

Letter to the editor: Spine surgery cost reduction at a specialized treatment center. *einstein* (São Paulo). 2013; 11(1):102-7

I read with interest the article “Spine surgery cost reduction at a specialized treatment center”⁽¹⁾, which compared the estimated costs of different forms of treatment for spine diseases. The authors showed that costs for patients treated without surgery were lower than those for patients who underwent the procedure, and they concluded that treatment at a specialized center represents a reduction of costs.

We know that treatment options for spine surgeries have increased, many of which are unnecessary and are associated to the form of reimbursement for the surgeon⁽²⁻⁴⁾. Nonetheless, I totally agree with the need for creating specialized centers. Although I also believe that many degenerative diseases with surgical indications could be successfully treated clinically, without any of the complications related to procedures, the paper led me to think that cost decrease was the main goal for treatment in this study. The authors did not describe the patients’ clinical evolution or compare the patients with a control group. Therefore, the study design was inadequate to conclude that conservative treatment, despite its lower cost, was more effective for the population.

In addition, the report did not mention the paying entity, which is clearly interested in cost reduction and not in improvement of results. As a poor example, if we compare patients with brain tumor who are treated exclusively with corticoids and those who had surgery, the results concerning costs will favor the nonsurgical group even though the survival of the operated patients is likely to be better.

I believe that specialized centers and qualified professionals would lead to reductions in medical costs of spine surgeries without compromising the results and efficacy of treatment. The study design, unfortunately, was not appropriate for the clinical results obtained. For this reason, it is not possible to analyze the efficacy of clinical treatment.

Andrei Fernandes Joaquim
Universidade Estadual de Campinas, Campinas, SP, Brazil.

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AUTHOR’S REPLY

Dear colleague,

In our study, we assessed the total cost of treatment in a cohort of patients with spine diseases. We also compared the estimated total cost for first surgical indication and cost of treatment received by patients at a specialized rehabilitation service. Our objective was not to compare the efficacy and endpoints of patients. Rather, our study compared cost values and stated that treatment at a specialized center can be less expensive.

Surely the question of whether to operate or not is better approached by clinical and cost-effectiveness studies and by evaluation of each case. New studies are evaluating and analyzing outcomes and comparing treatment effectiveness. However, such studies are time consuming, especially because results should be followed up for short, medium, and long periods. Currently, we are following postoperative patients for 18 months, and results are similar for patients treated conservatively and those treated surgically. We are using functional scales, pain scales, and quality of life scales. Although we had a substantial number of patients in the beginning, we have not had enough time to obtain a satisfactory number of patients after 18 months of follow-up, particularly because our project had recently begun. As soon as we gather enough good-quality data, we will publish our results on the efficacy of treatment. We believe that, unlike the treatment of brain tumors with corticoids, conservative treatment for spine diseases has good results when the indications are appropriate.

Dan Carai Maia Viola
Hospital Israelita Albert Einstein, São Paulo, SP, Brazil.