



On the Right Track

Letter to the Editor

I ENJOYED READING Dr. Phinney's recent editorial in SSVMedicine, but must partially disagree. Stephen Covey (author of the "7 Habits..." series) has said "No margin, no mission." Without profit, we cannot provide needed services. In our unreasonable environment of inadequate reimbursement, delayed payments, random downcoding, increasing costs, growing regulation, and increasing scrutiny, we must focus on money, or our altruistic goals will not be achievable.

Consider this irony: health plan premiums increase 100 percent, health plan reimbursement increases only 15 percent. Some doctors' practices can't afford health insurance for themselves and their employees. When solo and small group doctors go out of business, a larger physician group does not necessarily step in to accept the patients, so society loses.

Another important, more insidious effect of relatively low income is physician shortages and unavailability. Anyone who doubts this can follow the trend in ER wait times over the last 10 years as a proxy for physician availability. Physicians have chosen other states and, more broadly, medical school applications continue to shrink. Medicine will no longer attract "the best and brightest" when other fields pay more for fewer work hours, more time with family, and less paperwork hassles. I recently calculated that I spend 25 percent of my time on paperwork; definitely not the reason I went into medicine.

It is very important to not forget another huge issue: In our capitalist society, money represents how one is valued. Gratitude from patients cannot be bought and on an individual basis, we often receive immense gratitude. But on a global scale, patients, employers, health plans, and government appear unwilling to pay physicians what they are worth. There is a disconnect - society wants health care services to be available, but does not want to actually pay for them. What government programs besides health care expect goods and services to be provided for less than the cost to provide them? Dr. Phinney mentioned the difficulty of assigning a "fair value" to our work. Under the current system we are forced to justify we are charging a "fair cost." If we could change the focus to the "value" we provide to patients, employers and government (e.g., through preventing and treating disease, rapid return to work, reduced disability), only then could we consider "fair value."

Comparisons could be made to other careers: lawyers, retail business owners (restaurants, car dealerships), plumbers, electricians, building contractors, real estate agents, for example. Consider hourly income, training required, cost of training and other business expenses (including interest payments and loss of use of capital using an NPV [net present value] model), time away from family, divorce rates, substance abuse rates, mortality rates, night and weekend hours, etc. I predict a comparative chart would show society values most careers more highly than physicians. We are one of the very few industries to be restricted in our fees and payment. The free market has been closed to medicine.

Healthcare continues down a path to provide Californians with cheaper medical care, exactly as requested. Too few remember to "be careful what you ask for, you just might get it." Which is better: a 3-year-old Hyundai with 50,000 miles for \$6,000 or a new,

safer, more spacious Toyota Camry for \$20,000? Naturally, it depends on what you value. You must accept compromises if you buy the cheaper vehicle. Another reality: if the dealer pays \$16,000 for the Camry, no law or entity forces the dealer to sell it for \$6,000.

CMA and our county societies are on the right page and the right track. Without economic advocacy as our primary issue, and our primary success, we will have increasing difficulty pursuing our other important issues in the next decade.

— Larry Ozeran, MD

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

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