



Sleepingwalking Through A Minefield

Every day we are inundated with news about healthcare, healthcare, and more healthcare. In particular, the disaster of the Obamacare rollout is a daily litany of calamity. However, little news is being provided to physicians about the perilous path that lies ahead. One article noted in its lead that “Many doctors are disturbed that they’ll be paid less – often a lot less”. Really, are you telling me what I am feeling now is “a little disturbed”? Were the Titanic’s passengers just a little disturbed that water was coming on board? Was the US Navy disturbed by Pearl Harbor?

In all truthfulness, much of the lack of focus on Obamacare’s impact is our own fault. We don’t speak with a unified voice and we fail to perceive the minefield that stretches for miles before us. We sleepwalk as we put our heads down and try to do the best job we can for our patients. But those who fail to perceive the trials we face will surely falter.

To be honest, some of us have complained to friends, others have even complained to their respective professional associations - how far did that get you?

Let me be very blunt...

- ✓ We are about to be paid less.... A lot less!
- ✓ We are about to be treated as a commodities, not as professionals.
- ✓ We will be subject to rules that make current regulations look like a walk in the park.
- ✓ Many of us will not survive.
- ✓ There is a way forward, but you must plan now!

We are to be paid less...A lot less!

Let me lay out some facts. Medicare will have \$500 billion dollars less over the next 10 years than before the passage of the ACA. That is billion with a ‘b’, not million with an ‘m’. This is at the same time that more and more baby boomers will be entering the 65 and older age group. I was not a math major, but if you have less money and more individuals requiring care, something tells me that the spending per patient will go down. There are 3 major recipients of Medicare funds; hospitals, the pharmaceutical industry, and doctors. What group has no representation? What group has no lobbyists? What group has no united front? Yes doctors,

doctors, and doctors was the correct answer to these questions. All groups will see a significant decrease in re-imburements. I leave to you to predict which group will be hit the hardest.

In order to survive, insurance companies are forming smaller networks, with fine control on costs. This has already started to occur. For example, nearly all the surgeons who work at Rhode Island Hospital, 70% of those who work at Miriam Hospital and every open-heart surgeon in the state are among those told they will be cut from UnitedHealthcare's Medicare Advantage network in Rhode Island. Don't believe that the UnitedHealthcare cut will be confined to Rhode Island. In fact, this United Healthcare edict was applied to *10 states*. This will expand as the law affects more and more individuals.

Remember, individuals on the Obamacare Exchange get to choose between various levels of plans. Some of these plans pay physicians 70% of customary rates, some 80% and some 90%. How much more can you cut from your practice and still survive?

We are about to be treated as a commodities, not a professionals

With the insurance companies notifying physicians that they are not wanted, insurance companies are assuring physicians they will not lose income because they will see more patients.

McClatchyDC has interviewed insurance executives and here is what they found:

“Insurance officials acknowledge that they have reduced rates in some plans, saying they are under enormous pressure to keep premiums affordable. They say physicians will make up for the lower pay by seeing more patients, since the plans tend to have smaller networks of doctors.”

So Dr. Commodity, you have a choice: see more patients at reduced rates or get out of Dodge. What will you do? You have employees, overhead, insurance of your own, what call will you make?

We will be subject to rules that make the current regulations look like a walk in the park.

You thought you were getting overwhelmed with rules and regulations. You have not seen anything yet. Do you remember how we all smiled in amazement at the 2400 pages of the original Obamacare law? We could not believe anyone read the law much less understood it. Well, laws must be enforced and that means the law must be interpreted into regulations. Guess what? - there are 10,595 pages of regulations in the Federal Register. In case you don't know, the register is written in small type with three columns of text per page. For each word of the ridiculously long act there are 30 more words of regulations or 11.5 million words.

Government regulation is already making an impact on your practice. If you don't institute EMR, you are penalized, if you don't institute ERx you are penalized, if you don't demonstrate

meaningful use, you are penalized, if you don't report PQRS (Physician Quality Reporting System) measurements, you are penalized. And the law has not gone into effect.

Already the government has decided to change the criteria for mammograms to women over age 50 and then every other year. They are recommending against PSAs. In my own field of cardiology, they just released new guidelines for cholesterol management that completely negate individual care. You simply plug the risk factors they deem appropriate into a calculator and if you are over 7.5% risk in 10 years you get high dose statins. Period. No adjustments, no further thought need be given. As a side note, many "real" doctors are calling these guidelines into question.

The government's bean counters will tell you how to practice and when to discharge your patients from the hospital. If you fall out of the norm, good luck with your reimbursements. You will acquire the mark of Cain for your attempts at adequate care; you will have that ignoble title of "outlier".

Many of us will not survive

I wrote previously about the arbitrage of hospitals receiving increased reimbursements for the same care provided by private doctors. This has caused a flurry of purchases of doctor practices. This cannot continue and those individuals who have sold their practices will surely suffer.

You are probably asking at this point, who will take care of the patients? After all, they are predicting a physician shortage, the ACA is driving doctors out of practice, and hospital physicians are in no better shape. The answer lies in front of you. Two words. Nurse Practitioner.

Alaska, New Hampshire, Oregon and Washington were the first states to broaden the authority of NPs as a way to overcome the increasing limited supply of primary physicians. After the passage of the ACA, California, Massachusetts, Michigan, Pennsylvania, and New Jersey started considering giving NPs total independence. Between 2011 and 2012, state legislatures were considering 349 measures aimed at loosening NP licensing restrictions. So far, as of July of this year, 178 are being considered.

There is a way forward, but you must plan now

Is there a solution? - Yes. But we must act now. Private practice physicians must come together and put aside our long standing provincialism and ambivalence. If we are to survive, we must survive as a unified force. The powers of government are just too large to survive on our own.

At the most basic level, join with us at Private Practice Doctors to lower your overhead. With each physician who joins, our numbers increase, and we are able to negotiate better rates for medical supplies and services.

At the most basic level, join with us at Private Practice Doctors to network with other physicians who share your pride in what you do and value the doctor patient relationship.

At the most basic level, join with us at Private Practice Doctors so that as our numbers increase our voices are heard throughout the country.

At the most basic level, become involved in Private Practice Doctors. We need you!

Each of us is going to have to determine how we will handle the days, weeks, months and years ahead of us. I have already written to the insurance companies that I have contracts with that I will not participate in any programs that involve the ACA exchange. This is a line I have drawn.

I will not accept further decreases in my Medicare reimbursements. I am running as lean as I possibly can and will no longer be able to provide quality care if my reimbursements are cut further.

“Alone we can do so little; together we can do so much.” --- Helen Keller

Thanks for your time

Reed S. Wilson, MD, FACC, FACP
President
Private Practice Doctors, LLC