

## **Rx For Better Healthcare: Be An Empowered Patient**

**By Hugo D. Ribot, Jr., M.D.**

How to improve U.S. healthcare is undoubtedly a hotly debated topic today. While there are many proposed solutions on the table, most of these complex “cures” focus primarily on the roles of the physician and payer, overlooking that of the most important stakeholder in the system – the patient. My prescription for affecting healthcare change focuses on this under-recognized, under-utilized resource and, in the mix of recommended remedies, is easy to take: be an “empowered” patient.

Patients receive better, more cost-effective care when they are empowered – that is, proactive, informed participants in decisions about their medical condition and treatment. Research and statistics support that belief. According to the Joint Commission on Healthcare, patients who are involved and educated about their medical care have shorter, less costly hospital stays, fewer complications, and less stress related to treatment, plus are more satisfied with their care.

In the field of gynecological surgery, I know that being a passive versus empowered patient can mean far higher medical and drug costs, far more painful recoveries, major downtime from work and daily activities, and unnecessary bodily damage – all of which takes its toll on the patient as well as other key players in our healthcare system.

One glaring example of this is hysterectomy – the second most common surgery in the United States. Performed laparoscopically in the hands of skilled surgeons, this procedure (called TLH) requires only tiny incisions, no hospitalization, and a one-week, practically painless recovery. Some TLH patients, in fact, report returning to work within days of their procedure, and experiencing no pain or analgesic use whatsoever. Yet even though TLH has been around since 1990, some 65% to 70% of all U.S. hysterectomies today are still performed as total abdominal hysterectomies (TAH). This archaic, highly invasive procedure requires a large, ugly incision, three to five days of hospitalization, and a six-to-eight-week, painful recovery. TAH also has a far greater risk of post-operative complications, including hospital-acquired infection – and thus, costly re-admission for treatment.

Patients aren't the only stakeholders to gain from choosing minimally invasive procedures like TLH versus traditional “open” methods. Employers benefit from the employee's faster return to work and in reduced outlays for healthcare. TAH, in fact, costs U.S. employers some \$3.55 billion annually, versus \$1.37 billion for minimally invasive hysterectomies – a savings of up to 60%.\* By eliminating the need for post-operative hospital rounds, TLH also saves the surgeon valuable time – as much as 50% according to some studies – that can be spent on other patient needs.\* Payers also realize direct and indirect savings as a result of better clinical outcomes, creating a potential for lower-cost health plans. All of this notwithstanding, the hospital-based TAH still predominates the more than 500,000 U.S. hysterectomies performed annually – and are

reimbursed by many payers at a higher rate than the far more efficient, outpatient-based TLH.

Why such disparity in surgical treatment and reimbursement exists – not only in gynecology, but also in many other medical specialties – is another subject entirely. The point is that it does. Consequently, as a patient, you should never assume that your doctor knows it all or what’s best for you, nor let your doctor – or anyone else for that matter – make unilateral decisions about your medical care. Such decisions and their consequences are far too critical to “outsource,” no matter how much you trust your doctor. After all, it’s your body, your life and your preferences we’re talking about here – and no one knows those better than you.

Empowered patients know about the best available treatments for their condition *before* consenting to any surgical procedure. They do their homework. They aren’t afraid to ask their doctors hard questions, nor to seek second opinions if they doubt their answers. As members of the ever-growing and powerful “e-patient movement,” they use the Internet not only as a research tool, but also to network and share information with other patients. Most importantly, empowered patients are confident they have explored every avenue of treatment and have chosen that which is best for them. And, as statistics prove, they typically get more satisfactory and cost-effective results.

Yes, my Rx for improving healthcare places greater responsibility on the part of the patient. But isn’t a little time spent on being a proactive participant in your healthcare decisions a small price to pay for what can provide drastically better healthcare outcomes?

I know how empowered hysterectomy patients would answer that question.

# # #

\* *Minimally Invasive Surgery: One Key to Healthcare Reform*; Ob.Gyn.NewsNetwork; Nov.11, 2010.

***Hugo D. Ribot, Jr., M.D., is the founder and medical director of the Georgia Advanced Surgery Center for Women and the managing partner of Cartersville Ob/Gyn Associates.***