

## Delivery of Spine Care Under Health Care Reform in the United States

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### Introduction

If the current Health Care system in the USA remains the law of the land, Health Care of the future will be on life support. The free market may be the last chance for the entitlement mentality to survive. New Regulations and politics will play a key role.

#### Talking Points: First and Last, “Nothing is Free”

1. In the delivery of surgical spine care, stay lean and mean, and don't let regulations hold back business models that allow for efficient delivery of expensive treatment.

2. The “surgeon factor” will need to play a key role in the delivery of care since not all surgeons are created equal. Level V Evidence Based Medicine (EBM) from Surgeons who dedicate time and effort to reach “super star” status is needed from their extensive experience. These current high impact surgeons will need extra training, exposure, and acceptance. There must be a financial incentive that will pay for the result.

3. The medical establishment providing political and economic guidance to politicians and regulators will have to re-value their own biases and balance their recommendations by acknowledging Level V expert EBM (backed by the surgeon factor) while still using level I or II literature as a traditional guide.

4. Look at new and “untraditional” methods by evaluating the results, and not whether they fit the conventional system.

5. Look for opportunities to lend expert surgical experience to business enterprises as trainers or advisors. Training will have to be supported by academic centers with program heads who endorse such training programs or industry will have to invest money in appropriate training.

6. Focus on the surgical treatment of the pain source, more than the current dependence on a review of the literature that emphasizes Imaging, followed by decompression, stabilization, and Fusion. Patient selection will be aided by using diagnostic and therapeutic injections, preferably by the surgeon, to identify the likely hood of surgical success when the pain source is targeted [1].

7. Surgery will be most cost effective when performed in an ambulatory surgery center. ASC's will thrive when minimally invasive spine surgery embraces both open and endoscopic surgical options, stratified as a staged procedure to avoid fusion as the initial treatment option [2,3].

a. Current escalation of costs by health care Stakeholders and patient demand cannot be sustained. ASC's are currently the most cost efficient way to stem the rising cost of spine surgery.

b. And...Nothing is Free, so results must match the cost and efficacy of the treatment for a projected time frame.

8. Deregulate and bring back the free market in Health care if the surgeon or provider will warrantee the result of his recommendation for a fixed period of time or subsequent treatment will not cost the patient

more than reasonable while resolution will fall back to the surgeon's recommendation and projected time frame for pain resolution.

a. Surgical Health care will have to be stratified.

b. The future hopefully will be less regulation to allow providers to complete in a free market.

c. A multidisciplinary team offering a team approach with financial risk in the free market will help limit expensive non-surgical as well as surgical options as a stratified group decision on the efficacy and cost of care will decrease cost of overutilization of individual groups protecting their “turf”.

9. Instill a “warranty program” in health care in a free market system (like any other free market product).

a. Reduce costs by forcing health care consumers to choose a cost/benefit option.

b. Patients need to be willing to pay for “Cadillac” care or accept some level of rationing as part of the patient's personal choice based on cost sharing or expect to be rationed by the government or by payors.

10. Stratify health care delivery by treating the pain generator.

a. Non-surgical options only temporarily relieve the pain by relying on the natural healing process.

b. Limit the volume of re-imbursable Pain procedures or non-surgical methods over a time period. “No one ever died from pain.”

c. Multidisciplinary groups with highly trained providers may ensure appropriateness and quality if the provider entity is at risk financially [1].

11. Instead of Hospitalization, add surgical recovery centers affiliated with, and/or connected to the ASC, thus making it safer for more complex outpatient procedures that offers patients with no or low surgical co-morbidities for routine post-op monitoring and pain control in a, (i.e., known post-op risks such as post-op breathing difficulty from obstructive airway complications or hematomas.

a. Patients must be able and willing to pay for their care when not covered by their insurance plans. Insurance companies will have to pay for conditions covered by the plans that their consumers pay for when the above conditions are met, but accept a different type of rationing based on cost.

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b. Be realistic about entitlement programs that cannot be sustained or the whole system will fail.

Health care reform that most American's want has to fulfil the following terms:

1. Access to health care whenever we think we need it.
2. No restrictions on our choice of doctors.
3. Inexpensive costs.
4. The right not to buy insurance if we think we don't need it.

## Concluding Remarks

As already stated: First and last, "Nothing is free" and MSGA: Make Spine Great Again!

## References

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