Editorial

Human Currency, Part I: Walk in My Shoes

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Over the past year, I have increasingly reflected on how managed care has affected our patients and our practices. I have seen the ripples of this system in the form of limitations of our therapeutic options and practice styles, and it appears that these hindrances are only increasing. With these issues in mind, I decided to address some of them in writing over the next several months in *Cutis*®.

While performing educational teleconferences on behalf of a pharmaceutical company, I recently had the opportunity to speak with leaders of managed care, both pharmacy and medical directors. These interactions have given me added insight into the issues central to our problems with managed care. Pharmacy and medical directors are responsible for the management and preservation of funds—monetary currency. These directors are not callous individuals who are indifferent to patient and physician needs; they simply feel that they must take a "wider view." On the other hand, we, as physicians, deal in human currency. It is a struggle between people and policy, between the needs of a population and those of the individual.

In my discussions with these managed care leaders, we very often reached an impasse. They spoke of the needs to control cost, while I defended the desire to ignore cost as a factor. I noted that when I am in a room with an individual patient, my first responsibility is to prescribe what I feel is the best therapy, with other considerations secondary. At that particular moment, I need to consider the needs of one person, not the societal impact of my decision. Many of these leaders took exception to this position.

How can we bridge the gap? How can we equate our currency with their currency? Out of our discourse, some possible measures emerged. First, we can educate managed care leaders about the diseases we treat, our therapeutic alternatives, and the efficacy and safety of these modalities. When we wish to prove that newer, more expensive therapies are truly necessary, we need to support that view by performing ongoing studies to generate data. Furthermore, managed care leaders emphasized that they need guidance. In particular, they would like national organizations, such as the American Academy of Dermatology, to continue to generate specific guidelines of care as newer therapies emerge. Examples of areas in which new or further guidelines may be helpful include the appropriate use of topical retinoids for acne, the proper use of systemic antifungals for cutaneous or nail infections, and indications for topical selective cytokine inhibitors. One example of such an effort is the advocacy that the National Psoriasis Foundation is providing on behalf of novel biologic therapies.

Our mission is to force managed care to look through our eyes and to stand in our shoes. We need to emphasize the importance of seeing the patient as we do, as one individual at a time, with individual conditions and needs. This is an uphill battle that we may not always win, but we owe it to our patients to try. A positive first step is strong education and scientific data to justify our practice choices.