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Dear Editor:

For 25 years I have practiced cardiology in the Northwest Valley. After talking to many of my patients recently about their healthcare concerns, and observing the evolution of the practice of medicine during my career, I have some general comments about the business of healthcare.

It is said that the cost of healthcare is too high. Why is it so? The bulk of healthcare costs stems from the deployment of techniques that lead to earlier diagnosis, and to the use of advanced medical therapies, lab tests and medical imaging.

Furthermore, it has been said that physicians order too many tests because they are practicing defensive medicine. In the Sun Cities region where I practice I have found that not to be the case. Testing is a necessary technique to monitor the progress of therapy and to find progressive disease early, such as finding a blockage in an artery and treating it before it causes a heart attack. An esteemed colleague of mine once reminded me to “do the right thing, for right the patient, at the right time.” That includes the use of those advanced therapies, and imaging. In my opinion my peers in the Sun Cities do exactly that.

Consider this. Does anyone of us think that the development of the next exciting wave of therapies that involve stem cell research or treatments based on the human genome will be cheaper? Yet who wouldn't want to pony up for a treatment that may provide a cure for ravaging illnesses such as Alzheimer's disease, congestive heart failure or macular degeneration. Advancements in therapy will not get cheaper and monitoring patient progress will be more involved and more complex.

The President is seeking a solution aimed at “bending the curve” in the rate of growth of healthcare expenditures. Although this is a laudable goal, achieving this clearly does not make it cheaper. My biggest fear is that by imposing more stringent price controls on physicians and other providers in the healthcare industry will have the net result of limiting access to healthcare. And unfortunately the group that consumes most of the healthcare budget is the elderly.

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So what can be done? I believe that free market healthcare reform is the best approach to reign in the problem of the explosive costs of healthcare. A frequently quoted example of the free market in action is the story of Lasik surgery. This procedure was never covered by insurance. Yet over time the procedure technique improved and the cost of the equipment dropped significantly. Now better Lasik surgery is available at a fraction of the original cost.

I also believe that incentivizing and not penalizing physicians who are the leaders in their respective specialties will result in the development of better and more coordinated treatment protocols. The cream will naturally rise to the top. This is the best way to “bend the curve”. We, at Cardiac Solutions, have been local leaders in the development of chronic disease management programs for heart failure, and coronary artery disease. We have

shown that patients who participate in our programs have a better quality of life at a significantly reduced overall cost to the “system”.

Furthermore insurance reform, not healthcare reform is something we all can agree to. Having a “one size fits all” insurance industry does not work because of the diverse needs and demographics of the American population. For example a young single adult practicing a healthy lifestyle and in good health does not need the same healthcare benefits as compared to a middle-aged obese smoker raising a family. Insurance reform should include the ability to choose from a portfolio of products that match these variable needs and in some measure would incentivize a healthy lifestyle.

To summarize, we can clearly realize better value for a healthcare dollar spent. But this should be done by allowing physicians and industry to do what they have always done well. And that is to look after their patients and reward those who develop better and more effective therapies. Let the free market reward those who can demonstrate better outcomes and deliver better coordinated care. But don’t let the notion that the government can deliver “cheap” healthcare for all fool you.

Sincerely,

Joseph Caplan, MD, FACC

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