather died at home. Particularly for frail elderly people who have acute exacerbations of chronic medical problems, a common sense economical and effective alternative to hospitalization could be to offer acute medical care at home.

For our anticipated \$2.3 trillion in health care spending in 2007, how do we compare with other countries in health care outcomes? We do very badly.

Middle aged Caucasian US citizens have far more obesity, diabetes, hypertension, and high cholesterol levels than middle aged Caucasian people in England or Canada. *JAMA* (formerly the *Journal of the American Medical Association*) published the following rankings of the US judged against the 12 other leading developed countries:

- Low birth weight percentages—13<sup>th</sup> (last)
- Neonatal mortality and infant mortality—13<sup>th</sup>
- Overall years of potential life lost (excluding external causes)—13<sup>th</sup>
- Life expectancy at the age of 1 for females—11<sup>th</sup>
- Life expectancy at the age of 1 for males—12<sup>th</sup>
- Life expectancy at the age of 15 for females—10<sup>th</sup>
- Life expectancy at the age of 15 for males—12<sup>th</sup>

The American health care system virtually ignores preventive medicine. Even studies funded by federal grants exhibit little interest in exploring the effects of diet, exercise, and changes in lifestyle habits in treating and preventing diseases. In Chapter 8 of this book, I introduce my evidence-based method of monitoring your health risk factors. My statistical analysis of data from a large government-funded study generated a group of formulas that relate diet, alcohol consumption, exercise, tobacco use, and sleep pattern to risk of obesity, hypertension, diabetes, and high cholesterol levels. By inputting your own lifestyle data into my website ([doctormanagedcare.com](http://doctormanagedcare.com)), you can get an assessment of your risks not based on my opinion but on scientific evidence. This website can also be used to monitor the effectiveness of your health-related lifestyle changes over time.

In 2007, an estimated 105 million Americans will pay over \$100 billion for alternative medical therapies (roughly 80% out-of-pocket), functionally defined as interventions (1) not taught widely in medical schools, (2) not generally available in US hospitals, (3) not documented to be safe and effective in randomized clinical trials, and (4) not generally reimbursable by medical insurance. A potential benefit of stopping funding of ineffective tests and treatments by applying the principles of evidence-based medicine may be to allow for increased funding for some of these relatively inexpensive and popular alternative treatments.

This book does not advocate rationing. Instead of rationing, we need a more sensible system of deciding coverage based on what benefits people's health, not on what saves the government and insurance companies money or what makes money for private parties / companies that produce medical technology and interventions. On two crucial points, I agree completely with J. Edward Hill, MD, President of the American Medical Association: (1) "Reform proposals fixated on cost will only exacerbate system problems. Reform proposals fixated on patient value-received are what we so badly need. (2) .....The days of one-size-fits-all health care coverage will be numbered."

I also agree with the sentiments of President George W. Bush: “America needs a health care system that empowers patients to make rational and smart decisions for themselves and their families, a health care system in which the relationship between the patient and the provider are central, not a health care system where decisions are made by the federal government.”

However, market-based solutions thus far advanced by President Bush and conservatives—medical savings accounts coupled with high deductible insurance, tax deductions or credits for individuals buying insurance, limits on non-economic damages in malpractice suits, portable health care insurance, electronic medical records, elimination of state-mandated insurance coverage for specific tests and treatments, and transparency in medical pricing—may be useful baby steps but far from enough to address the crisis. Any benefits from these market-based tinkering would be dwarfed by the continued funding of tests and treatments that don’t work..

True health care reform will require that every patient's primary care physician (PCP) be made responsible for determining the tests, treatments, and preventive medicine services that are covered under a government-funded universal health insurance plan. For this to work, the PCPs and their patients must have financial incentives both to provide state-of-the-art care and to control the costs of disease treatment.

Chapter 24 introduces “Doctor Managed Care,” my proposal for comprehensive health care reform. It specifies how to shift money from ineffective tests and treatments, administrative waste, and fraud to evidence-based care determined by each person’s PCP. Doctor Managed Care would also allow for meeting currently unmet medical needs—allowing preventive medicine to play a major role, reforming the dysfunctional medico-legal system, covering long-term care, and eliminating problems with access to care. It combines a patient-centered, market-oriented approach with government funding of health care (80% government-paid and 20% from private citizens). However, the system would minimize the intrusion of the government in the private practice of medicine.

In 2007, private medical insurance largely through a job-killing “employer mandate” will cost \$868 billion. I propose eliminating this unsustainable and highly destructive employer mandate.

Options for replacement funding sources for the primarily employment-based private insurance funds include income taxes, sales taxes, payroll taxes (e.g., as for Medicare), and targeted usage fees on commodities with adverse health consequences. I suggest replacing private medical insurance and the odious employer mandate with a “health care fee” applied to non-renewable energy. This fee (\$1.39 per gallon of gasoline), designed to reduce our fossil fuel consumption by 30%, would decrease America’s oil import costs by over \$400 billion, which would probably return imported oil prices back to less than \$50 per barrel. Reduced consumption of fossil fuel would improve health, the environment, national security, and the economy.

With Doctor Managed Care, health care professionals would be compensated fairly and have an improved lifestyle due to a marked reduction in administrative requirements. Patients would have universal insurance coverage providing access to evidence-based tests and treatments through PCPs of their choosing and have insurance pay much more for preventive medicine, long term care, and other currently underfunded services.

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