

The economic impact of second opinion in pathology

Alessandro Di Cerbo, MSc, PhD, Beniamino Palmieri, MD, PhD.

Since the 1970's the term "second opinion" has gained high importance in the American healthcare system, improving diagnosis and patient's care. The aim of this paper is to highlight the economic consequences of such an approach throughout pathological auditings.

It has been demonstrated that second opinion may influence the diagnosis,¹ as well as treatment and prognosis. Following this strategy the physician is less exposed to legal claims and the patient achieves the best treatment with saving significant amounts of money for healthcare organizations.² In a previous study,³ a second-opinion consultation program was evaluated in Massachusetts Hospital. From 2,284 patients previously addressed to surgical procedure, 336 were not confirmed, with an estimated saving of \$534,791 versus the program cost of \$203,300. Recently, second opinion has become an increased patient need in the self-referral health informations pool available on the web; thus, easy access to a second opinion consulting medical office avoids the unpleasant subjective misunderstanding and confusion that we nicknamed, "the Web Babel Syndrome". Also requirements for a second opinion on a complex diagnosis have largely increased,⁴ such as the review of pathologic diagnosis. At the Ohio State University, Selman et al⁵ underlined the critical role of gynecologic-oncologic histopathology second opinion review. In 14 out of 295 cases the changes in diagnoses resulted in a modification of the prognostic outcome. The cost of specimen reviewing was approximately \$39,235 with financial advantages over the social health costs.

An evaluation of cost effectiveness of a second opinion for pathology prior to surgery was undertaken by Epstein and colleagues in 1996.⁶ Five hundred and thirty-five needle biopsies initially diagnosed as adenocarcinoma of the prostate were reviewed, and 7 (1.3%) downstaged to benignity. Reviewing all 535

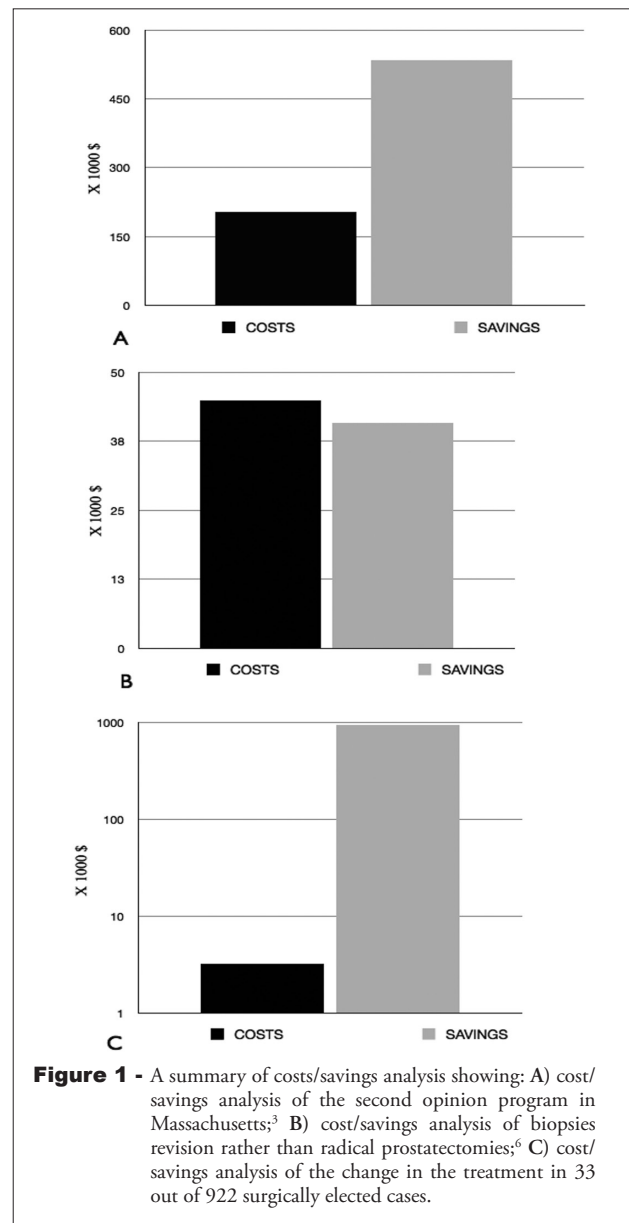


Figure 1 - A summary of costs/savings analysis showing: A) cost/savings analysis of the second opinion program in Massachusetts;³ B) cost/savings analysis of biopsies revision rather than radical prostatectomies;⁶ C) cost/savings analysis of the change in the treatment in 33 out of 922 surgically elected cases.

From the Department of General Surgery and Surgical Specialties (Di Cerbo, Palmieri), General Surgery 1 chair, Università degli studi di Modena e Reggio Emilia, and the Poliambulatorio del Secondo Parere (Palmieri), Modena, Italy.

Address correspondence and reprint request to: Dr. Alessandro Di Cerbo, via del pozzo 71, Modena 41125, Italy. Tel. +39 0594222483. Fax. +39 059 4224370. E-mail: alessandro811@hotmail.it

biopsies cost approximately \$44,883, whereas radical prostatectomies cost \$85,686.

A study on 922 cases of thyroid fine needle aspiration cytology slides over a 2-year period assessed the clinical impact of second opinion.⁷ Thirty-three patients underwent a change in treatment upon second opinion. The second opinion of these 922 cases resulted in a cost saving of \$940,166. A summary of costs/savings analysis is reported in Figure 1.

In conclusion, second opinion referrals are expanding into the web, not only for diagnostic confirmations, but also to identify the best suitable and qualified treatment centers, and/or to supply the patients with the most effective medical drugs, even if in phase one to 2 experimental trials.

This strategy will be socially and economically effective especially if the second opinion-medical centers will recruit the most excellent medical web experts, with a wide and deep network of national and international consultants. Furthermore, the patient's physical and psychological profile ought strongly to imprint the consultation background, and be taken into account in the decision making process, to avoid dissociation between the health needs and the human,

and clinical support; in fact the puzzling issue of a difficult diagnosis, or an "orphan treatment" has to be psychologically supported by physician counseling.

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