



Connect the Dots

PRESIDENT'S MESSAGE



By Paul Phinney, MD

At a time when physicians should be spending all available energy on influencing sound health policy decisions, the critical issue at all levels of organized medicine is membership.

IT IS NOT NEW NEWS that the uninsured population of California approaches 7 million people, middle class families cannot afford health premiums, and threats of large-scale bio-terrorism are at our doorstep.

Our healthcare system is in a well-documented crisis, yet the majority of 4,100 currently licensed physicians in the SSVMS tri-county area choose to avoid the professional and political organizations with arguably the best shot at solutions.

I was mulling over this while waiting in line at Raleys the other day, when a checker looked at my ID and exclaimed: "Oh! You're a *doctor!*" This surprised me — I have never felt particularly special because of my degree. But the look in the young woman's eyes stuck with me as I wondered later whether she reacts the same way to other professionals.

The fact is, the public sees something special in physicians. In spite of all the recent changes in healthcare, our communities still place us on a pedestal. It is shorter than in the past, and leans a bit on a shifting foundation. But people look to physicians for answers to health problems at all levels. You can see it in their eyes.

So why are physicians so disengaged? Why do less than half of physicians in our area join and support the major medical policy-creating organization in the state? Why don't more docs lend their voices and the wisdom of their practices to evolving health policy? Why was it so difficult just recently to find even one physician willing to represent a four-county area of Northern California at the CMA House of Delegates?

No one knows for sure, even though CMA and others have spent hefty sums trying to find out. My own view (free, by the way) is that organized medicine has become irrelevant to the large majority of physicians. Or so it would seem.

In times past, physicians relied on organized medicine for everything from referrals to recognition. By organized medicine, I mean physicians meeting together at local, state and national levels to troubleshoot problems of the profession and the public health of their communities.

Medical societies provided the networking infrastructure for health care delivery across a community of relatively independent practices. Exclusion from the group could be professionally crippling.

Today, the medical-economic landscape is dominated by large, relatively self-sufficient systems. Referrals take place according to patterns established within large medical groups or dictated by insurers. An individual physician may fulfill his or her needs for

recognition, peer group association and even continuing education entirely within a single system. The traditional relevance of organized medicine to survival in practice has disappeared for large numbers of physicians.

Shifting demographics — with more women physicians, more working couples and more part-time physicians — further alters the appeal of organized medicine. Tired and discouraged with shrinking reimbursement rates and increasing regulation, many physicians have thrown in the towel, or have retreated into tightly circumscribed practices without windows to the larger reality. Sub-specialty organizations increasingly provide a sense of professional identity, and compete for physician time and energy.

This may help explain the blank looks I get when I mention organized medicine to physicians not yet involved.

Why join when I get everything I need in my job already? How can I pay dues when I can't get paid fairly for my work? What has the Medical Society done for me lately? I have enough to do just to survive in my practice! How can I be involved when I have to be home to cook dinner? It will never make any difference anyway!

Clearly, organized medicine has failed to compete successfully for priority time on the real-time agenda of the majority of physicians.

Physicians are overloaded with exploding regulation of their practices, decreasing reimbursement rates, an overwhelming flow of information, increasingly shared demands at home, and a problematic culture of personal, risk-free entitlement. Adding one more thing breaks the agenda. Physicians are just too damn busy.

With over half of physicians disconnected from the larger policy processes organized medicine is woefully *disorganized*. It is embarrassing. At a time when all available energy ought to be spent influencing sound health policy decisions, *membership* is the more critical issue at all levels — county, state and national.

It shouldn't be. Dentists, optometrists, trial lawyers, chiropractors, physical therapists and psychologists have all effectively organized. Their organizations threaten to take the policy ball out of our hands while we stand around complaining about the officials.

President Theodore Roosevelt in 1908 said: "Every man owes a part of his time and money to the business or industry in which he is engaged. No man has the moral right to withhold his support from an organization that is striving to improve conditions within his sphere."

My guess is that were President Roosevelt here today he would be disappointed in us. To the extent that physicians fail to respond and to engage, we abrogate a social responsibility both to our profession and to our communities.

It is not that physicians don't care. Nearly all do. Many are extensively involved outside of their practices helping to shape current and future community health. Witness the accomplishments of CMA and SSVMS as well as those of many local physicians in our CSERF and Adopt-a-School programs.

It is the *perception* of relevance that is largely missing. Too many physicians fail to connect the dots in a way that makes health issues both obvious and personal.

They fail to realize, and to convey to their peers and their patients, that problems with ambulance diversion and hospital capacity may well mean that *their* child could end up at the wrong place at a critical time.

That erosion of MICRA may mean, as in Nevada, skyrocketing malpractice rates that could prevent *them* one day from finding an obstetrician.

Or that *their* loved ones may be unable to find health insurance in a market with premiums increasing 15 percent per year. It could even be them, *or you*.

In the child's game, connecting the dots means bringing attention to the bigger picture and making hidden relationships obvious. For physicians, it means clarifying the relevance of organized medicine to health issues that are real, pressing and potentially very personal.

Things being as they are, this can only be done in person. Busy physicians may need your encouragement to even consider the task. It can be difficult to engage.

If our profession is to weigh in effectively on the developing social policy of medicine, it is incumbent on each of us already involved to connect with our estranged peers in real-life terms that will allow access to their real-time agendas. Only then can we magnify the effort.

It's all about people. And it's all about connection. I challenge *each of you* to make one.

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