

Health care – truth and twilight

Surreal chaos describes the health care policy landscape over the last few months. It extends far beyond the rhetoric and political manipulations on the Potomac, where federal lawmakers attempt to massage over 2,000 pages of disjointed proposals to address the effectiveness and efficiency of the health system. Diverse and widespread health advocacy groups and political bodies are weighing in to demand government assure the health care services they champion are provided to everyone, often for “free”.

Close to home, the Kanawha County Commission (and many other groups), demeaning the findings of a U S Preventive Services Task Force (USPSTF) of scientific experts, proclaims the provision of mammography screening for all women and suggests other government entities follow suit. In Missouri, Rep. Dwight Scharnhorst, pushes legislation to mandate all group insurance cover up to \$72,000 a year for “applied behavioral analysis” for the treatment of children with autism. Sen. Barbara Mikulski and others successfully incorporate amendments to health reform legislation that mandates coverage of preventive women health services without co-payments. And, the list goes on.

In my book, [De-Spamming Health – Reforming the Health System from the Bottom Up](#) I discuss how direct release, as used by USPSTF to communicate its findings, does a disservice to practitioners and the public. However, this does not detract from its findings - that deserve careful analysis if we hope to improve the effectiveness and efficiency of health care delivery. Coverage for treatment of autism is a highly complex, confusing and controversial subject - as recently chronicled in a detailed series in the *Los Angeles Times*. There is a lot of costly flimflam offered desperate parents. Women preventive services are a sound investment but the reasons only about 40% of adults avail themselves of recommended preventive services involve far more than eliminating “co-pays” - resources that would be lost to the health system from those women who could afford to pay them.

The truth is that nothing is free. The twilight is that we acknowledge this fact in theory but ignore it in practice. Theoretically, we vow to help pay for the provision of essential services for those in need by reducing unnecessary, wasteful and ineffective services. We largely plan to accomplish this based upon evidence derived from comparative/cost- effectiveness research and scientific consensus bodies. Yet, before the ink is dry on reform legislation, multiple health advocacy special interest groups are assuring the insured and taxpayers will be paying for their favored services - regardless of their scientific efficacy. Evidently, the savings are to accrue from applying evidenced based justifications upon the services advocated by the “other guy”. The pressure will only increase if legislation is passed.

My favorite example of our inability or unwillingness to confront this contradiction or dilemma is derived from former Senator Tom Daschle's book, Critical - What We Can Do About The Health-Care Crisis, involving an uninsured man with back pain who dangerously overdoses himself with painkillers because he cannot afford back surgery. The inference is that in this case – and allegedly thousands of others in the same class – back surgery would result in cost savings and greatly improve functional performance, quality of life, and economic growth.

Yet, elsewhere Daschle indicts physicians and others in the health industry for using expensive drugs and interventions to advance their own best interests rather than the patient's or public's. The irony is that while over the last few decades the spending on care for back pain, especially surgery, has continued to markedly escalate, the actual pain relief and functional performance of back pain sufferers has declined. Statistically – based upon cost-effectiveness analysis – the fellow Daschle mentions and public is probably better off without financial access to the expensive surgery that will drive up health care costs with few anticipated health status and economic gains. In fact, certain studies suggest pseudo-acupuncture with toothpicks may be the most cost-effective intervention for back pain.

Until we find a way to address the truth-twilight dilemma, further shifting medical decision determinations from individual practitioners and patients to insurance companies and government holds little promise to improve system effective and efficiency.

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