Re: “Take medical care to a real-world marketplace” (Lane Filler, Feb. 13).

I’m at my computerized health record, getting ready to send an order for Zyprexa (an antipsychotic medication) to Lane Filler. That’s because his idea is crazy.

Suggesting that the drop in costs for Lasik eye and cosmetic surgery is an indication that we should have all medical care competing in the marketplace fails to recognize something very different about real medical problems — people who have them are very sick.

He and I can clearly decide whether we want to have our less-than-full heads of hair surgically remedied and go online to research the best care at the lowest cost. But the relatively small proportion of our society that accounts for the greatest portion of health care costs care is not in the position to go shopping. When you are clutching your chest with crushing pain, when you can’t breathe due to severe emphysema or heart failure, or when you are terrified by the lump you’ve found in your breast, you are not going to hit the computer (much less listen to a guy selling health care on TV like a car salesman, as he suggests) to “shop.”

Five percent of our population accounts for 50 percent of all health care costs, and 20 percent account for almost 80 percent of all costs. These folks are sick, frail, often are elderly or have cognitive problems, and frequently go in and out of our hospitals, nursing homes and doctors’ offices.

The problem with excessive medical costs in the United States is not that we don’t have price lists on the walls of our hospitals, but that we don’t spend our health care dollars on the right thing. The United States spends twice as much as the nearest country (Switzerland) and yet has
worse outcomes — as measured by infant mortality, maternal mortality, life expectancy and many other quality measures. Yet we spend half as much on social services as they do. The United States has the lowest ratio of social services to medical services.

There are some well-proven steps we could take if we really wanted to ensure that the people who really need medical care get exactly what they need, and reduce costs.

One, get rid of the wasteful private health insurance system and have a single-payer, Medicare-for-all system. We’d save at least 20 percent on administrative costs just by doing that.

Two, ensure that the frailest and sickest of the population have the home-based social services they need to prevent them using the hospital as a first resort.

Three, stop doing unnecessary tests and treatments. It has been estimated that as much as 30 percent of medical care is not based upon evidence of benefit.

Four, develop public-private partnerships that will incentivize young people to choose primary care and decrease the surplus of certain specialties.

And five, educate patients as to the real risks and benefits of treatments so they can make informed decisions about their treatments.

If we did these things, I’d be happy to join Lane Filler in finding a doctor to get rid of my glasses (bring on Lasik) and find a good hair “transplanter.”

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