There is no doubt that today we can cure diseases that were untreatable a couple of years ago. There is, on the other hand, also no doubt that the majority of these breakthrough technologies have not found their inroad into clinical routine. Payers watch out carefully that no procedures are reimbursed that don’t meet one basic requirement: Evidence based outcome.

There is an increasing trend worldwide that patients don’t pay any longer for blood parameters, images, services etc. but really focus on paying for doing better. “Accountable care” is the key word for this trend. The philosophy is easy to understand and reproducible; however: Is it practicable? How do we measure the success of a treatment of a disease that is incurable? To what level of degree should we diagnose this disease? And: How do we get evidence about our standards of care?

With our ability to differentiate diseases on a molecular basis we fall into the trap of complexity: Cancer for instance is a disease of the genes, but our genes are different! Generally speaking, each cancer is an individual disease and thus a statistical disease base makes less and less sense to support evidence. Moreover this evidence term results in innovation resistance of the system since statistical evidence is hard to gather.

Science needs to work in both arenas: It’s not only about clinical excellence, it’s also about operational excellence and pragmatic evidence gathering. Scientific tools are available but the incentive schemes to see both areas as two sides of the same coin have to be elaborated.