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Health-care storm brews

Critics fear plan to rank treatment may hurt elderly, be a move toward nationalized care

By Naomi Snyder
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A health-care spending provision that makes up less than 1 percent of the \$787 billion economic stimulus bill approved on Friday in Washington has set off a storm of debate.

The House and Senate agreed to spend \$1.1 billion on what's called comparative effectiveness research, trying to figure out what kind of medical treatment for different illnesses works best and is most cost-effective. Advocates say such research, a hot topic in Nashville's health-care-rich business sector, will help improve the quality of care by providing better information about what procedures and drugs work for people.

Critics charge that comparative effectiveness studies — which help make treatment decisions for governments in Europe, Canada and the United Kingdom — will be used by the U.S. government to start dictating who gets certain medical care and how much.

"Try the government being in charge of what the doctor can do, the kind of treatments that can be extended to you — and I'll tell you who gets creamed in this, is the elderly," Rush Limbaugh said in his radio show earlier this week.

Many fear that elderly men and women would be denied expensive medical treatments deemed more effective for 20-somethings with more years to live anyway.

"It makes a lot of people nervous," said David Osborn, the executive director of The Health Care Solutions Group, a local think tank associated with Vanderbilt University and funded in part by private health-care companies.

Fears of nationalization

Debate over such finer points within the stimulus bill comes as President Barack Obama celebrated passage Friday night, highlighting the administration's bid to tame the worst economic crisis since the Great Depression.

On the medical front, some fear that the huge spending bill includes an attempt to move toward a national health system that will ration medical care.

Osborn said the best American hospitals are great at doing the truly amazing stuff, keeping premature babies alive and diagnosing complicated life-threatening illnesses. The fear is that those benefits could be lost if the United States ends up adopting a comparative effectiveness model.

The pharmaceutical industry lobbied to get language inserted into the economic stimulus bill saying the research funding wouldn't be used to mandate coverage, reimbursement or other policies for the public or private sector.

Advocates such as Gail Wilensky, former administrator of the Medicare and Medicaid programs under President George H.W. Bush, said the United States spends much more on health care than other countries, without necessarily providing better care.

Health spending in the U.S. is estimated to reach \$2.6 trillion this year, or 17 percent of the economy. Germany spends less than 11 percent, and the United Kingdom spends less than 9 percent. Obama said during a news conference on Feb. 9 that health-care costs are "crippling" businesses.

Useless treatment?

About one-third of U.S. annual health spending goes toward remedies that don't help patients, according to Peter Orszag, Obama's budget chief and former head of the Congressional Budget Office. Ranking drugs and medical devices will save money and boost quality, Orszag said.

"We do (treatment) so much more aggressively than other countries," Wilensky said. "It's not clear we know what we're doing. We don't have clearly better outcomes in all areas. This is a way to get better information."

Wilensky said the government can put caps on Medicaid and Medicare without comparative effectiveness research dollars, and it would have the effect of cutting off patients from medical care anyway. Instead, she argues the research money will help the medical profession improve.

Many in the health-care industry support comparative studies, which isn't an entirely new concept. The federal government funds some comparative studies, but the stimulus bill envisions much more spending.

"Health care has lagged behind other industries in terms of demonstrating its effectiveness," said Jamie Amaral, the vice president of business development, marketing and sales for a small health-care data research company in Brentwood called IMI Health. "Rather than it being a witch hunt for rationing, I see it being an opportunity for quality," Amaral said.
