

We Can Reduce US Health Care Costs: A Resident's Perspective

To the Editor:

I read with interest the commentary by Dalen¹ outlining certain key measures that if successfully implemented can reduce US health care costs effectively. I must confess that the author put forth the flaws of the American healthcare system very proficiently. But as a resident physician, I realized that perhaps he missed a point here and that a different perspective may be needed.

After reading Dalen's article,¹ I turned to my 2 fellow residents and a medical student sitting in the residents' lounge and asked if they know how much a magnetic resonance imaging test of the brain would cost. None of them knew!

Substantial knowledge deficits exist in physicians' understanding of the economic implications of the prescriptions they write and tests they order.² Despite the spectacular increase in the cost of delivering hospital health care now taking center stage, health economics does not prominently feature in most medical school or postgraduate courses. Medical schools and residency training programs provide little or no formal education about medication costs and insurance coverage of pharmaceuticals and diagnostic tests. Also, there may not be sufficient resources to obtain reliable drug price information in a timely fashion. Cost information is rarely if ever incorporated in medical journals, textbooks, or drug-prescribing guides (including the *Physicians' Desk Reference*). Our tumbling economy and medical institutions will save millions by educating physicians and students in-training about cost-benefit analyses of

diagnostic tests and medications and by seeking to provide them with reliable, easily accessible cost information in real-world practice.

Another case in point is the dramatic decline in the time spent at a patient's bedside with decreasing interest in obtaining a comprehensive history and physical diagnosis. Profound advances in technology, imaging, and laboratory testing, and our charm for these aspects of patient care have meant that students and residents increasingly approach the patient with little expectation of discovering concrete examination findings. The outcome is a plethora of wasteful and inappropriately ordered tests and consultations. Although less apparent at first glance, the financial burden of not making appropriate bedside evaluation is considerable: The length of stay in the hospital may be unnecessarily lengthened and nonessential, and costly tests or procedures may be ordered. For the joy of a successful doctor-patient relationship and the avoidance of the needless drain of human and medical resources, bedside patient communication and teaching skills of our house-staff should be beefed up.

The next generation of physicians, practicing under the umbrella of health care reforms, should be taught and trained to function as cost-effective prescribers and able clinicians with thinking minds.

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doi:10.1016/j.amjmed.2010.04.031

Funding: None.

Conflict of Interest: The authors state that they have no conflict of interest regarding the content of the article.

Authorship: The author is solely responsible for writing this manuscript.

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