

## Response to Economic Forces Buffeting the Community of Neurosurgery

*James R. Bean, M.D.*

Eighty-nine years ago, neurosurgery emerged as a new specialty, recognized by the American College of Surgeons in October 1919. By 1920, Harvey Cushing and 10 others formed the Society of Neurological Surgeons, today's Senior Society. Since then, neurosurgery has expanded exponentially, with technical devices, surgical procedures, and practice standards undreamed of by these founders. Every new neurosurgeon finishing this rigorous and demanding training renews our specialty's commitment to altruistic service, excellence in performance, and advancement of the knowledge and technical capability of our specialty.

We face a new challenge, however, testing whether our specialty, or even medicine as a whole, can remain true to its guiding principles and purposes. We are confronted by economic forces that threaten neurosurgical research, training, practices, technical advances, and the welfare of all who benefit from the service that only neurosurgery can provide.

We are victims, in a sense, of our own success. Health care costs have increased at 8% to 10% per year for 45 years, and there is no sign of slowing. We provide services in a competitive commercial market, which serves a public need, but it creates a demand for neurosurgical and other types of care that drives the cost of health care upward at a rate at least twice as fast as the growth of our national economic resources to pay for it. Economic projections show that it is an unsustainable rate of growth.<sup>3</sup>

We are blamed, at least in part, for contributing to a growing family health insurance premium that exceeds one-fourth of an average family's income. We are blamed for adding to the burden of health benefits of employers who pay for them for their workers, a cost that eats away at their profits and cuts away at their workers' wage increases. The number of employers providing health benefits has decreased from 69% to 60% over the past 8 years.

Despite genuine technical advances, we are blamed for costs because of wide regional variations in care, such as lumbar fusions, variations that are said to imply incon-

sistent indications or unnecessary treatments, both of which add cost without benefit.<sup>5</sup>

We are blamed for inconsistent quality and complications or errors that double the cost of a hospitalization. We are blamed for lacking the scientific evidence to justify many, if not most, of our decisions for treatment. The blame is pervasive, and it is generally because of money.

We are also troubled by commercialism. We are accused of instances of conflicts of interest with the medical device industry, to get something for nothing and, in exchange, to use their products, either unnecessarily or preferentially, driving up costs.

Because of costs, we are offered pay-for-performance bonuses for reporting processes of care, which for surgery are often selected simply because they can be measured, not because they have anything to do with the need, the quality, or the outcome of treatment.

Congressional overrides of scheduled Medicare fee cuts create an annual political circus. We are threatened with Medicare fee cuts by a Sustainable Growth Rate formula that, if enforced, would slash Medicare fees 40% over the next 7 years, by 20% in 2010 alone. This has become a kind of chess game in Congress every year, with physicians as pawns, and what we get are fee cuts disguised as increases, and, in exchange, we are saddled with ever more regulation over practice each year.

Medicare payment policy reverberates throughout the commercial health sector. Private payers shadow Medicare's falling fees like a hollow echo. Beyond that, the Justice Department subjects physicians to billing audits, with threats of federal fraud and criminal prosecution, all to save money in federal health care programs.

Some neurosurgeons pay outrageous premiums for medical liability insurance, but we are told that the cost has not gone up exorbitantly and that defensive medicine does not really affect costs of care, even while common sense says that it does.

The Congressional Budget Office, the Medicare Trustees, the Government Accountability Office, and the Medicare Payment Advisory Commission all advise that Medicare's current rate of growth, if unchecked, will bankrupt the federal

treasury within 70 years, by consuming every dollar of tax revenue.<sup>2</sup>

The Congressional Budget Office blames the excessive growth rate of Medicare on a combination of technology growth and service complexity; this directly implicates neurosurgery and other technologically complex specialties as the culpable causes for the increase in costs and the looming economic crisis in health care.<sup>1</sup> The Congressional Budget Office, Government Accountability Office, and Medicare Payment Advisory Commission all propose shifting treatment away from specialties to primary care, and shifting funding from specialty to primary care codes.

The social framework in which health care is provided is a triad, and each component has a separate and necessary role. The role of government is to adopt and enforce social policy—policy that ensures equal protection and distributive justice among its citizens; it is guided by political consensus. The role of business is to operate the economic engine that drives the social process, including health care, by finance, organization, and efficiency; it is guided by profit. The role of the medical profession, and our specialty, is to preserve the core values of medical practice: knowledge and competency, compassion, and a primary motive to serve, not simply to gain; it is guided by altruism.<sup>4</sup>

Without the profession, government risks averaging care to the lowest common denominator, by blunt rationing and accepting mediocrity as adequate. Without the profession, business risks disjoining need from care, offering a compassionless service, seeking profits over serving individual needs. As a specialty, and a profession, we must work with government and with business, but avoid corrupting the soul of the profession, losing our compass and direction in the process.

So how do we respond to these economic pressures? First, we must remember the dream that drew us on this journey. We must reaffirm our commitment to our core values: science, education, and service.

We must commit to personal and public accountability by designing and using routine measurement of relevant

outcomes. Concurrently, we must develop accurate guidelines. We must do the research and set standards based on the best available evidence, but we must avoid the pitfall of inflexible rules and allow judgment to balance statistical rigidity.

We must advocate for durable health policy, not just self-interest—policy that allows health care that we have proved should be done to be done and policy that allows us to use our resources more efficiently, but without abandoning our responsibility to do the best that we can for every patient we see.

We must manage our potential conflicts of interest by disclosing them or, if they are irresolvable conflicts, by divesting them.

The economic forces that bear down on us may look like threats, but they are just as easily opportunities. The glass is half full, not half empty. Despite the economic challenges, this is a time for imagination, confidence, and optimism, not cynicism or pessimism.

In the end, we must remember that neurosurgery is a public trust; it is not just a business. We must resolve to work, with a commitment to service and a renewed hope in the future, to make science and technology our servants, without making profit our master, and, despite economic pressures, to make neurosurgical care better than we, or our founders, ever dreamed that it could be.

## REFERENCES

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