From the Editor’s Desk

EVIDENCE-BASED MANAGED CARE

In developed countries, the delivery of accessible and appropriate health care can make or break governments. Of growing concern to politicians in Australia and elsewhere are the spiralling costs of service delivery, driven by increasing community expectation and expensive technologies and treatments. The perennial problem for politicians is how to meet this demand.

Electronic health records and preventive health strategies are hailed as cost savours, but there is no solid evidence that these measures will reduce spending in the near future. However, great savings may be found in two areas: curbing administrative costs and curtailing ineffective care.

Prime Minister Rudd recently reflected on this very issue, claiming that medical research needs to play a greater role in reducing burgeoning health budgets: “Patients need treatments, technologies and procedures for which there is evidence from research that these are safe and effective. This is what patients expect. And it is what taxpayers also expect.”

He went on to say that research should be commissioned to assess the effectiveness of existing therapies and treatments that are variously funded by the government, insurance companies or individuals.

This is a concept that the government has been keen to explore, in conjunction with private health insurers and our research community. To support this initiative, Rudd cited a recent article in the New England Journal of Medicine by an Australian research team, who found that vertebroplasty for osteoporotic vertebral fractures was actually no better than doing nothing at all. In short, the Prime Minister appears to be a keen advocate of evidence-based medicine!

However, this begs the inevitable question of whether this would lead to evidence-based remuneration, such as modified payment for treatments not supported by appropriate evidence. Will this effectively reignite the managed care debate?

Martin B Van Der Weyden