

Office Visit: Shortchanging the System

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The Physician's Foundation, a grant-making foundation that seeks to advance the work of practicing physicians and to improve the quality of health care for Americans, estimates that 78 percent of U.S. doctors believe there is a shortage of primary care physicians. According to a physician survey conducted by the foundation, that number will continue to rise as 49 percent of practicing physicians plan to reduce the number of patients they see or stop practicing entirely within the next three years. Compounding the problem, 60 percent of doctors say they would not recommend medicine as a career to young people.

The reasons for the shortage vary, but much can be attributed to increasing costs to practice and decreasing reimbursement rates.

To do the best, most efficient job, and see the most patients – to make up for a shortage – doctors need the help of technology, but in many cases it is cost-prohibitive. Pay for performance, which some physicians now fall under, requires technological investments that, frankly, will never pay for themselves. Even the practices that see the most improvement will not reach a state of equilibrium between investment costs and revenue through new efficiencies to pay for those costs.

Another cost of practicing is malpractice, which remains unresolved in Oklahoma. In my mind, it is unreasonable to sue a doctor for \$5 million on a procedure worth \$200, especially when it costs every physician between \$40,000 and \$50,000 per year to guard against such lawsuits. This is simply unsustainable.

Reimbursements, on the other hand, continue to decline. Health Choice, a major Oklahoma insurer, is behind \$1.2 million in payments to McBride Clinic alone. In my own practice, 7 percent of the patients I see are insured by Health Choice. Not being paid back means I have effectively taken a 7-percent pay cut. For physicians whose insured list is not diversified, unpaid reimbursements is a serious threat to closing the practice.

I have a son who is considering a career in medicine, but because of issues like these, his friends are trying to talk him out of it. Consider this: It takes about 10 years for a medical student to make it through the system. Once you finish, you are saddled with student loan debt ranging from \$100,000 to \$300,000.

Even with a starting salary in the lower six figures, the return on investment of time and education dollars spent is simply not enough to entice many young people. After subtracting the malpractice insurance, the monthly payments for school loans and the losses to unpaid reimbursements, a new doctor's salary is reduced to what a college graduate might expect to make upon receiving an undergraduate degree. The field is no longer lucrative, even if it retains that reputation.

Medicare reimbursements will be cut by 20 percent in July 2010 unless a law is created to stop it. Fewer students are selecting medical specialties. Medical schools are beginning to increase class sizes to accept more applicants, but it will be years until we see the difference.

Access to medical care is going to become difficult.

While no one in Washington cares about a doctor's income level, they do care about access to care. If there are no doctors to deliver that care because of the costs, there is no access to care. This is the fallacy of the Obama health plan.

Limited, or rationed care would be our only viable solution.

Rationed care means if your problem is not serious enough, you don't get seen by a doctor. Or, you get seen by a secondary care provider like a nurse or physician's assistant.

To combat these problems and fight toward a healthier system for all, we need many things. We need legal reform. We need to reject performance systems that do not work. We need the government to hear our concerns. And perhaps most importantly, we need to take more responsibility for our own health as a nation. Many of the patient issues we treat are preventable. If people began proactively taking control of their health, rather than seeing doctors to fix problems people have created, limited care might become just another doomsday scenario that never came to pass.

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