

Editorial:

The Road Ahead in Medicine

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On the Road to Hope

With the midterm elections behind us, medicine is once again on the road to hope. Voters delivered a stinging rebuke of the socialist central planning policies of the Obama Administration, including a rejection of the abomination known as ObamaCare. Even the voters in Obama's home state of Illinois delivered the message in a loud and clear voice. Ramming through laws that Americans do not want, like ObamaCare, clearly does not garner the votes or support of the people.

The challenge ahead for those who have assumed power is to refuse to compromise on sound principles of limited government, and to insist that Congress pass only constitutional laws. Passing laws in haste in the middle of the night, so people can read what is in them later, belongs in a hall of shame, not the halls of Congress. It is also not possible to "fix" a law that is unconstitutional at its core, and no attempt should be made to "replace" it. Attempting to imitate or compromise in the direction of socialism makes one no better than the socialists, and is largely responsible for the dismal situation in which our country finds itself today. A Tea Party caucus in the House and the Senate, or a combined caucus, might help prevent a Republican relapse into temptation to imitate socialists.

Those who ran on a promise to repeal ObamaCare should focus on defunding it. Those who have been elected to replace those governors who supported the Obama Administration should immediately join other lawsuits or file their own lawsuits against ObamaCare. To date, 23 states have signed onto lawsuits challenging the constitutionality of ObamaCare. Once more than half of our states have filed lawsuits against ObamaCare, the message will be difficult for the U.S. Supreme Court to ignore. And, while the public scolding that Obama unleashed on the Supreme Court Justices at his State of the Union address is still fresh in their minds, what better time for the Supreme Court to decide whether ObamaCare is constitutional or not?

Those newly elected Republican governors should also advance and promote state laws to outlaw a health insurance mandate, so as to immediately neutralize unconstitutional ObamaCare in their states. The newly elected governors should also actively participate in redistricting, which will literally determine the political geographic landscape for the next 10 years.

As socialists virtually never concede the error of their ways, gridlock will at least ensure that the socialist agenda

will not proceed to do further damage to the country. Although ObamaCare was passed only months ago, already it has resulted in increases in health insurance premiums, despite promises that it would have the opposite effect. It has also caused insurers to no longer offer child-only policies, and has harmed economic growth and jobs prospects through the adverse effects private businesses anticipate they will suffer.

Bumpy Road Ahead

Despite hopeful prospects that ObamaCare will be eliminated through defunding, lawsuits, state laws, or nullification, many potholes remain in the road ahead for medicine. Significant damage can still be inflicted on the practice of medicine by Obama Administration appointments and procedural control of HHS. Efforts by the Administration to eliminate the practice of third-party-free medicine using the Provider Enrollment Chain and Ownership (PECOS) system and national practitioner identifier (NPI) will likely continue.

Medical care that is not centrally controlled will likely be referred to by the socialists as "unaccountable" care, much as those physicians who previously refused to join managed care were said to be providing "unmanaged" care. AAPS has amended its lawsuit against ObamaCare to address PECOS/NPI issues, including the new Medicare ordering and referring rule.

The sustained growth rate (SGR) formula and global payment initiatives, both private and government-based, are not likely to disappear anytime soon. In the case of the SGR, there simply is insufficient money to eliminate the SGR, and global bundling initiatives are the cost-containment scam du jour, much as capitation was in the 1990s. Meanwhile, government will continue to bend the physician fee curve downward while the gap between revenues and practice costs will continue to widen. Although those in government, who do not understand basic economics and who have never run businesses of their own, see no problem with that situation, patient access to care will inevitably suffer.

As Baby Boomers begin to retire and the Medicare program moves closer to insolvency, the Medicare recovery audit contractors (RACs), otherwise known as private bounty hunters, will become more aggressive in their efforts to take back money already paid for medical services provided, in a desperate attempt to delay Medicare's impending demise. The vast majority of RAC audits will be conducted without the physician's knowledge, with the physician unwittingly assisting the investigation by providing "meaningfully useful" electronic medical claims and records to the bounty hunters.

Hospitals will increase their efforts to control the practice of medicine in hospitals by employing more physicians and

by implementing mandatory treatment protocols and guidelines in order to control costs and boost revenues. Independent physicians who seek to provide optimal care to their patients, as opposed to cost-acceptable care by the hospital's standards, will likely be subject to removal by sham peer review. Ethically challenged physicians, facing rigors of competing for diminishing payment for services, may also increasingly decide that sham peer review is a good way to eliminate the competition. Hospitals may become very hostile work environments for ethical physicians who still believe in practicing medicine in the Hippocratic tradition.

The bond between taking third-party money and its attached strings will continue to strengthen. The New York State Workers Compensation Program recently promulgated medical treatment guidelines for care of the mid- and low back, neck, shoulders, and knees. Physicians have been told that these guidelines will become the standard of care for treating Workers Compensation patients. A variance procedure will reportedly be available for those patients whose treatment does not fit into the guidelines. Variance procedures pursued at the physician's time and expense will likely be an effective tool in reducing variances (rationing by bureaucracy).

The Road Less Traveled

Physicians are reaching the limits of their ability to constantly absorb fee cuts in the face of rising practice costs and rising liability premiums. And, expansion of intrusive bureaucracy into medicine is well into the intolerable range.

For most physicians, there is little joy left in the practice of medicine today. Most are mired in practicing bureaucracy, and sadly many have distanced themselves from their patients, opting for physician extenders to maintain volume and revenue.

When one finally recognizes that one is on the superhighway speeding toward the edge of the cliff, with speed traps and tolls every few miles, the side road less traveled suddenly looks a lot better.

What little joy is left in the practice of medicine today is often found in third-party-free practices, in which the physician is accountable solely to the patient, and care is managed by physician and patient working together. Patients appreciate seeing a real physician face to face, without getting the bum's rush. And, the physician is free to make decisions that are in the best interest of the patient. Office visits are mutually pleasant and beneficial to both patient and physician.

For those who are apprehensive about taking the road less traveled, not knowing where it might lead, AAPS continues to provide guidance on the good physician system (GPS) of practicing third-party-free medicine in the Hippocratic tradition. AAPS stands ready and able to provide information needed to make the road less traveled a smoother, more pleasant journey.

Life is too short to settle for less than the true joy of practicing real medicine again.

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