

# Money Driven Medicine

## Tests and Treatments That Don't Work

### Executive Summary

If everyone received all the tests and treatments that the medical establishment currently endorses (82% more than they receive now),<sup>1</sup> medical care would cost Americans \$4 trillion (29.4% of GNP) rather than \$2.3 trillion (16.9% of GNP) in 2007. The additional \$1.7 trillion for full compliance with current medical guidelines represents more than what Americans will spend in 2007 on the military, education, and government social services combined.

With our current medical system, concerns about quality, access, and unsustainable cost have made comprehensive healthcare reform a top domestic issue. With all the attention going to this issue, why have all of the recent healthcare reform proposals been “dead on arrival”? Put simply, the reason is money.

Doctor Managed Care, the comprehensive healthcare reform proposal in this book (Chapter 24), differs from all the other plans in several aspects. However, one factor is especially crucial. All current healthcare reform proposals assume that officially endorsed tests and treatments constitute the standard of medical care. Accordingly, they accept that the costs of the tests and treatments required by medical establishment guidelines should be reimbursed by government and private medical insurance. (By “medical establishment,” I mean the American Medical Association, pharmaceutical companies, the National Institutes of Health, the Food and Drug Administration, academic medical researchers, and peer-reviewed medical journals.)

This book will challenge the idea that following officially endorsed healthcare guidelines leads to better health outcomes. I will show that there actually is no evidence to support the use of many risky, expensive, *and standard* medical interventions in use today. In 2007, the non evidence-based tests and treatments that I discuss in this book will kill at least 73,000 Americans and will waste about \$1 trillion.

Instead of resorting to the rationing of healthcare services, Doctor Managed Care would provide funds for all evidence-based tests and treatments and pay for currently under-funded healthcare priorities like long-term care, computerized medical records, alleviating the nursing shortage, and prevention of cardiovascular disease, AIDS, cancer, and obesity.

Altruistic, dedicated, and talented healthcare 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 healthcare workers are not the problem; the problem is the system.

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<sup>1</sup> Source: Derived from RAND Corporation data on the quality of care in America

By all accounts, our current course in providing healthcare is financially unsustainable. Large American corporations lack about \$320 billion of what they need to back promises made to retirees for post-retirement benefits—mainly retiree healthcare programs. State and local governments have not budgeted for an estimated \$1.2 trillion in future healthcare benefits for retirees. 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 healthcare spending). Projecting from data cited by the U.S. 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.) Medical errors causing readmissions to hospitals earn those hospitals more money. Our current tort-based system of dealing with medical errors compensates only about 3% of victims of medical malpractice while reducing access to care due to high malpractice insurance premiums. Except for particularly egregious cases, just compensation for all medical errors (not just 3%) should be determined by medical experts and not the courts (Chapter 23).

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, humane, and effective alternative to hospitalization could be to offer acute medical care at home.

The American healthcare 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. Chapter 8 of this book introduces 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 based, not 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.

Alternative medical therapies are functionally defined as interventions (1) not taught widely in medical schools, (2) not generally available in U.S. hospitals, (3) not documented to be safe and effective in randomized clinical trials, and (4) not generally reimbursable by medical insurance. They will cost an estimated 105 million Americans over \$100 billion in 2007. While they may not have been submitted to scientific trials to prove efficacy, many of these treatments are safe, popular, and relatively inexpensive. A potential benefit of stopping funding of ineffective and risky tests and treatments by applying the principles of evidence-based medicine may be to allow for increased funding for some of these alternative treatments.

This book does not advocate rationing. Instead of rationing, we need a more sensible system of deciding coverage based on what will improve people's health, not on what saves the government and insurance companies money or what makes money for

private parties or companies that produce medical technology or drugs. On two crucial points, I agree 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 healthcare coverage will be numbered.

We need a healthcare system that empowers patients to make rational and smart decisions for themselves and their families, a healthcare system in which the relationship between the patient and the provider is central, not a healthcare system where decisions are made by the federal government or insurance company bureaucrats. Comprehensive healthcare reform should give us a market-based system that strongly discourages the continued funding of tests and treatments that don't work.

True healthcare 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 by a 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.

Doctor Managed Care would be patient-centered and market-oriented. The government funding of Doctor Managed Care (80% government-paid and 20% from private citizens) would not mean that the government would run the system or decide what is and is not covered. Primary care doctors and their chosen consultants would do that. This plan is not modeled on the government-run healthcare systems in Great Britain or Canada or on Medicare.

Legislators and health policy experts who accept the medical establishment's premise that \$4 trillion is needed to provide all Americans with all guidelines-required medical interventions will never find a workable financing scheme for comprehensive healthcare reform. However, since Doctor Managed Care would be revenue neutral (\$2.3 trillion in 2007 and \$2.5 trillion in 2008) and would significantly *expand* healthcare insurance coverage, a fair and equitable payment system would be far easier to design than for any other healthcare reform proposal now being advocated. I have some opinions about a fair payment plan that would eliminate the job-killing employer mandate for providing health insurance. However, I know more about medicine than I do about implementing an economically just and politically doable method of and shifting the required \$868 billion of private medical insurance costs to the government. I leave the complexities of this issue to the legislators and their financial consultants.

With Doctor Managed Care, patients would have universal insurance coverage, providing access to evidence-based tests and treatments. Healthcare professionals would be compensated fairly and have an improved lifestyle due to a marked reduction in administrative requirements. Doctor Managed Care would provide incentives for the allocation of more insurance coverage for preventive medicine, long term care, and other currently under-funded services. This market-based—not government run—system would also control unsustainable healthcare inflation, providing a major boost to job creation, international competitiveness, and a more equal distribution of wealth. A strong economy with more financially secure citizens will improve the public's health.

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