



## I'll Skip the Sausage

By Brian R. Riveland, M.D.

**I**t is unavoidable. We are inundated with it every day; one cannot view a news program, listen to the radio, read a paper or magazine without it showing up. No, I am not talking about Michael Jackson, I am talking about healthcare reform and health cost containment. Even with all of the news stories, I am really having trouble figuring out what Congress is doing. Congress is in the midst of making blood sausage, I can't bear to look. One thing is certain, this has been a boon for healthcare lobbyists.

One can listen to the talk shows and all of the "talking heads" about what needs to be done. I was interested to hear that a particular expert on NPR indicated the solution is to have all physicians be salaried employees. I am guessing it would then be illegal for physicians to own their own business. Shall we do the same with trial lawyers?

Required reading for the Obama Administration is the June 1<sup>st</sup> *New Yorker* article "The Cost Conundrum" by Atul Gawande. The article points out the marked discrepancy between various geographic areas of the

country in regards to cost per Medicare enrollee. McAllen, Texas holds the distinction of being one of the most expensive areas with approximately \$15,000 per enrollee, almost twice the national average and \$3,000 higher than the average per capita income in McAllen. Gawande visited physicians and hospitals to try to determine the underlying factors, facing many of the same arguments heard everywhere (my patients are sicker; they are less compliant, defensive medicine). The bottom line is more testing, more care was provided, yet there was no improvement in outcome data. I do believe the article was well done and can be found at [http://www.newyorker.com/reporting/2009/06/01/090601fa\\_fact\\_gawande?currentPage=all](http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande?currentPage=all)

What struck me was that no one interviewed by Dr. Gawande was aware of the statistics of healthcare spending in their community. Nor were they aware of the Medicare outcomes studies. How many of us know what the numbers are in our community? Is this not part of the problem? I am a true believer that most physicians want to do the right thing. We want to take care of our patients in the best manner. We expect to be fairly compensated for our work. However, if we are not given valid data about our own behavior and our communities, why would we expect change? The challenge is to get accurate and meaningful data. I am as skept-

*“...I am a true believer that most physicians want to do the right thing. We want to take care of our patients in the best manner. We expect to be fairly compensated for our work. However, if we are not given valid data about our own behavior and our communities, why would we expect change? The challenge is to get accurate and meaningful data. I am as skeptical as the next person about the data that is presented to us...”*

tical as the next person about the data that is presented to us. We get smatterings of data that insurance companies wish to share with us for their own purpose (profits) but most are claims data with highly suspect validity. It does me little good to tell me that my pharmacy costs are higher than my peers if that is the only metric evaluated. I would like to know how my patients are doing overall and what the overall cost of care is for my patients. I have never had direct communication from Medicare about how my practice or my community is doing. Medicare will certainly notify us, fine us and potentially jail us if we are coding incorrectly.

I truly believe there is waste in the delivery of healthcare. I do

not believe there is only one model that can effectively deal with it. If the same effort was put into educating physicians of their costs/outcomes as is put into coding and compliance, perhaps we could see some positive changes. This of course is not the only answer and I fully admit there are mixed and perverse incentives throughout the medical system. There are inefficiencies, there is unnecessary duplication, and lack of systems, all of which needs to be addressed.

On a different note... this fall's flu season is soon upon us. This is the first year in recent history that the flu has continued year round. The predictions for H1N1 are concerning. I encourage every physician and physician practices

to give thought and planning for how to deal with the potentially severe season we may be facing. It would be wise to have a plan outlined for your practice to meet the potential increase in flu cases to come

Some suggested references are:

*Center for Disease Control*  
<http://www.cdc.gov/h1n1flu/10steps.htm>

*Maricopa County Department of Public Health*  
[http://www.maricopa.gov/public\\_health/hottopics/h1n1flu/](http://www.maricopa.gov/public_health/hottopics/h1n1flu/)

*Arizona Department of Health Services*  
<http://www.azdhs.gov/>

Time for dinner, I think I'll skip the sausage. As always, I encourage your comments at [briveland@mcmsonline.com](mailto:briveland@mcmsonline.com)

Take care and see you next month.

**Brian Riveland, MD**  
**President**

*"Your beliefs become  
your thoughts,*

*Your thoughts become  
your words,*

*Your words become  
your actions,*

*Your actions become  
your habits,*

*Your habits become  
your values,*

*Your values become  
your destiny."*

*- Mahatma Gandhi*



*"Hummingbirds"  
Greer, Arizona 2006*