



Voices of Medicine



By Del Meyer, MD

"Time's fun when...", the three S's of inssurance companies, liability risks of team docs

Dr. Cobb's Finale

"Time Flies" was the title the president of the Humboldt-Del Norte County Medical Society, Luther F. Cobb gave to his farewell message in The Bulletin of May 2006

"As the saying goes, time flies while you're having fun. Or, as I've been told Kermit the Frog pointed out, time's fun when you're having flies. In either case, it is somewhat of a surprise to realize that this is the last column I shall write as the incumbent president of HDNCMS...

"I suppose it can be said in almost any day and time that things are tough and that the good old times were better, but I really do believe that our noble and beloved profession faces a set of challenges unprecedented since the days of the Flexner Report a century ago. As you all know, great forces are arrayed against the interests of medical practitioners and their patients, mainly in the service of the various corporate greed of Big Pharma, insurance companies, and the government. None of these malfeasors appear to believe that the medical goose that laid the golden egg of modern scientific medicine can be slain. (Please pardon the tortured metaphor.) Well, there are a lot of us who refuse to go down without a fight. My successor as president, Dr. Ellen Mahoney, in addition to being the only person in the world able to put up with me as a spouse, is a terrific organizer and thinker. She and Dr. Ann Lindsay, another phenomenal talent we are fortunate to have in her many roles in our community, are hard at work on a truly audacious and innovate project that has the potential to revamp and revitalize the practice environment behind the Redwood Curtain...

Dr Cobb's complete article, including his plan to campaign for CMA office, appear in www.humboldt1.com/~medsoc/images/bulletins/JUNE%202006%20BULLETIN%20for%20web.pdf.

A Sadly Broken System

In the same issue of the Bulletin, Stephen Kamelgarn, MD, wrote an opinion piece:

"The May 25, 2006, issue of the New York Times had an interesting little article titled 'The Check is not in the Mail.' This article did a good job illustrating how doctors are not getting reimbursed by insurance companies for legitimate services rendered. The companies engage in all sorts of stalling, shenanigans and subterfuges (the 3 S's) to avoid paying the bills.

"The companies will 'lose' claims, even those submitted electronically (a tough thing to do). They will obfuscate. They will dispute. They will delay payment. If any of us tried

that trick when we have to pay our own health insurance premium watch what would happen; do the words 'cancelled policy,' strike a familiar note?...

"When we couple the poor payment practices of the insurance companies with their generally abysmal reimbursement rates, is it at all surprising that more and more of us are opting out of the insurance game altogether: we become contract workers, or we accept cash only (thereby limiting our services to those who can afford to pay), or we opt out of medicine altogether?"

"In a nation where over 45 million people have no health insurance, and many of the rest of us are under insured in the form of high co-pays and deductibles and exorbitant premiums, it is no wonder that, far and away, the largest source of personal bankruptcy in the United States is from costs incurred from severe illness. We spend more money, per capita, than any other nation on Earth for health care, yet we are at the bottom of the list of industrialized nations for how well that health care is delivered - we're getting less bang for our healthcare buck. Poll after poll shows how the American public is overwhelmingly in favor of some form of single payer health care.

"Many, if not most, physicians are in favor of single payer, and even organized Medicine is officially entertaining the notion of a single payer healthcare system. Yet we remain with this sadly broken system that solely benefits the insurance industry and their investors..."

The complete article is at the website above.

[But, Doctor Kamelgarn, don't we have a choice? We can stop taking Blue Cross, we can stop taking Medicaid, we can stop taking Medicare, we can stop taking any HMO we desire. But if only Uncle Sam were responsible for paying us, like in Medicare, many physicians may have a great deal of difficulty getting Uncle Sam to write that check on time or ever. - D.M.]

Who Pays Team Doctors?

Dr. Stephen S. Hurst, MD, wrote on "Assessing Liability Risk For a Team Physician" in the June issue of the Bulletin of the San Mateo County Medical Association.

"The discussion of the sports team physician's medical liability risks begins with a question. Who pays the team doctor?"

"The answer, of course, will differ depending on the level of competition, the sport, and the sports market. At the high school level, where I have enjoyed my role as team physician for nearly 40 (seems like only 10) years, and teams junior to it, any stipend offered should be waived so that the physician may enjoy the umbrella protection provided by the Good Samaritan laws of the state of California while on the field. If the physician continues to follow the patient after having provided on-the-field emergency care, fees can be charged and the liability game is "on"..."

"Physicians who act as team doctors must also be ready to treat on-the-field emergencies that may [not] be covered by our normal job description. It is hoped that the immediate stress of the situation will allow us to recall some basic facts from our medical student and internship rotations. As an orthopaedist, I have had to provide pre-participation physicals that require some knowledge of medicine, infectious disease, cardiology, neurology, urology, dermatology, and pediatrics, just to name the most commonly used disciplines..."

"At the college level, the selection of the team physician is often the result of past political networking. Fortunately, the job usually goes to that person who has shown an interest in the care of athletes and has earned a sports medicine reputation by enabling the athletes to return to competition rapidly and safely. The medical care usually is provided on a fee-for-service basis and most college athletes are insured by the university or a student athlete health plan. Occasion-ally, there also may be a small retainer fee. Again, these college communities rarely have a shortage of subspecialists and often have affiliated

medical schools to provide the required expertise. This greatly reduces the potential for legal action...

"Payment arrangements for the treatment of the professional athlete may be very different from those described above. I am certain that you, my medically sophisticated and informed audience, will be surprised to learn that in most major sports markets for the high profile NBA, NFL, MLB teams, the orthopaedist pays for the privilege of providing these services because it is the best advertising and practice-building tool available. These positions are very high-profile marketing "dream" deals that almost guarantee a large, lucrative practice.... On the flip side of the equation, this is a very high-risk occupation with tremendous public and media scrutiny. Professional team physicians are subject to medical practice suits at a higher rate than the general orthopaedic population...

To read the entire article, please go to
www.smcma.org/Bulletin/BulletinIssues/June06issue/Assessing%20Liability.html

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