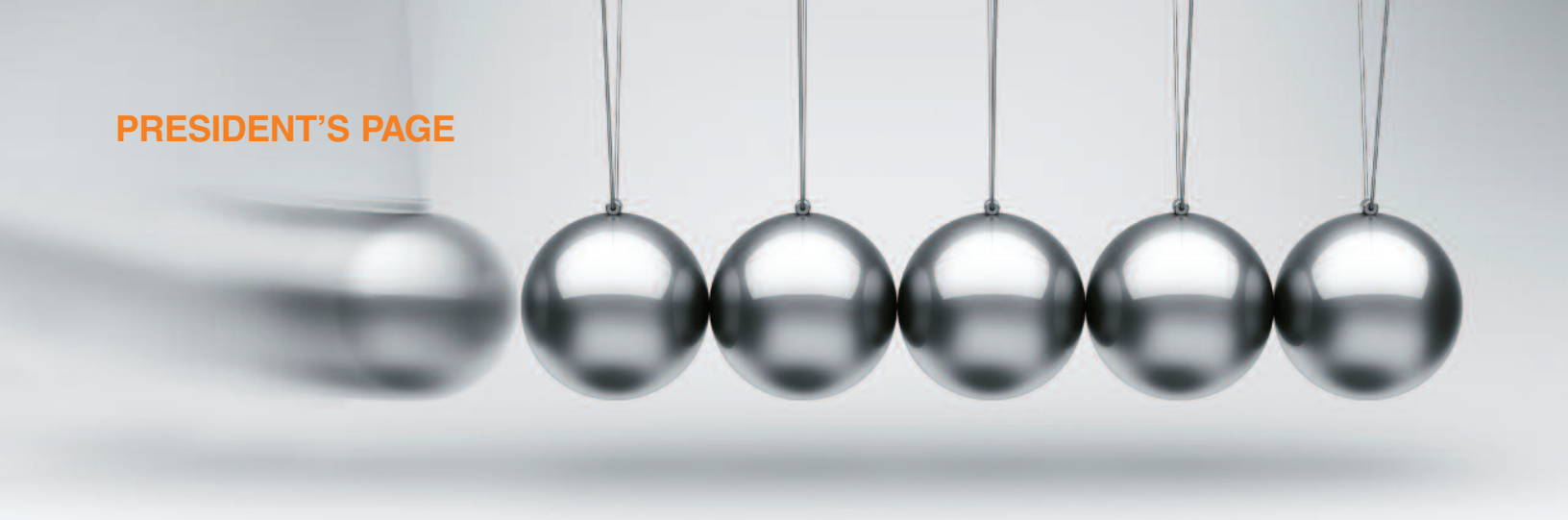

Nothing is as Constant as Change

by Miriam Anand, MD

This month finds me once again following in my father's footsteps as I step into the role of President of the Maricopa County Medical Society. So much has changed since his Presidency in 2003. Some of the changes were already underway then, such as physicians leaving private practice to become employed physicians, newly graduated physicians choosing to be employed rather than going into private practice, the spread of Hospitalists assuming inpatient care, etc. Who could have known then that a decade later we would be facing the implementation of the largest federal legislative change in healthcare since Medicare in the 1960's? Or that we would also be changing from ICD-9 to ICD-10? As the saying goes, "nothing is as constant as change" and it appears that 2014 will be a year full of changes for healthcare.

Change is nothing new to medicine, of course. Research is continually advancing and improving the kind of care that we can provide our patients and these are positive changes that make medicine interesting and rewarding. Unfortunately, however, there have been many changes that have impacted how we provide care to our patients and that have interfered with the doctor-patient relationship itself.

Historically, there was a very personal relationship between patient and physician and physicians could use the knowledge that they had spent years attaining to care for patients. My grandfather, for example, was a Pediatrician in India. As was not uncommon at that time, his clinic was on the first floor of his house and medicines were compounded and dispensed for the patients there. As a boy, my father would help in the clinic (which sparked his interest in medicine). By the time my father opened his own practice in Phoenix many years later, things had changed, but the opportunity to develop a long term physician-patient relationship had not. Similarly, he was able to use the knowledge of pharmacology that he acquired in my grandfather's clinic and his extensive training in medicine to treat his patients how he saw fit. Physicians could set their own charges and most insurance paid 80% and patients were responsible for 20%. Much less staff was needed to run an office because there were no issues of prior authorizations and referrals to deal with. As the business owner, he had the freedom (and income) to provide discounted or free care to low income or uninsured patients without the bureaucracy of demonstrating financial hardship to appease the government and show that he was not charging others less than Medicare without good

reason. Most of the physicians in Phoenix knew each other through membership in organizations such as MCMS and there were numerous opportunities to enhance collegiality among physicians.

Fast forward to the implementation of HMO's, capitation, and beyond. The relationship between physician and patient lasts as long as both are on the same plan (and now the same ACO, for the most part). Patients today can get healthcare in urgent care and chain retail centers, further breaking the relationship between them and their regular physician. (I find it interesting that members of Generation Z will find it quite normal to run to the corner drugstore to pick up toilet paper and toothpaste, and see a healthcare provider for their cough all in the same visit. One can only hope that they don't pick up a pack of Marlboro's on their way out.) Physicians today are allowed to exercise their medical judgment, as long as it fits within the confines of medicines on formulary, indications approved by the insurance companies, or regulations of the institution in which the physician is working. The shift in the practice of medicine from what we learned in medical school was well illustrated in a Board Review course that I took recently. A sample question about a hospitalized patient was asked and we were to give our answers via an automatic response system. The majority of us answered the question based on what would most likely be done in today's climate with available resources. The instructor had to correct us and remind us that when answering a question on the boards, you have to choose the medically correct answer, not the answer that would be the least costly or most likely to protect against litigation. I found this a truly poignant commentary about the state of medicine in the U.S.

These outside influences have caused paperwork, bureaucracy, and overhead to be at an all time high. Despite this, reimbursement is down and physicians must see more patients to make ends meet. This leads to decreased time and attention with each patient, further straining the physician-patient relationship. It especially puts the squeeze on physicians in private practice, more of whom are selling their practices or looking for alternatives such as concierge medicine or retiring early.

Unfortunately, some look to provide other billable services for which they have not been adequately trained. Finally, there is a loss of collegiality amongst physicians due to less interaction in clinical settings and competition between specialties to provide certain services and get a piece of the ever shrinking pie. If you are an employed physician, you may feel somewhat more insulated from these changes, but are you really? Do you have the freedom to practice medicine the way you were taught? Or are you confined by what insurances will cover and by your administration's guidelines and requirements for medical care?

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You may be wondering where I'm going with this. After all, Dr. Lieberman discussed many of these issues in his November editorial and thus far I have told you nothing that you don't already know (other than my family history). As incoming President of the Maricopa County Medical Society, I want to answer that age old question, "what does membership do for me"? You see, in all of this change, there is one constant and that is that others not directly involved in patient care are the ones pulling the strings and calling the shots. It is the legislators, both on the state and federal level, insurance companies, administrators and others who set the tone for how we practice medicine, while we are busy trying to treat our patients (and, for some of us, run our practices).

When you interviewed for medical school and were asked why you wanted to go, did you answer that you wanted to spend 11+ years of your life getting an education only to

have others tell you how to practice medicine? If the answer is "yes" and you are not a member, then do nothing. Your dreams have been realized and your inaction will help keep this the status quo. If, as I suspect (and certainly hope) for the vast majority of you, the answer is "no", then you have answered the question of why you need to participate in organized medicine. Just simply by being a member and doing nothing else, you help give MCMS the power of increased membership numbers to be used when negotiating on behalf of the physician community with various entities. This allows physicians to unite and helps MCMS fulfill part of its mission of "acting as a strong collective physician voice."

Our mission also includes promoting excellence in the quality of care and the health of the community, enhancing professionalism in medicine, fostering and preserving the ethics of medicine, supporting patient rights and free choice, and preserving the quality of medicine. In recent years, we have made changes to streamline the pursuit of our mission. In 2012, our then President, Dr. Michael Mills, appointed committees with this goal in mind. These committees include the Public Health Committee, Policy and Education Committee, Philanthropy, and Mentorship Committees. Other important committees for our organization include the Membership Committee and the Finance Committee. During Dr. Lieberman's 2013 presidency, we pursued a strategic plan and these committees were very active and successful in planning and executing activities that help us advance our mission. We will continue these efforts in 2014. As a member, you may serve on any of the committees and we would welcome your participation.

Last month's issue of *Round-up* highlighted the importance of legislative issues and their impact on medicine. It is at this level that many decisions are made that can affect us and how we practice. As of the writing of this article, for example, we are once again threatened by a 24% cut in payments as part of the flawed Medicare Sustainable Growth Rate. Don't be lulled into thinking that you would be immune to this cut if you don't see Medicare patients. Most insurances base their payments on Medicare rates, so this cut would likely result in decreased payments from numerous carriers. Being employed may only seem to cushion the blow, but decreased income to your institution will eventually result in cuts in resources and other available services.

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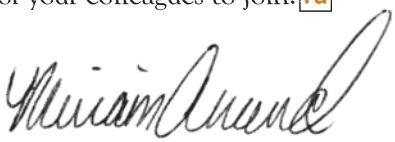
My assumption is that there will once again be a "quick fix" patch that Congress will pass at the last minute, but we are not immune to these cuts until there is a permanent fix. MCMS stands with the Arizona Medical Association in their efforts to demand a permanent fix. Such a fix would be one very welcome and overdue change.

Physicians in Maricopa County should understand that the benefit of being a member of the Maricopa County Medical Society lies not only at the level of the individual physician, but at medicine in our county as a whole. Your membership is important in giving us strength in numbers when supporting or opposing various issues, which allows us to act on your behalf in the best interest of physicians and patients. We are very fortunate to have Jay Conyers, PhD as our new Executive Director. Jay has a very unique and extensive background in the healthcare arena, including having been President/CEO of a healthcare consulting firm in Washington, DC and as a consultant in the area of Telemedicine. His experience and knowledge will offer us exceptional opportunities to further help our members and their patients navigate through these changing waters. Our patients, probably more than we, will also be struggling to understand these changes and how they can continue to choose the best healthcare for them and their families. Patient education will therefore be an important focus for us this year. We will start producing patient handouts that can be used to help patients understand various issues to aid them in making more informed decisions. These will be published in *Round-up* as tear out sheets that can be copied for your patients but we will also provide electronic copies on *InforMed* and on the website.

You will see changes to our website in 2014. We are planning this year to restructure it to be more interactive and informative for our members. Now is your opportunity to contact us with any suggestions that you have about what you would like to see on the website. We would also like to hear from you about what you would like to see MCMS do for you.

I am viewing 2014 with cautious optimism. Yes, we are about to face many changes and change can be unsettling. I am hoping that the power that external sources exert over medicine will finally spur us to come together and act as a group in the best interest of our patients and our profession. I am pleased to be part of an organization that has served this mission for over 120 years. I urge you to either continue your membership or join now and to encourage all of your colleagues to join. ru



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