

In Praise of Specialty Medical Care In the United States

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With implementation of the Affordable Care Act, and insurers and hospitals focused relentlessly on decreasing health care costs, we risk losing the excellence that distinguishes U.S. health care from others worldwide.

Over the next several years, we will insure more Americans, expand primary and home care, improve patient safety and outcomes, and better utilize technology. We must also reduce overlapping services and testing, medical errors, and the tremendous burden of administrative and legal costs.

However, the current trend toward massive consolidation and homogenization in the health system, zealous efforts to decrease testing and procedures, and the further commoditization of the physician/patient relationship (with providers having minimal time to actually listen to patients' needs) will progressively worsen patient care and outcomes.

As insurers, health systems and others try to lower costs by limiting or denying access to specialists or specialty institutions, they risk *raising* health care costs by reversing the astonishing gains we have made in treating some of the most deadly and chronic diseases.

For example, at National Jewish Health in Denver, which is an academic health center focused on respiratory and related diseases, 25 percent of children and adults referred with a diagnosis of asthma find they do not have

asthma and that something else is causing their symptoms. Another 70 percent of asthma patients are diagnosed with asthma complicated by additional diagnoses.

Making the correct diagnosis not only is requisite for patients to attain better outcomes but also substantially lowers costs. Similarly, ongoing collaborative care by specialists and primary care physicians of the 150 million Americans who suffer chronic diseases is an important, under-recognized approach to bringing value to patients and the system.

Coordinated specialty care and integrated research and clinical care has led to exponential increases in our medical knowledge and decreased death rates

in diseases ranging from cancer and stroke to cardiovascular, infectious and respiratory disease. Similarly, basic, translational and clinical research make specialty care critical to further advances and potential cures. Unfortunately, what author Clayton Christensen describes as "disruptive innovations" that will radically lower health care costs, as explained in his recent book, *The Innovator's Prescription*, have not yet been realized. In the interim, as we work to improve care and limit costs, we risk losing what we do exceptionally well for patients, which has differentiated the leadership of American medicine and science.



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One in a series of commentaries by leading physicians and researchers at National Jewish Health.