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Treating seniors as 'clunkers'

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Everyone knows that if you don't pay to maintain and repair your car, you limit its life. The same is true as human beings age. We need medical care to avoid becoming clunkers -- disabled, worn out, parked in wheelchairs or nursing homes.

For nearly a half century, Medicare has enabled seniors to get that care. But ObamaCare is about to change that, by limiting what doctors can provide their aging patients.

The Senate Finance Committee health bill released last week controls doctors by cutting their pay if they give older patients more care than the government deems appropriate. Section 3003(b) (p. 683) punishes doctors who land in the 90th percentile or above on what they provide for seniors on Medicare by withholding 5 percent of their compensation.

This withhold provision forces doctors to choose between treating their patients and avoiding government penalties. HMOs used the same cost-cutting device in the early '90s until it was deemed dangerous to patients and outlawed. Now, lawmakers want to use it against the most vulnerable patients, the elderly. This bill and four others under negotiation also would slash about \$500 billion from future Medicare funding.

President Obama and his budget director, Peter Orszag, have told seniors not to worry, claiming that Medicare spending could be cut by as much as 30 percent without doing harm. They cite the Dartmouth Atlas of Healthcare 2008, which tries to prove patients who get less care -- fewer hospital days, doctors' visits and imaging tests -- have the same medical "outcomes" as patients who get more care. But read the fine print.

The Dartmouth authors arrived at their dubious conclusion by restricting their study to patients who died. They examined what Medicare paid to care for these

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chronically ill patients in their last two years. By definition, the outcomes were all the same: death. The Dartmouth study didn't consider patients who recovered, left the hospital and even resumed active lives. It would be important to know whether these patients survived because they received more care.

The journal *Circulation* addresses that question in its latest issue (Oct. 16) and disputes the Dartmouth conclusion. Examining patients with heart failure at six California teaching hospitals, doctors found that hospitals giving more care saved more lives. In hospitals that spent less, patients had a smaller chance of survival. That's the opposite of what Obama is claiming and Congress is proposing. The Senate Finance bill establishes a formula that penalizes hospitals for high "Medicare spending per beneficiary" (Section 2001, p. 643). That may save money, but the California study suggests it will cost lives.

When Medicare started in 1965, the law forbade the federal government from interfering in treatment decisions. Doctors decided what patients needed, and Medicare paid for each treatment on a fee-for-service basis. Though this protection from government interference has been whittled away a bit, doctors and patients in Medicare still decide what state-of-the-art medical care they want.

The results are huge improvements in longevity and seniors' quality of life. Life expectancy at age 65 has jumped from 79 years to 84, while disability has steadily declined. Seniors enjoy more active lives than their parents owing to hip and knee replacements, angioplasty and bypass surgery, according to James Lubitz and Ellen Kramarow of the National Center for Health Statistics (*Health Affairs*, Sept./Oct. 2007). Obama adviser Dr. David Cutler reports that the heart medications and procedures Medicare patients have received over the last 20 years have been a "wise investment" resulting in "excellent value" (*Health Affairs*, Jan./Feb. 2007).

Cuts in future Medicare funding -- what Obama calls "savings" -- will mean less help in coping with aging and possibly shorter lives. Do we really want to treat our seniors like clunkers?

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