

From the President:

# AAPS: Helping Physicians Break Free

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George R. Watson, D.O.

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Thank you to all of our members who have been working to defeat “ObamaCare” and preserve the practice of private medicine. Thank you to each of the AAPS board members, and to those who have been writing many op-eds to present our case for private medicine to the world. An especially warm welcome to our new members! You have joined the “Delta Force of Medicine.”

I know many of you have become disillusioned at the representation, or lack thereof, by the AMA and the AOA. Many of you have voted with your feet, leaving those organizations and canceling your memberships. I, too, resigned my membership in the AOA this year. My reasons were probably very similar to yours.

On numerous occasions, I reminded the leadership of the AOA that their presence “at the table” gave unwarranted legitimacy to a corrupt, divide-and-conquer process. I urged them to use their most effective weapon and to get up and walk away from the table. I reminded them that we should be standing up for our patients, not groveling to get the “SGR fix,” which would retain the flawed concept of centrally dictated prices, even if it got rid of the sustained-growth-rate formula.

I also pointed out the fraud, waste, and abuse of the Health Insurance Portability and Accountability Act, which appropriated hundreds of millions of dollars to rooting out—waste, fraud, and abuse! As patients still don’t own their policies, insurance still isn’t portable, and the so-called Privacy Rule just eliminated patient confidentiality while requiring extensive [lack of] privacy notices. One thousand additional pages of more regulations for doctors and hospitals, yet still *no portability*, and for all the added accounting requirements on “providers,” *no accountability* for payers. But the AOA stayed right there at the table—with *no clout* and nothing to show for its stamp of approval.

I spoke with leaders of the Kansas Medical Society, who asked their AMA leadership not to endorse “ObamaCare.” They got the same response from the AMA as I got from the AOA.

So where does that leave us? The President signed “ObamaCare” into law Mar 23, 2010. Your AAPS, through our general counsel Andrew Schlafly, filed suit against “ObamaCare” in the federal District Court for the District of Columbia on Mar 26.

We are in this battle to WIN! You might ask how we could even think that we could win. By God’s grace and the hard work of members we defeated “HillaryCare” in 1993. AAPS has never been a large organization, but you should see now why we say we are the “Delta Force of Medicine.”

I am sure all of you are hearing from your patients, as I have been hearing from mine. A 30-year-old Ukrainian woman and her

American husband were quite upset about “ObamaCare.” She said, “I came to this country to be free and now it feels like ‘they’ are coming after me.” I asked her if she would give me a written statement and she said, “Oh, no, I am afraid of the government in Ukraine and afraid to speak out here!”

A young man in his mid-20s, diabetic since age 5, said that after he lost his insurance, his diabetes doctor would not see him unless he had a CBC, a complete metabolic profile, and an HgbA1C at a cost of \$250. So he came to my office, where I make a profit on those three tests with a total cost of \$70 to the patient! Now here is the irony. The young man is going on a 10-day mission trip to help install water purification equipment in Bangladesh, a country bordering India, the birthplace of the patient’s diabetes specialist—who was so tangled in all the rules and regulations that she didn’t have 10 minutes to listen to her patient.

So how does a doctor break free? First, picture in your mind how you would like your practice to be. Would you like more time with your patients, less paperwork, no prior authorizations, confidentiality for your patients’ records? If it’s your dream to have a practice like this, we can help you. But first, you need to “do the math,” especially if you do a lot of procedures that are currently paid by some type of insurance.

First, what do you charge? Then, what is written off? From these, you can calculate the most important number, what do you actually receive for that service? Don’t forget your cost of billing and the amount of time before you receive payment. Now, what do you finally receive for that procedure?

Let’s take an example.

A friend of mine charges Medicare \$800 to \$1,200 for a colonoscopy. After prior authorization, billing, and a minimum of 15 days, he receives about \$250. To be accurate, he should deduct the billing cost and the time to receive the money from the \$250 to see what he actually receives. What if he charged \$600 for cash at time of service? (Blue Cross/Blue Shield pays \$700.) He would NET more income, the procedure would be affordable for most patients, and the insurance company/Medicare would be excluded from telling him how to run his practice.

My goal as AAPS President is to help you, and many others, work through the steps, and “math,” to reach freedom to practice medicine the way you dreamed it would be, on that first day of medical school.

“For such a time as this,” I am honored to serve as president of AAPS. May God richly bless you as you serve the wonderful people who call you “Doctor”!

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