

Carpe Diem

Economic discussions have dominated the national conversation of the past few years. The current health care system appears to be unsustainable. Medicare A is projected to go bankrupt in 2019, health insurance premiums have doubled since 2001, and an estimated 43 million people in the United States are uninsured. Health care costs now make up 16% of the gross domestic product, a figure expected to increase to 20% by 2017.

Congress passed the Patient Protection and Accountable Care Act of 2010 to reduce costs and provide health care to the uninsured. Currently, the US government determines a medical procedure's value, and the worst surgeon receives the same reimbursement as the best one. In an effort to reduce costs and increase the value of our health care dollars, our government is implementing a performance-based system, in which all patients will have access to health care irrespective of their ability to pay. To promote accountability and assess the health care system, our government is advocating the use of health information technology and integrated care models.

Concerns regarding the possible rationing of health care have caused much angst among several patient groups. Certainly, adding 43 million people to the health care rolls while attempting to reduce health care spending does not seem to be conducive to improving patients' overall care. Sadly, tort reform is nowhere to be seen in this legislation, and many believe that inadequately reimbursed care will stagnate innovation in medicine.



The current climate requires our active discussion of how better to provide glaucoma care in a cost-effective manner. We must carefully assess and measure our efforts based on the quality of patients' outcomes and regularly update our standards in a transparent and logical fashion. We need to be thoughtful in our selection of testing, medical therapies, and surgical procedures, and we must evaluate new technologies from a sensible business approach. We will need to be creative to develop financially sound new models of glaucoma care, while remaining cognizant of what is fair and of political realities.

Although our profession faces challenges, we also have an opportunity to positively influence the future of glaucoma care. Generic medications will likely begin to dominate the marketplace and allow us to provide therapy more inexpensively. The current level of investment by industry in the glaucoma space is unprecedented.

Minimally invasive glaucoma surgery and diagnostic and drug delivery technologies are under development and evaluation. Collectively, we physicians must work to encourage these efforts. It is our responsibility to guide the development of quality prospective clinical trials and new glaucoma treatment paradigms.

By lending our leadership to product development in an honorable, highly scientific, and ethical manner, we will help bring successful new technologies to market, grow our practices, and most importantly, improve our patients' quality of life. Let us make the most of our unique opportunity to transform our field. Carpe diem! □

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