



Produce and promises

BY BRETT M. COLDIRON, MD

Most of us are in medicine because we find joy and fulfillment in treating patients. That's why we signed up for the long educational slog, and why many of us continue to practice medicine long after all the bills have been paid. That is why we all find obstructions between us and our patients so maddening.

I guess you could date the first barrier between physicians and patients back to the Medicare Act of 1965. Medicare was a great boon for seniors, who found health insurance increasingly more difficult to afford, and for doctors, who now got paid in something other than produce and promises by indigent, elderly patients. The American Medical Association opposed the adoption of Medicare, fearing that it would interfere with the physician-patient relationship. This may sound quaint now, especially at a time when there are calls for Medicare for all. While it is hard to argue against Medicare improving access to health care, the AMA was right about the government's intrusion into the physician-patient relationship, which has become progressively more intrusive. Medicare has undergone major revisions at least five times; none of these revisions has simplified care. Think about the steadily increasing documentation requirements, audits, inflation-ravaged fee schedules, and MIPS [Merit-Based Incentive Pay-

ment System], and MACRA [Medicare Access and CHIP Reauthorization Act of 2015], although the current proposed Medicare rule, with a two-level fee schedule and reduced documentation, claims to eliminate 50 hours of charting per year.

The next big blow was ERISA (the Employee Retirement Income Security Act of 1974), which really did not seem relevant to medical practice at the time. However, embedded in this law was indemnification of insurers from patient lawsuits. Well, OK, insurers don't practice medicine, right? Fast-forward to today, when critical medical decisions, including which test can be ordered and which drug can be administered, are driven by insurers – who can delay or refuse care and who cannot be legally blamed for the death or harm of the patient. That's right: Step therapy and prior authorizations would not be possible without ERISA.

Of course, absolutely the most onerous intrusion on the physician-patient relationship is the American Recovery and Reinvestment Act of 2014, which mandated electronic health records. I believe this is the major cause of current physician burnout. It has created the worst and most intrusive barrier between physicians and patients to date. Talk about good intentions gone awry!

In addition, now private equity has entered into medicine, in part in response to these issues and intrusions. But has

this improved the patient-physician relationship, or just made things worse?

A big selling point of these private equity-backed groups is the central handling of administrative issues, such as billing, coding, compliance, human resources, and prior authorizations, as well as other back-office functions. Some groups even claim to improve patient care and value, by instituting quality metrics for care (I would love to see these published). These services all must be paid for, and the logical argument is that pooling these services will result in efficiency and cost less overall.

Maybe so, but private equity creates yet another barrier between the patient and the physician while it eliminates others. These businesses are driven by profit; they are private equity after all. They are a more insidious threat to the physician-patient relationship and the future of medicine than are clumsy laws, since private equity commoditizes patients and their care.

Any barrier between the patient and the physician is bad, and two or three barriers make things logarithmically worse. No wonder physicians have become cynical and disillusioned. It makes you pause and wonder, how much do we currently pay in time and overhead to navigate these barriers? Maybe we should call it all even. Maybe we would come out ahead if we counted in produce, promises, and unobstructed patient care. ■



Dr. Coldiron is in private practice but maintains a clinical assistant professorship at the University of Cincinnati. He cares for patients, teaches medical students and residents, and has several active clinical research projects. Dr. Coldiron is the author of more than 80 scientific letters, papers, and several book chapters, and he speaks frequently on a variety of topics. He is a past president of the American Academy of Dermatology. Write to him at dermnews@mdedge.com.

■ BUSINESS OF MEDICINE

Voters want to protect people with preexisting conditions

BY RICHARD FRANKI

HEALTH CARE is a leading issue for voters, and the health factor most influencing votes this year is continuing protections for people with preexisting conditions, according to a survey by the Kaiser Family Foundation.

As of mid-June, health care was the top issue for Democrats – 33% said it was “the most important issue” versus 30% who chose gun policy – and for independents – 26% versus 22% who said the economy and jobs. Republicans put health care third (18%) behind the economy (27%) and immigration (19%), Kaiser wrote in a report based on its ongoing Health Tracking Poll, conducted June 11-20.

In that poll, 1,492 adults were asked to rate the importance of a candidate's support for each of five health care positions.

Among Republican respondents, a candidate's support for repealing the Affordable Care Act topped the list, with almost 60% saying it was most or very important; support for legislation to lower drug costs was second, with a combined 52%; and protections for preexisting conditions was third, at 51%.

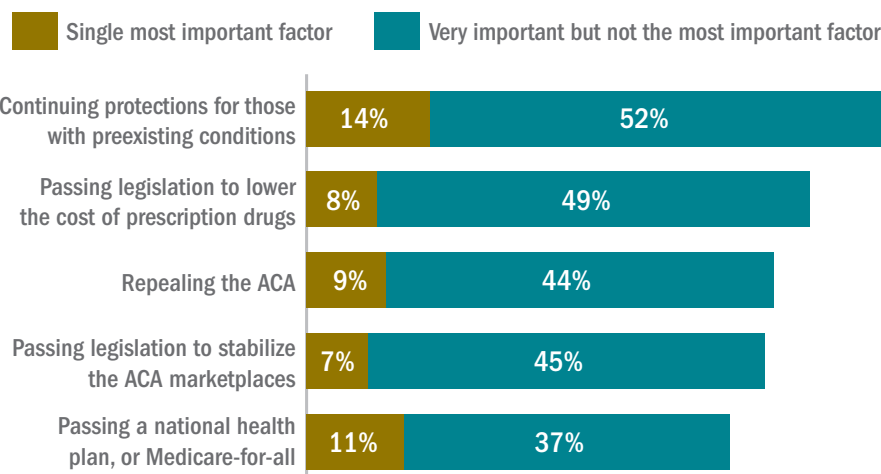
For Democrats, 81% said preexisting condition protection was most or very important, followed by support for stabilizing the ACA marketplaces, at 69% combined, and support for passing a national health plan or Medicare-for-all, at 68%.

“Three-quarters (76%) of the public say it is very important that the law continue to prohibit insurers from denying coverage because of a person's medical history,” they reported.

rfranki@mdedge.com

Voter survey: Health care issues in the 2018 elections

How important is a candidate's support for each of the following issues?



Note: Health Tracking Poll was conducted June 11-20, 2018, among a sample of 1,492 adults. Source: Kaiser Family Foundation

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