

## LETTERS TO THE EDITOR

**Thank you to those who wrote to me about the December 2005 Editorial, "A Blink in Health Care". Below I have shared excerpts from a few of the responses.**

**David B. Nash, MD, MBA**

You mentioned that Gladwell's observation of "extra information is more than useless; it's harmful; it confuses the issue" resonated with you. I couldn't agree more -- seems to me this is one of the major struggles I have every day -- meetings where people ask for more and more information and have no idea why they are asking for it or how they will use it, frequently obliterating what might be a more logical, simplistic, commonsense, approach, and then spending interminable time trying to work their way out of the maze. Sort of a can't see the forest for the trees problem.

Alan G. Adler, MD, MS, FACP  
Independence Blue Cross

...Enjoyed your review of *Blink* and your pointing out the relevance of Gladwell's message to decision making in medicine. As you suggest, several of the people we had recently discussed this with (both physicians and non physicians) found his thesis uncomfortable, dismissing it as "too simplistic".

Deborah Shlian, MD, MBA  
Executive/Physician Recruiter

Having given the book to many others, I realize that there is a positive correlation between people who like the book and those persons who I would rate high on "blink-ability." I enjoyed Gladwell's book because it explained to me why others have not seen/do not see what to me is obvious. In the past I thought everyone saw/experienced what I did; now, I understand that others do not.

Jane Delgado  
National Alliance for Hispanic Health

Congratulations on a very thoughtful and provocative review. Regarding decision theory, a framework known as "fuzzy trace theory" (Dr. Valerie Reyna) posits that decision making is influenced strongly by the perceived "gist" of a given situation.

Ron E. Myers, MD  
Thomas Jefferson University

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I'm writing to respond to the question raised in the December 2005 Health Policy Newsletter - **Consumer Driven Health Plans: Wave of the Future?** I certainly hope not. While the article provides a good overview of a very complex issue, I don't agree with the article's conclusion that employers and employees who are early adopters should be "commended."

The idea behind the so called consumer driven health plans is that the financial crisis in the healthcare system will be alleviated because we consumers will become more prudent shoppers when we have to spend our own money. I won't run to the doctor for every mole or every little pain. But what if the mole is melanoma? And what if that pain is cardiac and not the spicy food from last night's dinner?

Consumer driven health plans are clearly a great deal, as long as my family and I stay healthy. Instead of sharing the risk with my colleagues who may have heart disease or diabetes mellitus or cancer or get injured in an automobile accident, I can watch the money grow in my Health Savings Account. But what will happen to the cost of the PPO and HMO plans if the healthier people choose consumer driven health plans? I think the answer is obvious.

It is interesting that Dr. Nash in his editorial in the same issue of the Health Policy Newsletter praises the insight in Malcolm Gladwell's book *Blink* as it applies to health care. Mr. Gladwell's article *The Moral Hazard Myth: The Bad Idea Behind Our Failed Health Care System* (The New Yorker, 8/29/2005), expresses quite eloquently the flawed logic of consumer driven health plans.

Daniel Z. Louis, MS  
Jefferson Medical College

The December article relating to Health Quality Report cards is interesting and certainly representative of current realities. The fact that available data has not caused behavioral change has been a persistent concern to me. One perspective is the one noted in the article, the information and the process has not been around long enough. That may be the case; however, I wonder if there is not another factor. Specifically, do we understand how people buy any consumer good? If one looks at the relationship between buying behavior and product information in non-healthcare settings, such as autos or investment options, it does not appear that quality information affects the buying decision as much as one would expect. Why do people buy or persist in owning mutual funds that have consistently demonstrated poor performance as an example? I don't know if the buying decision is different for health care than retirement investment but both appear to be core concerns, yet people do not seem to make the best use of the data that is available. Understanding how and why Americans buy, in general, may be more important than

giving them more of the same information.

Michael J. Kryda MD  
Ministry Health Care