Pharmacy Benefit News

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Specialty Spotlight

Wide Variance in the Cost of Procedures

Castlight Health reported that there was a "'shocking' level of variation in the prices of eight common health care procedures including mammography and head/brain CT scan in the 179 metropolitan areas examined". "Castlight executive Kristin Torres Mowat said it's important for patients to shop around, but consumers often can't access prices for health care services until they see the bill."

Source: Healthcare Finance News/Kaiser Health News (10/7), WTOP-FM (Washington, D.C.)

Comment:
In the 1970s John Wennberg, MD identified that there was a wide variance in utilization and cost for common medical procedures across the United States. He followed these studies by starting the Dartmouth Atlas of Health Care that allows researchers, providers, insurance companies and patients tools to compare costs and utilization of health care procedures across the US. As a result, it is surprising that we are still surprised by similar findings. The old adage that "medicine is local" reflects the understanding that diabetes mellitus is not different from place to place, but that how it is treated is different. Once we get past the issues of local cultures, economics and practices, we are left with the question of whether one site gets better results than another at a better price.

Find out more

A Communication Problem – Nurses vs. Doctors?

"Nurses have an important role in helping determine medical diagnoses, so traditions and regulations that discourage

Heart Disease Linked to Psoriasis

A recent study published on Arteriosclerosis, Thrombosis and Vascular Biology, shows that patients with severe psoriasis have 41% higher levels of blood vessel inflammation than people without psoriasis. This means that

them from offering an opinion should change, Dr. Gordon Schiff, an expert on medical errors, told a patient safety conference in Springfield, Ill. Southern Illinois University clinical nurse educator Cathy Schwind said there can be communication problems between nurses and physicians and she hopes the conference will lead to increased training to make nurses more comfortable in offering opinions."

Source: The State Journal-Register (Springfield, Ill.)

Comment:
First, full disclosure – I am married to a nurse. Second, the healthcare profession has suffered from an insupportable model of physician opinion eminence throughout most of its history. This has often lead to a lack of discussion and debate in individual patient care. Yet, when teams offer care, the involvement of all experts (i.e., physicians, nurses, pharmacists, physical therapists, etc.) has led to better patient care both medically, therapeutically, and in the patient experience. Managed care, population health, and the Affordable Care Act, to name just a few of the modern motivators, base their models on Teams delivering care. Teams work best when there is a free flow of information and the expertise of all team members is respected. Further, the flow of information leads to more of a scientific approach versus a reliance on the "art" of medicine. At the end of the day, more input from various experts allows for all options to be considered, both scientific and artful, and better progress towards the goal of better, less risky, and affordable care.

psoriasis patients are at higher risk of heart disease and stroke.

Source: HealthDay News

Comment:
If this study is validated by further research, then patients with a common dermatological condition need to be more aware of their general medical condition. The interdependence of disease due to common pathophysiologic etiologies is underappreciated. With a health care system dependent on subspecialties that work in silos, the importance of coordination of care becomes paramount. Yet, while literally every health care model stresses the need for coordination, the financial models have historically been based on fee for service.

The ACA is pushing medicine to a capitated model where all care is delivered at a pre-specified cost. This is nothing new as managed care has had a similar model since the 1970s. So why are we still working towards this type of reimbursement model. It is too simplistic to answer this question with one rationale.

Big Data is the latest "solution" to the problem of too many unknowns and too many interdependencies. But having a lot of data and identifying associations ignores the need for basic principles to base data analytics models. Even in its infancy (disclosure – Pro Pharma has been doing integrated analytics since the early-1990s) analytics must move beyond dashboard simplification of the current state and graphs of associations between various metrics. What is necessary is an understanding of how the underlying clinical, risk and cost metrics are influenced by fundamental principles of pathophysiology, quality improvement, risk management and economics.

While science continually improves its knowledge of pathophysiology, we currently have sufficient knowledge of quality improvement that is measurable for relative quality, risk, and cost. Directing "Big Data" to these ends can't be done fast enough.

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