

# Medpage

## TODAY

Your Knowledge posts written by

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### **Drivers of Rising Healthcare Costs? - Jun 23 What Are the Primary, 2010**

**VALUE BASED-MEDICINE, not just evidence-based medicine:**

#2 We need to preach and practice value based medicine and provide customized and common-sense care, which will become increasingly difficult in our present high- tech medicine.

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### **Once-a-Week Diabetes Drug Comparable to Standard Meds - Jun 19, 2010**

**IS IT COST EFFECTIVE? TIME TO THINK?**

Of course this study doesn't show the cost comparison of these different methods of treatment to get the same level of HbA1c reduction. In this time of economic crisis we must pay attention to practice value based medicine, not just evidence based medicine. From the data presented in this report, it appears that using a

combination of daily dose of metformin (generic) 1000 mg to 2000 mg, pioglitazone (soon to be generic) 15 mg to 30 mg and sitagliptin 100 mg, would be a financially feasible, scientifically prudent, safe and effective method of treatment of type2 DM, for the future.

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## **GLP-1 Agonist Wins First Incretin Showdown - Apr 23, 2010**

### **Can we afford it?**

It is about time that clinicians start thinking about the cost of the treatments that we prescribe to our patients. 21st century health care belongs to value based medicine not just evidence based medicine. How many thousands of dollars will it cost to get 7.5 pounds weight loss and 1.5% A1c reduction in 6 months. One would even wonder whether we can get better results in these obese type 2 diabetic patients by giving them half of the money as incentives, without causing any side effects. Just a crazy thought!

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## **Linkfest Today - Jan 29, 2010**

Did I hear recently that Mayo Clinic in Arizona is not accepting any more Medicare patients? How about all the cash paying patients they see in Mayo Clinic, from Middle East and elsewhere compared to the indigent and underprivileged patients cared at the countryside hospitals. Is this a national model for efficient health care? You be the judge!

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## **Senate Committee Hears Testimony Blasting Industry Funding for CME Aug 02, 2009**

"We need a firewall between marketing and education, and right now they're blending together," said Steven Nissen, MD. What about the blurred distinction of medicine as a profession and medical industry as a business? It appears that academicians and their institutions' mantra of "publish or perish" has changed to "patent and profit" in the last few decades! Who gets paid for giving the CME programs? Who mostly sponsors clinical research at these institutions: Academic centers, the government or charity foundations? Is the pot calling the kettle black? It is time that we need a total overhaul to keep medicine as noble profession! Of course we don't live in a perfect world! As regards the lawmakers, when are they going to publish the details of the expense report of their fact finding missions when they go on their lavish trips with their staff, spending our tax money to make it transparent?

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## **Common Cataract Surgery Accelerates Diabetic Retina Deterioration - Jul 31, 2009**

Not only from an economic point of view but also from vision deterioration point of view, the "assembly-line type" of cataract surgery should be discouraged in older diabetic patients who have mild to moderate lesions that would not affect their daily life. We should not get into a situation where the surgery being successful but the vision deteriorates gradually.

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## **Rising Obesity Rates Increase Nation's Healthcare Tab - Jul 27, 2009**

This CDC study again proves the fact that obesity has become an epidemic affecting not only our health but our economy as well. There is no single cause for obesity, neither a single solution for its control. The conventional methods of just diet and exercise programs have not been effective to control our obesity epidemic. We need to retool our strategies and tactics to get better results rather than keep pounding on the idea of personal life style transformation which hasn't produced much result in real life. We need to have initiatives to promote personal responsibility and reward for safe and healthy behavior. How about paying for performance, not of physicians but of patients to control our obesity epidemic? In our office, we pay patients a dollar for each pound they lose or they pay us if they gain. This dollar for pound program is well received and is successful in the last seven years for weight loss as a supplement and not a substitute to the present conventional programs, to change personal behavior. For more information, visit: [DollarsForDieting.com](http://DollarsForDieting.com).

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## **No Clear Value for Aspirin in Primary Cardioprevention - May 29, 2009**

**To trust or not to trust** these studies, whether they are clinical trials or meta - analysis, is the question now? This is one more example of clinical research results showing conflicting and contradictory outcomes, confusing the physicians, taking care of their patients. One would wonder now, whether clinical medical research is getting to be out of touch, outdated, inherently flawed or self-serving and needs a total overhaul!

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