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An Interview: Shannon Brownlee

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We interviewed Shannon Brownlee, an award-winning author of the recently published book *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer,* and learned more about her perspectives on the current health care crisis. Brownlee's work has appeared in the *New York Times, Washington Post, Los Angeles Times,* and many other publications. Brownlee also gave a keynote address at the Spring Health Meeting in Toronto in June.

We asked Brownlee about the state of the current health care delivery system. "We have a health care system that is truly not much of a system," said Brownlee. "It's really quite a fragmented and disorganized market that delivers medical services. Partly because of this disorganization and partly because of the way that the market actually works, an enormous amount of unnecessary care gets delivered."

She went on to say, "There is enormous variation in the amount of utilization in different parts of the country. We like to think that people get care that they need based on how sick they are and what it is they actually need to get better. But in fact, this variation that we see around the country appears to not be very well linked to how sick people are."

Brownlee said that a key driver of regional variation in utilization is the chaotic nature of our fragmented care delivery system. "Physicians don't talk to each other as well; they don't coordinate care. Patients have a harder time having a primary care physician who really keeps track of what is going on," said Brownlee. Contributing to this issue, there also exists a certain level of supplier-induced demand for care. However, her premise is that although this is a contributor, it is not the primary issue. "It is certainly tempting to think that [regional variations in utilization] is supplier-induced demand. I've observed these sorts: the doctor sees the patient coming into the office and starts rubbing his hands together, saying, 'Another patient, another sail on my boat!' But it's probably not so much that as it is that there are practice patterns that get built up and developed in hospitals and in regions." Consequently, although supply levels and practice patterns likely exacerbate one another, neither is the complete explanation.

Brownlee mentioned a recent study by the Dartmouth Atlas Project, which looked at trends in practice patterns. On practice pattern habits, she said, "A lot of it is done at a very unconscious level. A physician moves, for example, from Boston to New Haven. There are a lot of beds in Boston; there are a lot of physicians per capita in Boston. Doctors who move from Boston to New Haven never notice that they now have far fewer resources to work with. They begin to make more conservative decisions. And vice versa, doctors who move from New Haven and move into Boston don't realize that they have now also adopted the local practice patterns in Boston, and become much more profligate in how they throw procedures and tasks and hospitalization at their patients."

We discussed the importance of clinical evidence in guiding medical treatment decisions. She said that getting evidence-based guidelines and metrics into the hands of the physicians making decisions is critical. "The problem is that in this country, we have, for the last 20 years, left the bulk of clinical research to the drug industry," said Brownlee. "The drug industry, rightly so, is not interested in finding out where and when you should hospitalize a pneumonia patient. They are interested in doing research that is going to sell their products. So, we spent billions of dollars in this country on clinical research, which is research that involves patients. But we are not asking the correct questions. We are not asking the questions for which we need answers. We are asking questions that promote the sale of drugs."

Touching on the topic of consumerism and the role of the consumer in needed reforms, she believes that while consumers have an important role to play, it is "fantasy" to believe that consumer-driven health care is going to fix the problem of overtreatment. A common belief is that armed with complete information, consumers will make rational decisions and go to the most efficient hospitals and best doctors. However, patients in hospitals are often frightened. "If you are sick enough to be in a hospital, you're pretty sick. You're scared, and you need somebody that you can trust and you think your doctor is the person that you should trust," said Brownlee.

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Although doctors often take issue with the requests patients make for unnecessary care, driven by patients' Internet research or direct-to-consumer advertising by drug companies, Brownlee believes, "The truth of the matter is that the bulk of decisions are made by physicians, and patients don't really have that much control in the situations where patients end up costing us the most."

On the recent reforms, Brownlee says, "What we are realizing is that we need to fix the delivery system, we need to control costs, and we need to cover everybody; and yet, the focus is mostly on reforming insurance markets. Reforming insurance markets is not going to reform the delivery system. And that is the piece of the health care reform puzzle that I am hoping starts to shift. In fact, this is kind of taking the focus of the reform effort away from the reign of actuaries and insurance companies; it really has to be done among the medical centers themselves and physicians."

For more information about Shannon Brownlee and her recent book *Overtreated*, her Web page is: *www.overtreated.com*. ■