



Health Care Costs

By Karla K. Murphy, MD
SDSMA President

The physician-patient relationship is central to our health care system, and a physician's first duty is to promote the patient's welfare. Our responsibility to individual patients should be our top priority, but we also need to consider our responsibility to society in general.

The level of health care spending is too high (more than 17 percent of gross domestic product), and perhaps of greater concern is the rate of growth in that level of spending. Physician orders and recommendations play a significant role in determining what is spent, so it is critical that physicians consider patient care from the standpoint of utilization of health care resources.

Patients should not receive care they do not need. Nor should cost savings be based on denying necessary care. New proposals revamp payments to ensure that value and quality are rewarded and to eliminate care if not medically indicated. Research to determine which treatments are most effective for given conditions provides doctors with the information to make the best choices. Payment systems discourage readmissions for certain chronic conditions and do not provide payment for specific secondary conditions.

Each of our orders has its own risks. Each unit of blood transfused is an individual and separate decision that has the potential to provide harm rather than good. Every test has a risk of potentially misleading results. This is dangerous when the test or procedure was not indicated for the patient. The decision to perform a test or a medical or surgical procedure should be considered in light of the risks and benefits.

Physicians can have the ability to impact the cost explosion by giving only recommendations that will provide a substantial benefit to the patient. When we help patients identify their health care goals, we help them make reasonable and cost-effective decisions. And if the outcomes are the same, we can advise the lower cost over the higher cost treatment. As we use teach-back techniques to improve their health literacy, we give our patients the tools to stay

healthy and avoid medical interventions. And when we follow scientifically established protocols and guidelines, it is proven that there will be a reduction in morbidity and mortality. It is our responsibility to consult with learned colleagues, to discuss complicated cases with the local ethics committees, to learn from the experiences of others and to review our work. We must know the limitations of the tests, procedures and treatments that we choose, and we must know which interventions have a reasonable benefit.

Where is the money in health care? Population trends, including greater prevalence of chronic disease such as obesity and diabetes, impact the utilization of services. Chronic conditions are closely linked to high expenditure levels. Twenty-two percent of expenditures are related to potentially avoidable complications, such as readmissions for shortness of breath due to congestive heart failure or exacerbations of chronic obstructive pulmonary disease. Successful programs to prevent these complications are necessary and require physician leadership. This is where our efforts must be focused.

Consider reading the *American College of Physicians Ethics Manual, Sixth Edition* (Ann Intern Med. 2012;156:73-104), regarding the ethics of practice in the changing practice environment. Your American Medical Association and the SDSMA are great resources. I want to bring your thoughts and concerns to these organizations.

I invite your participation in our SDSMA committees and work groups on topics of importance to you. Please contact me at karla.k.murphy@gmail.com. I look forward to our conversations.