

New study shows huge savings for health care

June 30 2014

Recently published findings in *Annals of Internal Medicine* by Steven Lipshultz, M.D., Wayne State University professor and chair of pediatrics and pediatrician-in-chief at the Children's Hospital of Michigan, part of the Detroit Medical Center, and colleagues could help to reduce health care charges while also protecting childhood cancer survivors from heart ailments caused by drug therapy.

That's the "very exciting and very hopeful" bottom line of the recently published study, said co-author Lipshultz, who has spent more than 30 years studying the potential harmful impact – or "cardiotoxicity" – of drug therapies on the hearts of children who have survived cancer.

The study, "Cost-Effectiveness of the Children's Oncology Group Long-Term Follow-up Screening Guidelines for Childhood Cancer Survivors at Risk for Treatment-Related Heart Failure," reviewed data from patient histories to show that current standard medical guidelines for protecting childhood cancer survivors from drug treatment-related heart disease and heart failure later in life through periodic heart scans (echocardiographs) are overly cautious.

According to the data, the frequency of such post-cancer screenings can be safely reduced for low-risk patients – with large cost-savings and little reduction in overall quality of [patient care](#).

"The potential savings to be earned by reducing the frequency of echocardiographic screenings in patients who have survived childhood cancer seem quite promising," Lipshultz said. "The data in our study on

the cost-effectiveness of such screenings suggest that we could save 50 percent of the charges for this heart care screening, while also sparing these children from the rigors of needless heart scanning."

While pointing out that total U.S. spending for health care exceeds \$3 trillion a year and amounts to nearly 17 percent of the entire U.S. Gross Domestic Product, Lipshultz described the breakthrough findings as "a classic example of how effective research in pediatric medicine can both assure the quality of patient care and help in the effort to keep medical costs under control."

According to the findings, the guidelines for the frequency of heart scans among childhood cancer survivors – as devised in 2003 by the nation's standard-setting Children's Oncology Group – could be safely revised, so that instead of undergoing the scans every one, two or five years (depending on pertinent health factors), the childhood cancer survivors would be scanned only every two, four, five or 10 years. While praising the study for its wide-ranging exploration of the issue, an accompanying AIM editorial noted that the new recommended frequency-of-scan schedule would lower "charges by 50 percent."

The editorial went on to point out that "screening can be done cost-effectively and is highly likely to improve the quality and quantity of the patient's life."

The new study has "important implications," said Lipshultz, for the approximately 400,000 survivors of childhood cancer in the United States in 2014.

"The National Cancer Institute has estimated that one in every 530 young adults (ages 20 to 45) is a survivor of childhood cancer," said the veteran researcher, who has published frequently over the years on the subject of cardiotoxic effects from cancer-related drug treatment in

childhood cancer survivors. "For these patients, making sure the long-lasting impact of drug therapy doesn't lead to heart disease and [heart failure](#) later in life is vitally important.

"For [childhood cancer](#) survivors and their families, this new study is very good news, indeed – because it shows that many of them in the low-risk category can safely reduce the frequency of their heart screenings, with a significant reduction in accompanying costs."

Lipshultz pointed out that asking [childhood cancer survivors](#) to undergo too-frequent heart scans also carries "a social cost."

"The risk you run, if you ask these patients to have frequent scans, is that they may start to be seen by their friends and their families and their teachers at school as 'different' from the other kids around them. If that happens, these [cancer survivors](#) can even become youngsters whose lives are dominated by an exaggerated focus on their [heart](#) health."

Lipshultz also said that the new study underlines the importance of "connecting research to clinical care in everything we do.

"If you want to see why that connection is so important," he added, "just look at the 'miracle' in the treatment of pediatric leukemia care in this country during the past few decades. In 1970, only about 4 percent of childhood leukemia patients survived (the most prevalent form of the disease). But today, that same survival rate is over 90 percent. That's been one of the biggest miracles in modern medicine – and it happened in large part because of a seamless connection that was achieved between research and clinical care."

"As the pediatrician-in-chief, I feel very passionate about trying to connect research, education and quality patient care in every single thing we do at the Children's Hospital of Michigan!"

More information: The study can be found at annals.org/article.aspx?articleid=1872846

Provided by Wayne State University

Citation: New study shows huge savings for health care (2014, June 30) retrieved 23 April 2024 from <https://medicalxpress.com/news/2014-06-huge-health.html>

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