

# Web Exclusives Letters

These letters are a continuation of the *Letters to the Editor* in the March/April issue of *MPM*.

## Obama Effect on Medicare

I just finished reading the latest *Medicare Patient Management* magazine. Regarding the article, "The Obama Effect on Medicare," I want to take the new administration to task on a couple of issues. I wrote to you a few months ago about the 12% increase the Advantage plans were getting—where was it going as the physicians were not seeing any increase? You responded by informing me that it went to the Advantage plans for administrative purposes. According to your article in the January/February 2009 issue of *MPM* on [page 16](#), [elimination of the excessive subsidies to Medicare Advantage would] result in a 12% cut to these plans that would force a decrease in benefit design as well as provider reimbursement."

How can the Obama administration decrease the provider reimbursement? I hope you mean the carriers only. If the administration thinks of taking [the cuts] to the medical providers, [providers] will start cancelling their participation in these plans.

The second issue I raise is that Obama's plan calls for reform of the malpractice system. He did not include his fellow attorney colleagues in this equation. Yes, there has to be reform of the malpractice system and insurance carriers, but there also has to be reform of the attorneys. I went to a legal conference about 3 years where it was stated that the largest expenditures in malpractice are in the discovery phase and that 80% of cases never make it out of discovery, a phase that costs about \$30,000 per case. That, my friend, is attorneys driving for money. When attorneys take cases that they know do not have enough to make it out of discovery, shame on them. That [problem] needs to be addressed. The best and brightest will never go into medicine when the fingers are always being pointed at the medical providers.

I could go on with other points, but I am just a

manager burdened by a broken system and tired of all the Band-Aids the federal government hands out. Let's face it, the only answer the bureaucrats in Washington will have is more expensive Band-Aids.

—Mari Piasecki, RN  
St. Joseph, MI

Mari—

*Thank you so much for your letter. To address your two questions: How can the Obama administration decrease the provider reimbursement? The Obama administration is actually decreasing reimbursement to Medicare Advantage (MA) plans, which would likely cut their benefits to members as well as reimbursement to providers.*

*Regarding your second question on malpractice reform, I will leave that to our legal experts for a much more in-depth response.*

—RGS

## Note to Administration: Keep Your Hands Off Health Care

As one with a libertarian bent, I am opposed to any government control of health care on both moral and economic grounds, so I naturally disagree with Krugman's call for "guaranteed health care for all Americans now." (See [Paul Krugman's Op-Ed](#) piece in *The New York Times*.)

While a lovely sentiment, this is an impossible pipe dream given our current dire economic straits. Does anyone seriously think further government regulations, mandates, and subsidies will magically give everyone decent health care? Look at what happens when government mandates something as mundane as automobile insurance...inflated inflexible insurance and numerous illegally uninsured drivers causing accidents and lawsuits. And, as many in Canada and the UK have observed, access to a system and waiting list on paper is not access to health care in reality, which must be provided by real individual people and institutions that cannot function on inadequate funds and onerous legal burdens.

With government deficits and debt in the trillions due to unrestrained spending under previous administrations, war and global economic collapse, and Medicare and other entitlements already out of control, it is foolhardy to consider expanding government benefits and programs

even further. According to the news as I write this (February 2009), the administration's current proposals already call for over \$900 billion in extra government spending on top of existing massive deficits, not to mention that the new President can't even find a cabinet of officials who follow the law and pay their taxes! Can we really trust politicians with radical transformation of the economy and the health care system? The bottom line is that both governments and individuals are already strained, cannot sustain continued high deficits, and should not further overextend massive regulations and bureaucracies that are already unmanageable.

Finally, "fundamental health care reform," as so often called for, is in reality a euphemism for nothing other than a government takeover of the providers and health care industry who would have to be literally forced to "provide care" to "everyone," not to mention all of us as patients who would be trapped in a controlled, socialized system. Do we really want to deal 100% with government and mega-insurance plans that have complete power over providers and patients? Sorry, but this is not the American way—and to be clear I am not at all supporting the status quo, which is already excessively dominated by government and government-regulated payers. I do agree with Krugman that bankers and other "crony capitalists" should not get huge bailouts while everyone else suffers, and that we are likely facing a period of high unemployment, in which some people may indeed have trouble getting adequate health care, which no one can deny is a tragedy. But applying the same harmful government medicine that has led to health care inflation and rationing for years will likely make things even worse not better.

—Todd Goldberg, MD, CMD, FACP  
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Division of Geriatrics  
West Virginia University Health Sciences Center  
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*I truly appreciate Dr. Goldberg's letter and strongly encourage others to send us their thoughts. The question of more versus less government is perhaps not the correct question as it seems certain we are heading for much more government intervention in medicine—this despite the fact that models like Massachusetts have already been shown to be extremely expensive and limited in effectiveness. Dr. Goldberg lays out all the problems associated with a government takeover of health care.*

*Costs can only be controlled and access and quality improved through a complete transformation of our current health care system. For starters we need to develop a system—currently we have a fragmented, silo'd, piecemeal approach to health care. Instead what is needed is an efficient and effective interdisciplinary systems of care similar to what currently exists in programs like PACE [Program for All-inclusive Care for the Elderly]. It is only through these true systems that we can control costs through reduction in utilization. This reduction in utilization would come from providing the right care to the right patients, eliminating the waste that currently exists, and providing preventive services that would limit the progression and exacerbation of chronic comorbid conditions.*

*Again I strongly encourage your views so that together we can build a health care system that supports the best for our seniors.*

—RGS

### **The Old-Fashioned Doctor and the Modern Physician**

What defines the "old-fashioned doctor"? Kind, calming, reassuring, compassionate, dedicated, honest, patient-first attitude? And what characterizes the "modern physician"? Well-trained, efficient, up-to-date, dealing with rationing and economics, effective, cost-effective, adept at using new technologies, concierge care, remote care, management of chronic disease?<sup>1</sup>

Look at what Johns Hopkins tells us makes their "modern old-fashioned doctor"<sup>2</sup>:

"Across the country, Americans are longing for the return of the old-style family physician, the kind of doctor who puts patients above all else. The Johns Hopkins Division of General Internal Medicine wants to make that longing a reality—but with a twist. It wants to:

- Combine old-fashioned caring with superb modern medicine
- Train physicians in the art of communication
- Ensure that those entering the practice of medicine learn how to listen and form partnerships with their patients
- Teach physicians to recognize how the strains of a demanding profession can affect the way they deliver care
- Enable physicians to appreciate cultural differences so care plans make sense to the patient
- Emphasize the necessity of a team approach in caring for each patient

- Underscore the maxim that the best way to care for the patient is to care about the patient”

I’m not happy with such frothy commentary. I think we have to get past the hype and verbiage, and I’d love to know what they mean by “with a twist.” There is nothing complicated or devious about wanting to have the “soul of the old and the skills of the new” to deliver “old-fashioned patient care in a high-tech world.”<sup>3</sup>

In my 50th year of practice, I certainly don’t want to be the doddering old man, but I have a problem fitting what is expected of me into a 15-minute visit. I have trouble dealing with issues of chronic pain, hidden agendas, dementia, multiple comorbidities in an aging population, literacy, language barriers, and palliative care matters without the incessant intrusions of telephone, knocks-on-door, and pager beeps. I have a problem justifying the time and effort needed to ensure via precertification and recertification that patients receive pharmacologic therapies vital to their well-being (when this time could be so much more fruitfully spent in counseling and the employment of nonpharmacologic interventions). And I’m concerned that my efforts are neither appreciated nor appropriately reimbursed. I cannot cede the narrative office

note to the computer’s macro-click entries, but I must ensure that my entries will be perceived by reviewers as adequate-content-for-appropriate billing.

And I am saddened most by the toxic effect on all of us—young doctors and old—of declining professionalism and ethics in the current health care scene. Here are some comments from colleagues:

“Neurologic examination? I don’t have the time. That’s what CT scans and neuro consultations are for.”

“Take off a shirt to listen to the heart and lungs? Who has the time?”

“\$130 for an anoscopic exam? Hope it’s a private pay patient.”

“Practicing psychiatry is more rewarding these days: less talk, more visits. Just use the meds.”

Old-fashioned doctors didn’t disappear; they got lost in the current health care environment. And where’s the old-fashioned patient---the one who was as courteous, understanding, civil, tolerant, thankful, and as slow to criticize and nonjudgmental as we’re supposed to be?

By the way, I checked on two Web sites (Amazon and Overstock) advertising the “The Leather Old-Fashioned Doctor’s Bag.” They weren’t available.

#### References

1. Stefanacci RG. The future of health care. *Medicare Patient Management*. 2008;3(6):7-9.
2. The need for a modern old-fashioned doctor. Johns Hopkins Osler Center Web site. <http://www.hopkinsbayview.org/oslercenter/background.html>. Accessed February 6, 2009.
3. Livingston R. Old-fashioned patient care in a high-tech world: 50 years of healing. *Sun Journal*. July 6, 2007. <http://www.sunjournal.com/index.php?t=8&storyid=219800&subpub=59&PHPSESSID=dfb592127b8551a>. Accessed February 6, 2009.

—Marvin E. Herring, MD  
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School of Osteopathic Medicine, Stratford, NJ

Marv—

Thanks for your thoughtful letter. I consider myself an old-fashioned doctor when it comes to bedside manner, because I was lucky enough to start my training as an 8-year-old at my father’s side as he made house calls and emergency room visits in the middle of the night. While I agree with much that you wrote, I believe that we can have the best of both worlds. What is most troubling to me and most difficult to correct is the attitude of our patients—they seem to have forgotten that they have a responsibility for improving their own health and that not everything is best fixed with a pill.

—RGS MPM

