



John Hickner, MD, MSc
Editor-in-Chief

Arm them with evidence

Health care in this country is at the beginning of a major overhaul, and not just because of “Obamacare.” It is because medical care is getting too darned expensive, and patients, payers, and employers are fed up with the high cost. The good news for family physicians is that virtually everyone finally realizes that a strong primary care presence is essential for both successful cost containment and high-quality care.

But the people most able to bring about significant health care cost savings are not physicians at all. They are our patients. Those who eat properly, exercise regularly, don’t smoke, and drink alcohol in moderation typically need less medical care. For people who have chronic illnesses, good “patient self-management”—a pillar of the patient-centered medical home—makes it less likely that they’ll land in the hospital or ED, resulting in lower costs and better outcomes.

To be most effective, patient self-management must be based on solid evidence—just like any treatment.

But that’s not always the case.

The people most able to contain health care spending are not physicians at all—they’re our patients.

Daily blood glucose checks used to be the standard of care for patients with type 2 diabetes. But it turns out this is a medical myth, improperly extrapolated from data on patients with type 1 diabetes. A number of excellent randomized trials have shown marginal benefit at best from routine self-monitoring for patients with type 2 diabetes. (The evidence is detailed in this month’s Clinical Inquiries starting on page 39.)

For many patients with type 2 diabetes, checking blood sugar weekly or even monthly is sufficient. (Others should do glucose checks several times a day to titrate insulin doses.) We could save millions by teaching patients to check their blood sugar only when it’s appropriate, thereby reducing the number of glucose monitoring strips they use.

Which brings me to another way we can improve patient self management: Treat each patient as an individual. That is family medicine—and medical care—at its best. It costs less than cookie-cutter medicine, and leads to better outcomes.

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