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More isn't always better in health treatments

Intrinsically American principles such as "the more, the better" and "You get what you pay for" become fallacies when applied to health care, and they drive up costs for everyone, says Dr. Patrick Carter, medical director of managed care and chief of family medicine at Kelsey-Seybold Clinic.

Carter

"More spending and treatment don't translate to better patient outcomes," he says. "Patients — and those paying their insurance premiums — benefit most from coordinated systems of health care."

For example, after a game, two golfers have back pain that radiates down their right legs. Both go to doctors who suspect herniated discs. One doctor orders a $700 magnetic resonance imaging test. His suspicion confirmed, the doctor prescribes rest and a pain reliever. The second also prescribes rest and the same pain reliever.

Two weeks later, both patients feel fine.

"Ninety-five percent of all herniated discs stop hurting within a month, and MRIs reveal spinal disc problems in up to half of adults without symptoms," Carter notes. "For $700, the first golfer got an expensive picture of little value."

When used appropriately, MRIs and other imaging exams are extremely valuable, he adds. But MRIs often don't change treatments or outcomes.

Health care providers routinely overuse a host of treatments and tests, including colonoscopies, heart catheterization, nuclear medicine cardiac stress tests and spinal surgery, he says.

"The litmus test of whether an intervention truly represents 'health care' is whether, based on available evidence, it can be expected to benefit the patient. If it can't, it isn't health care. At best, it's a pointless expense," he says.

According to Carter, health care economists estimate that 20 percent to 30 percent of all U.S. medical expenditures pay for interventions not shown to benefit patients. More than $440 billion is spent each year on unnecessary care, and the figure is expected to double by 2017.

"Achieving value in health care means providing easy access to services when they are needed and avoiding unnecessary interventions," Carter stresses.

He says health plans based on multispecialty group practices such as Kaiser Permanente, the Mayo Clinic, Scott & White and Kelsey-Seybold Clinic have the best track records of delivering value, citing a Dartmouth College study comparing the Mayo Clinic's St. Mary's Hospital with the UCLA Medical Center. On average, UCLA spent $93,000 on care for chronically ill patients in their last two years of life, compared to $53,424 for the Mayo Clinic.

Multispecialty group practices achieve savings through coordination, basing treatment decisions on medical evidence, not just the knowledge of individual physicians, he says. Physicians in multispecialty group practices all view and contribute to the same unified medical record for each patient, so repeat tests are eliminated and no critical information falls through the cracks.

"Coordination seems like a simple concept," Carter says, "but it is not the standard in health care."

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