



## “Ask Dr. J”



*The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at [www.webility.md](http://www.webility.md).*

*Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to [www.dmec.org](http://www.dmec.org).*

*The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at [www.webility.md](http://www.webility.md).*

### **June 2005 – Money and Politics Fuel US Health Care Cost Increases**

Dear Dr. J:

Our company's healthcare costs are re-accelerating, especially pharmaceutical costs. Apparently the US leads the world in health care expenditures per person, but NOT in health status or quality of life. Why do American doctors prescribe so many drugs and do so many surgeries? And, is there anything we can do about it?

Betty in Benefits in Boston

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Dear Betty:

Is there any wonder why we are increasingly drug- and procedure-oriented in the American healthcare system? In my view, the problem is not so much the doctors who balance their sworn and sacred professional commitment to patients with a practical need to make a living. It is:

- payers who are comfortable paying for “tangibles” like drugs/surgery but not for “soft” and less “technical” stuff like psychotherapy, patient education, or counseling.
- legislators who are eager to slake the public's thirst for free markets and smaller government by cutting funding for public health and medical research and oversight activities.

Yesterday, I attended an upsetting and thought-provoking lecture by a physician-researcher at Harvard Medical School. As government funding for basic science and clinical research has dried up, pharmaceutical funding has rushed to fill the void. Nature abhors a vacuum. However, the location in which research is being done has also shifted. From 1991 to 2004, the fraction of medical research being done in academic institutions has dropped from 91% to 34%, with most research now being done by FOR PROFIT organizations. This is an amazing shift. A study in the New England Journal of Medicine reported that research done by for profits is MORE THAN 5 TIMES more likely to report favorable results than research done by non-profits.

Likewise, the researcher reported on another New England Journal of Medicine article that was a follow-up to the earlier Rand Study that showed only half of Americans get the "indicated" care for a particular condition. In this follow-up study, it showed that for a population of people with one particular condition, the likelihood of them getting the drugs they needed was about 68%, but the likelihood of them getting the counseling they needed was only 18% -- and that counseling wasn't psychotherapy, it was education in smoking cessation and nutrition, aka basic health education.

Lastly, I must comment on the incredibly clever new strategy of drug companies marketing prescription drugs directly to patients. Direct-to-consumer (DTC) advertising is revolutionizing the conversations between doctors and their patients, and very effectively increasing demand for "new" high cost drugs for which there are better or lower cost or safer alternatives (see especially Celebrex, Vioxx, Oxycontin). "Brand recognition" for a prescription drug can be created just as effectively as it can for a variety of toilet paper or a model of car.

The intellectual freedom and financial independence that has under-girded the two hundred year-long scientific and technical miracle in the US and the Western world is in peril. In our rush for "small government" and our enthusiasm for free markets, I fear we have not thought about some important details. In my view, among the most fundamental and "right" roles for government are leadership and planning for the public's health (all of the public, not just the poor), as well as the funding of independent research and education, especially in science and medicine.

So, what to do? Here's my advice:

1. Vote intelligently. Look for candidates that support funding for a strong public health leadership and policy function at all levels of government as well as a strong and independent research and scientific community.
2. Revise your benefit plans. Acknowledge the reality that doctors respond to financial incentives, and that they are the gatekeepers for drugs, surgeries and other expensive treatments. Create ways for good physicians to prosper by delivering the simplest and most appropriate care. For one example, reimburse doctors who use mid-level and other healthcare professionals (NPs, nurses, health educators) to provide patient education and counseling in their offices.
3. Make it easy for providers to get paid when they deliver care that is consistent with evidence-based guidelines.

Smiling,  
Dr. J

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