

# The Next Battle

It is a common mistake of countries and their militaries to prepare to fight the previous war, not the next one. That is why many nations entered WWI with mounted cavalry, armed with lances; why the United States had more battleships than aircraft carriers at the start of WWII; and why the United States more recently went into Afghanistan with the world's finest fighter jets and unarmed Humvees.

The same misstep is evident in health care. Many politicians are currently fighting to further socialize the US health care system at a time when the leaders of England's venerable National Health Service are asking a private German hospital company to take over and run the system.<sup>1</sup>

Another ill-conceived battle in health care is afoot. Many primary care physicians (PCPs) feel their reimbursement is too low. I agree; \$111.36 in Medicare dollars for a PCP visit that identifies the cause of someone's breathing difficulty is a bargain. In his article for *The Wall Street Journal*, however, John Goodman compares PCPs' fees to surgeons' fees, which he wants to lower.<sup>2</sup> In arguing his case, Mr. Goodman misstates that the reimbursement for cataract surgery is for the procedure alone—not inclusive of the diagnosis, surgical planning, or postoperative care. More important, drawing direct financial comparisons between a diagnosis (cough) and a treatment (cataract surgery) or between doctors, specialties, or procedures is disingenuous and divisive, just as it would be to lump all patients or diseases into a



single group. Some PCPs may fall for the idea of battling their surgical colleagues for the scraps at the health care table, but they will have prepared for the wrong battle. Research is being published showing that US PCPs' fees are high compared to those of PCPs in other countries.<sup>3</sup> These numbers ultimately will be used as a rationale for lowering PCPs' fees in this country.

I recently received an e-mail from a potential patient in Europe. The person had been diagnosed with an eye problem but, "of course," wanted to come to the United States for care. I had never thought twice about a patient's traveling here from abroad, but this time, I paused before responding. Do I offer the best care in the world? Do I have access to the latest technology? Do I have the freedom to practice my profession to the best of

my ability? This edition of *Cataract & Refractive Surgery Today* focuses on the FDA and the regulatory environment in the United States. I personally know the people at the FDA as well as many individuals involved in the science of health care; they are some of the best and brightest people in this nation. We need to find a way to fight for the common good, not against each other. We must look forward, not backward, if we are to succeed. ■

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1. Randeep R. German company involved in talks to take over NHS hospitals. *The Guardian*. <http://www.guardian.co.uk/society/2011/sep/04/german-company-takeover-nhs-hospitals>. Published September 4, 2011. Accessed September 14, 2011.

2. Goodman JC. Three simple ways Medicare can save money. *The Wall Street Journal*. <http://online.wsj.com/article/SB1000142405311904140604576496484122087872.html>. Published August 11, 2011. Accessed September 14, 2011.

3. Laugesen MJ, Glied SA. Higher fees paid to US physicians drive higher spending for physician services compared to other countries. *Health Aff (Millwood)*. 2011;30(9):1647-1656.