

SUBSPECIALTY HEALTH CARE IN THE UNITED STATES: MORE *IS* BETTER!

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The past decade has seen dramatic changes in the U.S. health care marketplace. More than two-thirds of patients in the United States are now enrolled in managed-care networks administered by conglomerate, cost-concerned managed-care bureaucracies. Despite managed care, however, health care costs have continued to rise—placing expensive new medical technologies at risk in discussions of containing health care costs.

Although the United States is leading the world into a new era in medicine with the convergence of advances in molecular biology, medical imaging, and minimally invasive diagnosis and therapy, a trend toward non-state-of-the-art technologies is directly correlated with the degree of managed-care penetration. We must realize that **reducing the availability of advanced medical technology will drastically affect our high standard of health care.**

A recent study by researchers at Dartmouth claims that the more subspecialties in health care, the more expensive the care, without significant benefits to the patient. These flawed conclusions received widespread news coverage and conveyed the dangerous implication that the linchpins of the United States health care system—subspecialty care and its associated advanced technology—are simply wastes of money.

Why are such studies misleading? Because the patient outcome measured is patient mortality, which is easily quantified by researchers despite its gross oversimplification of the end point. Most medical researchers agree that more subtle and complex parameters, such as quality of life, more relevantly assess the effects of sophisticated medical care. Indeed, **when experienced subspecialists perform complex medical procedures, numerous studies show improved outcomes.** Similarly, advanced medical imaging technologies may or may not influence mortality statistics, yet more rapid diagnosis using noninvasive, pain-free, and cost-effective methods is an important advantage.

Oversimplifying a complex issue can be dangerous. The widespread publicity generated by the Dartmouth study indicates the highly charged issue of expensive health care in the United States. The rising costs of health care, most of which are a result of technological advances, cannot continue to be tolerated by the current system. Yet technological innovation defined American medicine in the twentieth century. Leading-edge technology, and, more important, access to it, is often cited as the key difference between U.S. and other health care systems. Moreover, it is naïve to think that the uses of specialized medical technologies are best determined by generalists (a point well understood by the medical community).

The United States has the most sophisticated health care in the world. Advances in medical technology, which are essential to improving medical diagnoses and

developing new therapies, are expensive and demand highly developed knowledge at the subspecialist level. Because we lead and teach the world the newest advances in medicine, we must sustain the commitment to new medical technologies and subspecialty care. Any proposals to contain health care costs need to ensure the continued development of medical technology.