

Cold Hard Facts

January 1st has come and gone. Luckily, the congressional leaders saw fit to cancel the 5% Medicare cut that would have taken effect on New Year's Day. Yesterday I heard a report from one of the "Spin Doctors" that this is actually an increase that Congress has allowed!

Medicare is a complicated mess, as we all know. Senator Clinton tried to straighten the system out but found quickly that politics are stronger than solid judgment! We are faced with a crisis in medicine, and I suspect the crisis will come to a head in the next 24 months. The Democrats now have control of Congress and likely will attempt again to change the face of Medicare. The only thing one can say is that in the past the Democrats have been a little kinder to reimbursements than Republicans. Something must be done to improve reimbursements because the third-party payors are following suit and cutting everything based on Medicare's fee schedules.

While on call New Years Eve, I talked to several young physicians – young by my standards. I heard the plight of reimbursements not covering overhead in the offices without having to sell supplements or other somewhat "non-medical services." The first physician was closing his practice and going into bariatric medical services due to better reimbursements with all the ancillary strategies.

The second physician decided that private practice was too difficult because of risks and time benefits. On top of these risks, the office was not going to pay its own overhead so he had to close the primary practice and now is a hospitalist.

The third physician, while not dealing directly with Medicare, told me he had finally been able to make a reasonable living after being very marginal for about 10 years. He has been thinking of giving up obstetrics due to overhead cost and liability. He stated that, because of his malpractice insurance premiums, he had to complete 75 deliveries before he could start to cover his general practice overhead.

These are a just a few of the interactions I have had in the last few days, that are the foundation for my statement that the crisis is coming to fruition, and soon.

I believe that Congress must step up and recognize that there is a crisis. They must face the cold hard facts and try to reevaluate the Medicare system and look for ways to draw physicians in to the practice rather than drive them out of this profession.

What can we suggest to the new congressional delegation? In my opinion two major factors should be addressed that would allow remarkable medicare savings and allow more physician reimbursement and preventive medical entities. These areas are very controversial and will require strong congressional leadership in the short run that will make a great impact in the future.

The first issue is that of futile care, the continuation of aggressive care in patients with no chance of meaningful survival. This costs Medicare billions of dollars. No, I am not condoning euthanasia! I am suggesting that it is not reasonable to place individuals on life support that are not able to survive. We often see families in emotional turmoil with the decision. I personally have been forced to put patients on life support due to family disagreement. I have also been threatened with legal action, even though I know that I will ultimately not be included in any action. I still find it easier and safer to continue support until the family comes to the realization that medicine can extend existence, but not prolong meaningful life in these individuals.

Often the poorly outlined “Living Will” confuses the issue more than it clarifies. I would favor a document being written that clarifies specific end of life issues be signed at the time the individual accepts Medicare as the primary provider. Common scenarios in lay terms should be derived to help individuals understand the implications of end of life issues.

Another politically charged issue is patient's responsibility for their own care. It is time for “Pay for Performance” for the patients. If physicians have to endure this new catch term and its reimbursement ramifications, so should the patients. An additional charge per month for noncompliant patients, such as continued smoking, morbid obesity, and other conditions that patients should be demonstrating responsibility for is not unreasonable. An extra dollar a day for smokers is a sensible charge if patients continue to smoke. Taking responsibility progressively for you own health will decrease the overall cost of medicine.

How can we influence the legislators? We must contact our representatives and encourage them to consider our recommendations. The Medical Society is in the process of collecting e-mail addresses of its membership in order to contact and educate you on topics with direct physician impact. The Society will **never** sell, forward or modify your e-mail addresses to any third party. Concern is in order but the list **is** private. Contacting our representatives will be easy and the statements will be concise. Yes, strength in numbers exists. Please allow the Medical Society to send you this information by sending an e-mail to the Society indicating that you would like to be a part of this e-mail collective voice. You may send your e-mail to MCMS@medical-society.com indicating your willingness for the Society to include you on any e-mail communication that will directly impact the medical community.

We, and our congressional representatives, must face the challenges in Medicare and contribute ideas to help improve the overall benefit of Medicare to all physicians and patients. We are in this boat together. We must take the time to communicate our opinions, or we will be without any influence in the practice of medicine.

Your comments are welcomed.

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