

Preserve the Core; Address the Realities

The President's Page has been much less of an ordeal than I had expected. When I was elected, my first concern was the President's Page and having to meet deadlines. Fortunately it has been a little easier than I had thought. The topics just seemed to come up in the course of daily events. Last night I heard part of the presidential debate and am firmly convinced that not one of the candidates really understands what a difficult task reorganizing medicine will be. The influence of insurance companies and big business will make it difficult to reorganize this chaos we call Medicare. Therefore, I will give you my points that I feel need to be considered.

I have suggested that futile care should be reviewed. Limited reductions in care to individuals that have no reasonable chance of meaningful survival must be considered. How much preventative medical care could be rendered to individuals if one futile case was not placed on the ventilator or dialysis machine? Yes, I know this is an emotional issue, but it is a real one. If we are to "save Medicare," a long hard look at the dynamics of terminal care has to be completed. Not only the costs of treating patients that are in a state of existence rather than life is to be considered, the family dynamics and financial realities must be considered. Some families push to keep individuals in a state of limbo due to the cold, hard fact that the retirement or social security payments are the only means of support. A forum on these issues is needed to make any real strides in controlling costs.

Tort reform must be legitimate. I favor an arbitration panel to determine if an incident was malpractice or a bad outcome. If malpractice is legitimate, then the panel should identify the parties at risk, and if further litigation is elected, the case can proceed to trial if needed. I am sure the trial lawyers and the defense lawyers will balk at this concept. Some suggest a no fault insurance may also be an alternative. This alternative could provide reasonable awards and pay over an extended time. These alternatives need to be discussed.

Patients must also begin to take some responsibility for their own health care. We must begin to rate patients depending on their compliance. A morbidly obese patient that does not comply with therapy will need to pay more. The smoker that continues to smoke, when their COPD is progressive, needs to be rated. The diabetic that continues to resist following guidelines for therapy should pay more monthly. These ratings may be difficult but need to be in effect to bring some responsibility to non-compliant patients. Physicians get penalized for non-compliance, why should patients not get treated the same way?

Reorganization of the rules that govern transfer of patients to new facilities with new physicians needs to be reconsidered. Allowing the first facility to supply long term acute care and rehab at the same facility would improve quality of care and cut reduplication of costs.

Cognitive services must be reimbursed better. The individuals providing these services are the backbone of medicine, and by doing so, provide enough cash flow to maintain a reasonable income. This is a must. If the cognitive arm of medicine fails to supply enough primary care physicians the emergency rooms will continue to overflow and the cost of medicine and duplications of services will further rise.

The review of unfunded mandates and its physical effects on cost to the practice must be closely scrutinized. Excess cost to a practice such as demands for electronic medical records have to be looked at very closely. While electronic records should significantly help with record availability and portability of information, gaining some universal standards before implementation is imperative. How can one make a decision about a particular vendor or format if there is no guarantee of interface compatibility? Compliance is expected, the costs are significant. Standards must be developed. Privacy issues will also be difficult to estimate. These issues need to be discussed now to expedite the development of a usable model.

These are a few of my areas of concern. I would like to see our candidates address these issues. All of us really need to look at medicine and try to do our best to preserve the best medical care in the world. Many suggest the care is flawed but if that is the case, why do difficult cases seem to gravitate to the U.S. for care? I do think we need change; however, we must change in a way that preserves the very substance that has made the practice of medicine a great profession. We must preserve the values of the practice both to the patients and to the practitioners themselves. Preserving the core values of medicine while addressing the realities that threaten to disrupt our profession will be an exceedingly difficult task. The time is growing short.

When will YOU step forward and be heard?

Jud Tillinghast, M.D.
President