



# Is the Business of Health Care Getting in the Way of PROVIDING GOOD HEALTH CARE?

**“It’s not my job to sell your treatment.”**

**T**his was a profound statement I heard a few years ago from a physician during market research. Today, I think I would hear something significantly more threatening: “I can’t afford to use your treatment.”

In the last few years, thousands of smaller practitioners have been getting out of the business of injecting medicines ranging from antibiotics, antipsychotics and analgesics to life-saving chemotherapy drugs. These physicians buy such small quantities that they cannot get the big rebates or savings pharmaceutical companies give to bigger customers. With Medicare reimbursing physicians based on average sales price, these doctors were losing money while trying to treat their patients, which is a terrible position to be put in. More recently, there have been newer therapies, such as expensive vaccines, that physicians can’t afford on more than one level: not only are they unable to wait for reimbursement when they use them with only one or two patients a year, neither can they cough up thousands of dollars to receive training to use these treatments.

## Unhappy Physicians, Unwell Patients

Last year, a joint Sermo-Aetna Health survey of 1,000 physicians revealed that almost two-thirds of doctors feel that the current health care environment is detrimental to the delivery of care. Less than a fifth of doctors felt they could make clinical decisions based on what was best for the patient, rather than on what payers are willing to cover. More than half of these doctors believe that patient care quality will decline over the next five years if changes are not made.

Reimbursement isn’t the only broken cog in our health care wheel. Some physicians avoid using certain therapies and medical devices because they are too busy fighting “cattle syndrome.” They have too many patients to see too quickly and cannot afford to take

the time that is needed to teach patients how to properly use a therapy or device to ensure adherence. And the last thing physicians want is what I call “doctor bother:” patients calling their offices all day with irksome — and non-billable — questions.

I have seen this in the treatment of several conditions where physicians have pushed back against using an alternative delivery system or therapy because “you don’t have to explain how to swallow a pill.” It is also prevalent in wound care, where physicians, hospitals and home care health aids continue to use antiquated gauze over modern wound care dressings because they are more complicated and require more time for training someone how to use them.

## Too Little Time, Too Much Paperwork

Patient care is also suffering (and the cost of health care is rising) because of unceasing administrative protocols, policies and enormous paperwork that health insurers require from doctors, hospitals and clinics. These professionals are faced with a bad case of the pre’s: pre-authorization, pre-certification and pre-admission reviews that can tie them up for days and sometimes weeks. I know a man who was denied coverage for a nuclear stress test and had to wait three weeks for a cardiac catheterization. What if he had had a heart attack in the meantime? It makes me wonder how many people die while waiting for pre-certification.

## Taking the Good With the Bad

Comparative effectiveness research will undoubtedly have a positive affect on health care, with its goal of evaluating the benefits and risks of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in “real world settings.” It will, however, require greater effort — and expense — to gather data on all the endpoints during clinical trials to demonstrate a brand’s true value. These costs may end up trickling down to patients, either in dollar amounts or in a paucity of preventive encouragement: phar-

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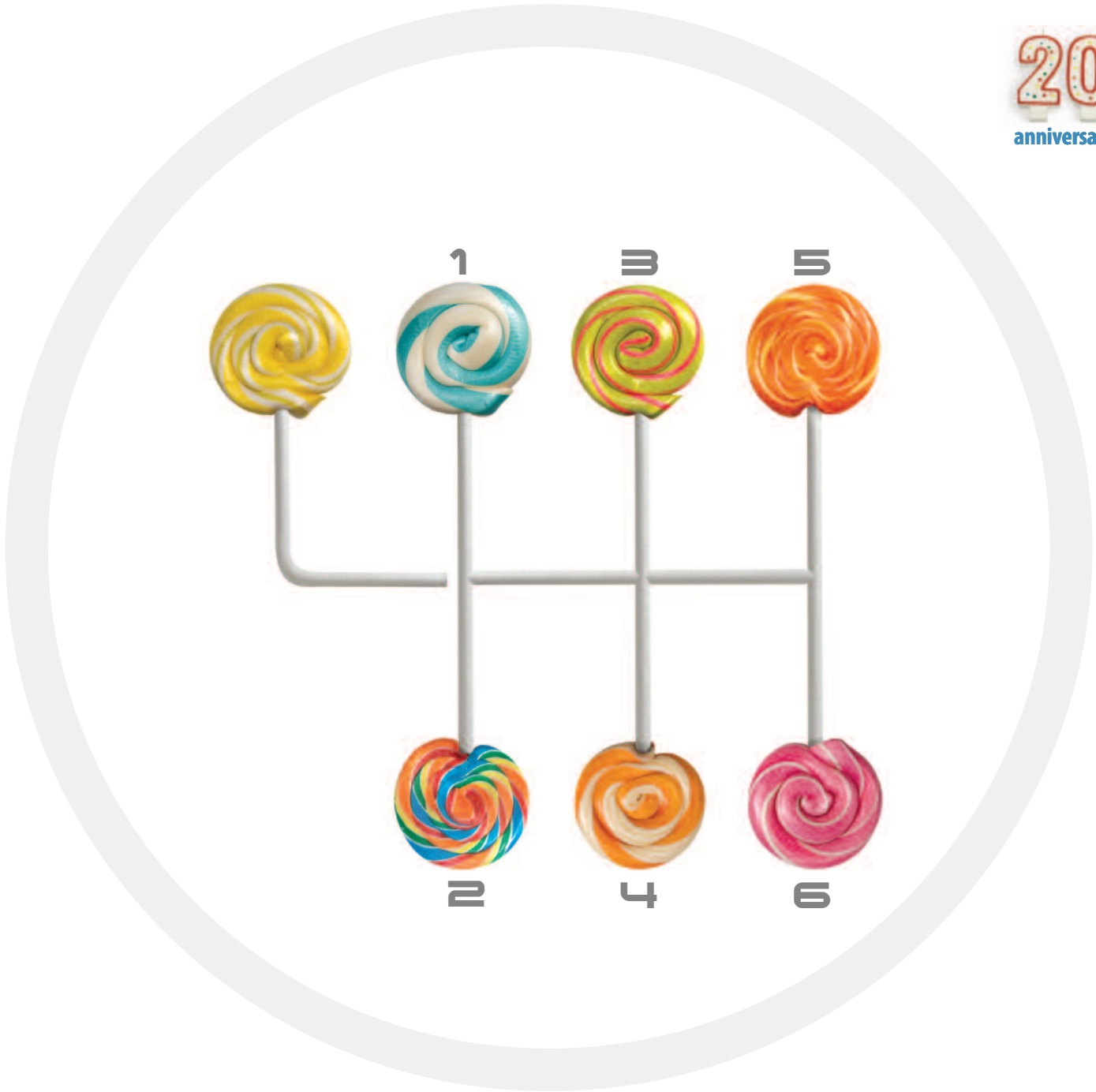
**KEN RIBOTSKY**, President and CEO

maceutical companies may rob Peter to pay Paul by spending less money to educate patients on proper use of their products or on lifestyle changes that can improve patients’ health.

There are no simple answers to these problems, but pharmaceutical companies, their financial consultants and even their marketing partners need to anticipate these issues and develop creative solutions to address them. If they do not, the United States will soon become a very bad place to get sick in. **PV**

**The Core Nation** is a strategic marketing consultancy for specialty pharmaceutical, biotech, and medical device companies. Growing from its sister companies, Core-Crete, Brandkarma and Alpha & Omega, The Core Nation bridges the creative and strategic divide faced by today’s health care brands. Clients collaborate with The Core Nation’s highly specialized and experienced strategists to tackle everything from brand (re)positioning and market landscaping to navigating the ever-changing regulatory environment.

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