

Let's Play Ball

Greetings, everyone! Moving day for my office had finally arrived. Everybody in my practice was so excited about relocating to a space that was larger, more beautiful, and more importantly, truly ours. We were not seeing patients that day and I was casually dressed in blue jeans, tennis shoes and my favorite “day off” Ohio State T-shirt.

Unbeknownst to me, a piece of old, warped plastic floor mat had tripped several of my staff and jokes were made about throwing it away before anyone could be injured. As I barreled through the office door, I was multi-tasking (poorly) as usual: on the cell phone organizing a moving lunch, attending to last minute patient calls, helping finish the general packing, and coordinating staff.

Given my state of distraction and baseline lack of grace, it should be apparent what happened next—I wiped out with grandiose style on the floor mat. As I was tumbling, I thought about not extending my wrists so I would prevent the common outstretched arm fracture. Unfortunately, I was unable to avoid the man-eating stool on the way down, and my right arm twisted in its base as I fell forward. The next thing I recalled was the searing right arm and shoulder pain that literally took my breath away. I then noticed the worried faces of my staff peering down at me. As I pondered my options, I asked them to find any unpacked Tylenol and a copy of my insurance card. I knew I could go to the ER across the street, but I would likely wait hours. I immediately thought of my friend, colleague and orthopedic surgeon who has kept me on my feet with my rheumatoid arthritis. My friend was gracious enough to see and treat me immediately, even though he was in surgery all day. X-rays revealed a fractured proximal humerus. As I write this, I am back at work only part time in my lovely new office.

Why do I begin this article with my unfortunate saga? I tell this story because it illustrates a critical point in the delivery of healthcare: There are times when patients need immediate and expert specialty care. As a family physician, I am dependent on the expertise of my specialty-care colleagues and they are dependent on my patient-care abilities as well. All physicians, as a team, make critical and necessary contributions to patient care.

The American Medical Association has recently published five core commitments in its “2010 Strategic Plan.” All five commitments rely heavily on a robust delivery of primary care in this country, and in all five commitments, this delivery of care is mightily challenged. The five commitments are: access to care, quality of care, cost of care, prevention/wellness, and payment models. As a family physician, I would like to briefly address three of these.

The first core commitment is access to care. This expansion of health care coverage to improve all patients' access to care has long been a priority of many groups of physicians. The immediate problem with this is illustrated on a smaller scale in Massachusetts, where “universal coverage”

does not equal universal access, and a severe shortage of family physicians has ensued. Many physicians have chosen to leave the state. The AMA speaks of developing a physician work force strategy, but in Phoenix, family medicine programs have closed while nationally, primary care residency interest is very poor. And if approximately half-a-million newly insured patients can't find doctors in Massachusetts, how will 45 million Americans fare any better?

Another core commitment is to emphasize prevention and wellness. This is an area where primary care physicians should excel—this is our “raison d'être.” We try to encourage healthy patient behaviors to prevent illness while helping patients manage their chronic conditions. In order to manage a patient's chronic care however, a physician must also “manage” the patient's insurance formulary, referral authorizations, imaging procedures, eligibility, medical record documentation, health information technology, payer coding, HIPAA regulations, and identity theft concerns and have excellent communication with other physicians, patients, and their families. Whew!

All of this leads to what I think is the most divisive commitment: reshaping payment rates for all physicians. The current system is clearly inadequate in compensating primary care physicians for their coordination of patient care. This leads me to my greatest fear regarding necessary reimbursement restructuring – that each physician specialty, including family medicine, will fight solely for their own financial interests. To use a football example, look at the SEC. The SEC teams cannibalize each other; there are many great teams ruining each others' chance to play for a bowl game. Remember my broken arm?

I need my specialty colleagues and I depend on them as part of my healthcare team. So I continue to hope that we can, as a team, come to equitable and fair reimbursement for each group of physicians. We must let organized medicine continue to hear our positions and listen to others' economic needs as well. If we can't play as a cohesive team, the government and payers will be very happy to divide and conquer us.

Let's Play Ball – as soon as my arm heals! Let me know your thoughts at:
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