

Obama Wonderland: Independent Physicians Excluded

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(1)

*Government strings tightly gripping,
In our land freedom's slipping.
As government gains,
Freedom's restrained,
Walkin' in Obama Wonderland.*

(2)

*Here's the hammer and the sickle;
In this land we aren't fickle.
From each according to
More entitlements will do,
Walkin' in Obama Wonderland.*

(3)

*In the country he could build a health plan,
Pretending it was only for our good.
With blandishments he plied us like a con man,
So we could never tell exactly where we stood.*

(4)

*Later on he'd conspire,
So we could never retire.
We'd work 'til we drop,
Controlled from the top,
Walkin' in Obama Wonderland.*

[To the tune of *Winter Wonderland*]

Lies, Lies, and More Lies

Statism, fascism, communism, and socialism all depend on lies. And, President Barack Hussein Obama has proven to be a highly skilled prevaricator. We now know that despite his assurances to the contrary, many people will not be able to keep their health plan or their doctor under ObamaCare.

The promise of more affordable health care for all was also a lie. For those who lost their health care plan because of ObamaCare, a new ObamaCare-compliant plan will cost much more than the plan they liked and wanted to keep.

A massive redistribution of income to pay for coverage for the uninsured is becoming painfully apparent to those in the middle class, who were led to believe that only the "wealthy" would have their income redistributed. The Marxist principle, from each according to his ability, to each according to his needs, perhaps sounded "fair" to some until they found out that they would be the ones paying for it.

The implication that coverage would be the solution for the uninsured was also a lie. Coverage is not equivalent to timely access to care, as those in Canada, who wait for months or years on the queue, know all too well. The expansion of Medicaid under ObamaCare will result in many new Medicaid patients having a worthless plastic card that guarantees poor access to care. Socialists never seem to comprehend the concept that the government-provided fee for a service must cover the actual cost of providing the service. And, when the fee does not cover the cost of providing the service, access to care predictably suffers. The socialist utopian concept that individuals should

work for the good of the state simply does not pay the bills.

Patients are also experiencing problems with access to care because not all physicians agree to participate with the Exchange plans.

The "value-based care vs. volume-based care" concept is also a lie. Just as unmanaged care was the lie du jour in the 1990s, central planners are now touting the concept of paying for value instead of volume so as to justify rationing care. Independent fee-for-service physicians must be eliminated in favor of accountable care organizations (ACOs) with bundled payments if the socialist system is to work. The term value in this context means cost containment for the system at the expense of individual patients.

Control: the Web of Causation

With the implementation of ObamaCare, the infrastructure for centralized control of medicine is in place. The federal government controls coverage mandates and insurance premiums. Insurance companies control bundled payments to hospitals with a goal of global cost containment. Hospitals, using employment contracts or ACOs, control physician fees. And, physicians, under ACOs, act as agents of the government to ration care provided to patients. Individualized care is replaced by one-size-fits-all, system-based care.

Monopoly Power of Insurance Companies and Hospitals Growing

At the heart of centralized control of medicine are the disproportionately high fees government pays to hospitals for

services as opposed to what government pays independent physicians for providing the same services (e.g. outpatient visits). This disproportionate payment to hospitals and increased cost of bureaucratic compliance for independent physicians has driven many physicians to become hospital employees.

Hospitals have been engaged in an unprecedented consolidation, resulting in decreased competition among previously independent hospitals. In some cases, as in New York State through the Berger Commission, hospital consolidation was specifically mandated by state government.

Hospital consolidation facilitates centralized control of medicine since it is easier for government and government-controlled insurers to exert control over a relatively small number of large hospital entities than it is to control many independent hospitals.

Insurance companies, which also have engaged in consolidation, have increasingly aligned incentives with hospitals to ration care and control costs. Some hospital CEOs are even on the board of directors of local insurance companies. One can only imagine what type of quid pro quo deals are made in such situations—perhaps the hospital CEO offers to reduce payments to accountable care physicians and to ration care more aggressively in return for sharing cost savings with the insurer. Interestingly, some insurance companies have drastically reduced physician fees on their own, an action that drives more physicians to hospital employment in order to survive.

Hospitals have also engaged in a strategy of purchasing primary care practices so as to control referrals in the market. Hospital-employed physicians are often told they must refer only to specialists within the hospital or accountable care network. Hospital utilization nurses often provide in-person reminders when a physician strays from the in-house network by referring to a higher quality out-of-network physician. The threat of termination or non-renewal of the physician's employment contract looms large if the physician refers outside the preferred hospital network too often. The control of the referral network by a hospital in the local market effectively results in a boycott of out-of-network specialists. Boycotted physicians are thus left with the choice of either becoming a hospital-employed physician with lower fees and unfavorable contractual terms, or going out of business. Some hospital employment contracts contain a clause whereby a physician's hospital privileges are automatically terminated when hospital employment is terminated, with no right to due process under the medical staff bylaws. This leaves some hospital-employed physicians vulnerable to sham peer review and termination of their career if they do something that displeases the hospital administration.

Hospitals also have significant control over how employed physicians practice medicine. Hospital-employed physicians may have to strictly comply with hospital-established treatment protocols or guidelines or risk termination of their employment.

Centralized Control of Medicine Adversely Affects Patients

The patient is at the bottom of the centralized control infrastructure. The system places a high priority on standardized care, so as to control costs, at the expense of individualized care for individual patients. Patients are largely unaware of the shift

in power and loss of physician autonomy that has occurred as a result of ObamaCare. Patients naturally assume that their doctor is acting solely in their best interest, not knowing that their ObamaCare doctor may be acting as an agent of rationing with the goal of saving costs for the system.

Patients may never know what tests or treatments they should have received, but did not get. And, if the test or treatment is expensive, there is a high probability your ObamaCare doctor will tell you it is not medically necessary. Recall that President Obama indicated that some people may be better off taking a pain pill than opting for treatment.

Patients also often fail to appreciate that all those who wear white coats are not actual physicians. Physician assistants (PAs) and nurse practitioners (NPs) wear white coats and evaluate and treat patients. PAs and NPs will play a more prominent role in patient care as a means to accommodate the increased number of patients seeking care under ObamaCare. However, patients may not understand that when they are referred to a physician specialist and they end up seeing a PA or NP, they are actually being seen by someone who has less medical training and clinical experience than the referring physician. The concept of parity in fees for physicians, PAs, and NPs is likewise a travesty and is part of a generalized devaluation of physicians.

Patients also likely do not understand that their hospital-employed/ACO doctor is accountable to the hospital and to the system, not to the patient. Such doctors may readily serve up their patients to a hospital by going along with the "observation status" scam that leaves patients liable for huge out-of-pocket costs. Hospitals game the system by putting patients on observation status in the hospital, so they can charge much higher outpatient fees than the lower diagnostic related group (DRG) fees they are allowed to charge inpatients. Hospital-employed physicians or ACO physicians likely operate on a "don't ask, don't tell" policy. If patients don't ask, they don't tell the patient what is going on. Violation of this policy may result in termination of hospital employment.

Hospital-employed physicians may also spend more time looking at their productivity dashboard and care metrics than they spend focusing on the actual patient.

Conclusion

Patients need to recognize that under ObamaCare their doctor may no longer be acting as their advocate, but rather as a rationing agent. Most rationing of care is covert and goes unrecognized by patients. Nonetheless, such rationing of care does great harm to individual patients.

AAPS remains steadfast in its support of the patient-physician relationship. AAPS also strongly supports our U.S. Constitution and strongly opposes laws like ObamaCare that violate the Constitution. AAPS has filed more lawsuits and amicus briefs against ObamaCare than any other medical association, and we will continue to devote maximal effort to bind the central planners down from mischief by the chains of the Constitution.

Rest assured that AAPS will not rest until freedom in medicine is restored.

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