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# The two-way street of accountability

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**T**he news from Washington this month has been dominated by the struggle for healthcare reform. After a promising start, with many of the key stakeholders pledging cooperation, things expectedly turned ugly. It's anybody's guess now whether comprehensive healthcare reform will take place this year.

It all seemed like business as usual, but two personal events over the past couple of weeks have rocked my world view of what the future of medicine holds. Whether or not the government gets its act together, it seems likely that the center will not hold.

The first inkling came when I read about Dr. Atul Gawande, a cancer surgeon, who visited McAllen, Texas, to find out why healthcare costs there were the highest in the country. His initial assumptions were rapidly dispelled; it wasn't that patients were sicker, doctors were sued more, hospitals were trolling for patients, or a richer population could afford to pay more. The author's conclusion was that the town's physicians had taken on a culture of material entitlement, which was satisfied by ordering large amounts of tests and procedures placing them at the far end of the curve for reimbursement. He also found this expensive care was no better than that in similar communities spending far less for the same outcomes and notably a very different physician culture.

My second revelation came after a lecture by health economist James Orlikoff to the medical staff of our local hospital. He explained why physicians, as leaders, must enhance change rather than deny that data regarding quality and outcomes exist or that they do not apply to them. In the end, he predicted the landscape will be irrevocably altered, with both practices and hospitals closing and a vastly different delivery system created to reduce costs through a market correction.

Naturally, these viewpoints set me thinking about the culture of oncology. Is there waste in oncology practices? Undeniably, the answer is yes. The real question is does the overusage concentrate in the outliers, such as the medical oncologists who see 100 patients a day because all patients are on weekly chemotherapy regardless of their disease? Or is

the overusage occurring a fraction of the time from those who practice in the middle of the bell curve, so it is only one or two out of ten times that another CT scan that wasn't necessary was ordered.

Almost certainly, it is both: the outliers most of the time and the majority some of the time. And one more cause of enhanced usage not mentioned by either Dr. Gawande or Mr. Orlikoff must be considered: the overusage generated by our societal culture in the form of patients wanting things done that are not indicated. The same media that vilify physicians on a regular basis publish accounts as the latest breakthrough in curing cancer. It's only the fine print that notes that the cures occur in mice for a drug that has not been tested on people.

So what is the solution as it applies to oncology? The idea of accountable health organizations is appealing to me, but like anything else, the devil is in the details. Forward-thinking payers and practices are beginning to experiment with bundled reimbursement, where an entire episode of care is paid for, including appropriate compensation for evaluation and disease management skills that every oncologist brings to bear with each patient. I am more than willing to forego margins on the drugs as long as there are appropriate recognition and compensation of the global cost of care. However, oncologists need to do this in conjunction with other stakeholders, both public and private. Accountability is a two-way street that must be utilized by both funders and providers together. These efforts are not going to be easy. Yet I believe they are necessary. There is too much cost in our system. Since oncology represents a significant fraction of the overall health care spent, by definition, there is overusage in cancer treatment. Oncologists are the ones best equipped to soberly evaluate where changes can be made in the healthcare delivery system. Otherwise, we will be swept under by the tidal wave of change that will ensue if it's business as usual.



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