Q: What inspired you to write this book?

Weimer: My work on this project began with a puzzle: Why would Congress delegate the responsibility for developing rules for the allocation of transplant organs to the Organ Procurement and Transplantation Network (OPTN), a non-governmental organization? Solving this puzzle led me to the three questions that inspired me to write Medical Governance: How well does the OPTN balance expertise, interests, and social values in its implementation of evidence-based medicine? What features of the OPTN account for its success in doing so? And how might these features be employed in other areas of medicine to promote evidence-based medicine?

Q: What did you find most striking in your research for this book?

Weimer: I was amazed to find such an important role for evidence in rule development—both the routine use of data from the Scientific Registry of Transplant Recipients and the extensive tacit knowledge brought to the process by participating surgeons and other transplant professionals and patients.

Q: You argue that OPTN, a private rulemaker, could be a useful model for effective governance in other medical contexts. What parts of medical governance would work best with this model? Pharmaceuticals? Insurance? Record keeping?

Weimer: One possible application is speeding the introduction of interoperable medical records. Another application is in achieving cost-control through evidence-based medicine in Medicare.

Q: Despite the success of OPTN, do you believe that there still are some venues of medical governance best managed by the government or by a for-profit organization?

Weimer: Certainly. Private rulemaking through an organization like the OPTN is only one type of policy alternative. The choice in any particular situation requires a systematic comparison of the advantages and disadvantages of each of the possible alternatives.

Q: If you could use what you’ve learned from your research to help with the current restructuring of health care, what would you suggest to be implemented first? Or, what would be your next step?

Weimer: There would be great potential for creating an OPTN-like organization to set reimbursement rates for various types of surgery paid for by Medicare. It would offer a way to control costs and improve quality of care.

Q: In Medical Governance, you critique the former Clinton health plan for not delving deeply into issues of governance. Do you see more administrative architecture in recent health care reform proposals?

Weimer: Yes, most of the proposals have some bodies, either government agencies or advisory committees, intended to promote evidence-based medicine. My study of the OPTN suggests that delegating both authority and responsibility to medical professionals may be more effective.

MEDIA CONTACT: Jackie Beilhart (202) 687-9298, jb594@georgetown.edu


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