

IN EVERY ISSUE

Message From the Editor

BY DEBU TRIPATHY, MD

Creating a "wish list" for health care reform.

This is an age of uncertainty and change. Recent economic turmoil has wreaked havoc on personal finances, affected every industrial sector, and, of course, has had a clear impact on health care and societal health. We all know, despite our deepest fears, that such turmoil is also soil—to grow the seeds of change.

During the boom years of the past decade, health care reform seemed out of reach despite medical costs that were far outstripping the general standard of living. The global recession necessitates massive transformation in both the government and the business side of health care, and government is now in the driver's seat. Medicare coverage sets the stage for all third-party payers' policies, and government can also mandate many details about employers' coverage responsibilities.

In this issue's cover story, [“The Medicare Prognosis.”](#) the current state of Medicare and possible changes ahead are highlighted. It's a topic in which every American has a huge stake. The shift in how Medicare evaluates and reimburses health services will likely cascade into a much larger scope of health care reform.

It is unlikely that access to the program will be curtailed except in small stages, initially extending the age of eligibility or, possibly, the income or net worth threshold. However, much more fundamental changes are predicted by many. What, then, should our “wish list” be for health care reform?

Hopefully, Medicare and the whole health care field will move to allocate resources by the amount of potential impact. Preventive medicine and the promotion of healthy lifestyles along with diagnostic and therapeutic modalities that show the best evidence for the biggest impact on outcomes will be preferentially covered.

Medicare and other insurers may require providers to supply them with outcomes information using electronic health records so that they can continually improve their analytics. Technologies that allow for personalized medicine will be encouraged and rewarded because they minimize waste. Moreover, the collection and sharing of biomarker and clinical information will eliminate the most critical bottleneck in medical advances.

Expensive and less frequently used modalities will be more centralized, reversing the market-driven trend for every hospital to have the “latest and greatest.” Decision support tools will be made available to quickly gauge the most accurate

test and effective treatment plan for a specific clinical situation. Patients will be encouraged to participate in shared decision-making that is informed by the probabilities of effectiveness and side effects as well as the financial impact it will have on them.

Will physicians be willing to take the extra time such a system requires? Can reimbursement decisions move from being procedure-oriented to outcome-based? Will drug and diagnostic companies lose their motivation to be innovative or ignore medical areas that do not appear to be profitable? Can patients assume a greater responsibility in maintaining their health? Will privacy be compromised by centralized outcome analyses?

These tough questions represent potential trade-offs to the ambitious wish list. The winds of change are here. It is not a matter of health care reform or not; it is a matter of when and how.

Debu Tripathy, MD
Editor-in-chief

Note From the Publisher

After two years of presenting the CURE Day of Caring Breast Cancer Forum in Denver, we are sad to announce that the 2009 Day of Caring has been canceled. We took over the 25-year-old event in 2007 from a Denver nonprofit, and made it a national event. Unfortunately, the economic downturn has made it impossible to continue the Day of Caring at the level we know participants expect. We have transitioned the event back to the original group and will do our best to let you know their plans for future Day of Caring events.

—Susan McClure, Vice President and Publisher