What physicians think politicians should know / Debate questions

"Healthcare, like any service industry, can be provided good and fast, fast and cheap, or good and cheap. Which two would you pick?"

"It is obvious that both candidates want to decrease health care spending as a proportion of GDP. Given this goal, who do they think the dollars should be taken from: Physician practitioners, Hospitals and their employees (including nurses, housekeepers, technicians, etc.), Insurance companies, and therefore ALL their shareholders (including public employee pension funds, individual retirement plans, etc.), Drug companies, and ALL their shareholders (as listed above)? / / Also, given the decrease in funding expected does either candidate expect ALL the providers/employees in health care delivery to continue to provide similar (or increased) hours of work for decreased reimbursement, or is some decrease in availability to be expected? / / Given the above, does either candidate have some secret plan to decrease health care spending without taking any dollars from any participants in the area, or without the patients making any sacrifice in terms of convenience, etc.?"

Physicians are de-valued in the current healthcare environment. 26% of respondents

- "Good health is the most precious wealth a person can have. A Physician is the most educated professional with a lifetime commitment to continuous education. However we are the lowest paid high professionals and are still seeing our remuneration on the bargaining table to go further down while the plumber sets its price that we all respect. Do you think that physicians deserve better consideration?"
- "As a physician, I am a highly skilled healer, and was not trained to compete for profits. I do not mind competing for quality outcomes. My experience in the past fifteen years has been that business, insurance and government interests are competing for my income and I am constantly anxious about personal finance. How will doctors be protected from getting squeezed out of healthcare gains and profits that are made on the strength and quality of their skills in each of your plans. I currently work for a hospital system substantially owned by Bain Capital. We find our local profits are going to the hospital system's shareholders, at the expense of physicians. For the Affordable Care Act, what will you do to ensure that I will be confident and proud to direct my sons to enter into my chosen profession of medicine? As it looks to me, medicine is becoming more demanding and losing its appeal as a way to make an income that fairly compensates us for the demands and training our jobs require. What will each of the candidates do to ensure the practice of medicine is financially rewarding?"
- "Creating coverage for all citizens is a noble idea, but does nothing to address supply of health care and cost of health care. Who will take care of these new patients? How will it be paid for? How will costs be contained? Are Americans really ready to have the majority of their care performed by mid-level providers and not doctors? Are they willing to wait weeks/months for their appointments and procedures? Why are Americans willing to pay top dollar to a plumber but begrudge their copays?"
- "I don't think that Medicare cuts are a good idea because it is going to hurt the hospitals, many of which are in the red and it will certainly hurt the physician compensation. Less

reimbursement per procedure will either cause physicians to stop accepting Medicare entirely or push them to do more cases (resulting in less attention and time per case, more error) to afford all their expenses (student loans, mortgages they are tied to etc.) In addition if taxes are raised on incomes over 250K, physicians are going to be hit from both ends. Over time this will cause a lot of poor morale for physicians and the best and brightest are no longer going to go into medicine. To have Obama care or any health care reform without tort reform and allow physicians to continue to be hit with frivolous lawsuits and have to practice medico legally instead of in the best interests of the patients will lead to poor morale and resentment amongst physicians"

- "The ACA without tort reform / malpractice reform is discriminatory to doctors. If we are going to be governed by consumer laws then we should have all the protection that any business and free enterprise receives including unionization, collective bargaining and ability to fix our prices for services not by the government."

Physicians' voices need to be heard in this debate. If the healthcare system is to be reformed, front-line, practicing physicians need to be involved. Neither the government nor the insurance companies should come between the physician and the patient. 23% of respondents

- "Any president or politician who has sincere intention to improve the quality of health care should primarily surround themselves with physicians who are in active practice of medicine. They should also have input from citizens and have extended discussions to try to improve the physician /patient interactions."
- "Physicians need to have a seat at the table in the discussions about health care policy; the delivery of health care is a complex process that must be driven by ALL the stakeholders. At this time, health care policy is a patchwork of influences with the large health insurance companies and the pharmaceuticals companies driving the system for profit without adequate consideration for quality, innovation, or appropriate initiative from the physician professional. The other main driver is the CMS and its strategies also discount physician leadership. These constituencies have a role to play, but the numbers have to be tempered by other realities that as of yet do not have the "metrics.""
- "1. There is a serious imbalance of power that the payers of health care have over the physicians that provide care. This imbalance places a third party between the physician and her patient. What would you, as a candidate for the Presidency, do to remove third parties from the patient-doctor relationship? 2. Why don't we have a universal health care information system that allows communication of healthcare information across multiple electronic platforms? For example, my health care system's electronic medical record (Cerner) is not compatible with another health care system's record (Epic). This is a serious barrier to sharing healthcare information that adversely affects patient care. How will you address this problem?"
- "Although it is great to provide healthcare for all, insurance companies often tie the physicians' hands when it comes to providing recommended treatments. The same individuals who are not able to afford healthcare, go without treatments due to denials and expense."

- “How can health care be affordable when most of the health care money does not even go to those taking care of patients? For example, and insurance company CEO made $124 million a year. How many heart surgeries for needy children is that? How many other people in "healthcare" make more money than the average physician, yet will never see a patient? It is an American travesty, a lie that the Affordable Care Act seems to be feeding more money into.”
- “As physicians, we know about and care the most about our patients. Why are we left out of the debate on the best way to deliver efficient healthcare to this country. Instead, we are treated as pawns of the insurance industry and government who now effectively are our employers. Who is going to want to go into healthcare in the future under these circumstances? Certainly not the sons and daughters of the current physicians who see the future writing on the wall.”
- “The Affordable Care Act will drastically drive up healthcare costs and worsen access to care exponentially. True reform would include insurance reform, legal reform, and address individual responsibility for health. The latter two will not happen. If our country wants socialized medicine, that will simplify my life and I will vote for it on 3 conditions: 1) Congress pay off my enormous student loan debt; 2) malpractice is abolished; 3) ALL citizens receive the same platinum healthcare plan & benefits that members of congress do. Now THAT would be true social justice.”
- “Do they realize the affect that government regulations have on the practice of medicine. Medicine is composed of multiple shades of gray. One size does not fit all yet we are increasingly being told to practice one way or another or face monetary or legal consequences. After many years of practice we realize that many illnesses have not "read the book" and do not present in typical fashion so we MUST have the ability to use our instinct to order tests etc.”
- “Health care needs to be driven by and controlled by physicians who understand the system and care of patients better than any politicians, insurance companies, business managers or medical economists, not by cutting them out of the equation as a cost center and trying to micromanage them from a hypothetical model. Quality will be the first victim. American health care costs are higher because there is a liability mark up in all equipment, drugs, services provided which is ignored in the discussion and legislation. Legal costs need to be contained not only as it affects physicians in their malpractice fees, in the way it dictates health care, but as a hidden cost buried in all health care costs. There is at least a 20% factor in all health care costs due to this ignored and non-productive piece of the pie. It is not addressed because lawyers lobbied their way out the issue.”

Physicians are overburdened with regulations and documentation requirements. This takes time away from patient care. The additional regulations and requirements are expensive, especially for private practitioners and are driving many of them out of business. 21% of respondents

- “"Healthcare policy in the US" has been deceivingly re-defined from the care of human beings to a fiscal/financial/monetary platform addressing coat rather than value of actual medical care from the perspective of either political party. What are physicians really being asked to do, and how are we to respond in an era of increasingly complex, redundant and bureaucratic accountabilities? Are physicians really "double agents" who can no longer maintain public trust or stewardship because of issues raised in financial health care reform? And, most critically, how does this help my patient: his headache, her breast lump, his failure to thrive, her unexpected weight loss and night sweats, his chest pain, her cough?”
- “We read about a physician shortage in this country. As a primary care provider I can tell you that much of any shortage is related to the increasing burden of documentation. When I started in medicine 35 years ago about 10% of my time was spent on documentation. That amount increased to be over 50% now. Computerized health records have made things worse. It takes more time to generate a record that is not very useful clinically but great for billing. Is that now our focus, billing over patient care? If we were to reduce the documentation burden we would suddenly have as much as a 50% increase in primary care physician capability.”
- “All the present federal requirements for EMR, new codes, reporting, etc. are stifling the individual practitioner and making it impossible to stay in business. There should be different requirements for groups vs. individual practitioners. Also, if the feds want to require EMR, they should have a standard, not the Tower of Babel that now exists.”
- “Continuing to cut Medicare and Medicaid funding will result in fewer primary care doctors and fewer specialists who are willing to accept MCR/MCD. Patients will suffer. Most doctors are FED UP with the bureaucracy. We just want to practice good medicine and can't because the government, who knows nothing about good healthcare, keeps getting in the way.”
- “I feel I am under pressure to get patients in and out of the office, without getting to know them or their problems adequately. Without knowing them as a person, I deliver suboptimal care, which should be tailored to the individual. Numbers mean nothing, and can be twisted for political benefit. Please do not overregulate and push me out of my solo private practice. I do not need an EHR, it is cost prohibitive. I do not bill insurance, nor am I part of a group practice. Thank you for preserving my right to practice medicine in a way that I can best address the needs of my patients without unnecessary regulations.”
- “Increasing overhead costs and decreasing reimbursements (Medicare) are causing the practice of medicine to change from physician owned small practices to an employed model in which the physician loses his autonomy. What are you going to do to support the physician as a small businessman?”
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more time to generate a record that is not very useful clinically but great for billing. Is that now our focus, billing over patient care? If we were to reduce the documentation burden we would suddenly have as much as a 50% increase in primary care physician capability."

There is a physician shortage, and adding patients to the insurance rolls will only exacerbate the issue. - 20% of physician respondents

- "For the President: What preparation is the government making to enable primary care medicine to provide access to an additional 40 million American patients within the next two years? It already takes months to get an appointment with a physician in many areas of the country. / For the Governor: What would you do to provide legitimate access to medical care for the 40 million uninsured and under-insured? Most doctors cannot begin to run a successful small business on Medicaid reimbursements."
- "Many physicians are overworked and there is already a physician shortage. What do you think will happen to the quality of care overall when you add many more patients to an already overburdened system?"
- "A lot of my patients in our hospitalist practice are uninsured or underinsured and have no primary care physicians to care for them in the outpatient environment. Most of the time, they come to the ER and use it for their primary care needs. So, they become frequent flyers and you cannot tell the patients to avoid doing that because the hospitals and the doctors are not going to be reimbursed. Our primary care physicians also avoid taking them in their offices because their business cannot carry the costs of too many Medicare/Medicaid and uninsured patients. So, upon discharge from the hospital, they really have no good follow-up care. It is also very difficult to find nursing homes or rehab facilities for the elderly or young patients that need them if they are uninsured or if they only have Medicaid. This is very difficult on the part of the discharging physician and the hospital."
- "It is very important that we get the physicians voices heard. We are in the trenches fighting this overwhelming burden of regulations, EMR's, and dealing 50 different ways to file a claim. We are the ones that work up to 100 hours a week and still tell new arrivals that we are taking no more new patients. We are the ones paying for translators if a non-English speaking patient shows up. All this with the looming reduction in reimbursements. Why do I have to tell certain patients we can no longer afford to take Medicare. We already dropped Medicaid. The biggest crisis ahead is the decreasing number of physicians."

Physician reimbursement is an issue. When payments for Medicare / Medicaid / Tricare and private insurance (which follow the government's lead) are less than the cost for providing the service, physicians will not be able to afford to see these patients. We'll lose physicians. Young people (the best and brightest) will not pursue medicine. 20% of physician respondents

- "With the emphasis on reducing costs, many in the government have suggested decreasing the cost by simply not paying for the services we as physicians provide. Now that the reimbursement for Medicare/Medicaid/Tricare are almost equal to the cost to provide the service (and sometimes less than it costs to provide the service), how do the candidates plan to care for the massive numbers of participants if they have no providers left to see the patients? Do they understand that this is driving good doctors and potential doctors away from the profession? And that it will take a decade or more to recover from the loss of physicians?"
- "How will you preserve our position as Doctors, that we are able to pay our overhead with the cuts that are proposed? Right now I lose money on each Medicaid patient and make little on Medicare Patients. cannot practice medicine by subsidizing the care."

Tort reform is necessary / there can be no healthcare reform (reduction in costs) without tort reform – 19 % of physician respondents

- "A great waste of resources in healthcare delivery is caused by fear of litigation. No physician wants to deal with a lawyer down line because it causes work / income interruption and excessive and prolonged anxiety more than anything else. It frequently adds not only to cost of care, but also makes physicians less likely to resist patients', and sometimes families', over-the-top demands. Frequently, this causes patients at the end of their life to be subjected to excessive and expensive futile care. I want to know where candidates stand on tort reforms."
- "The rise in the cost of healthcare has not been addressed by the recent reform act and remains a critical issue to maintaining and expanding access to healthcare. In what form of healthcare reform act, which attempts to curb the rise in cost of healthcare, would the need for tort reform be considered insignificant and unworthy of inclusion?"
- "To contain healthcare costs (i.e. limiting labs, X-rays etc.), there has to be tort reform. Many of these studies are done out of fear of lawsuits. In some countries, lawsuits cannot go to trial unless a panel of physicians determines there has been malpractice. In another country, if the lawsuit is frivolous, the plaintiff has to pay both sides' legal fees."
- "Medicine is statistical decision making. Doctors will order tests even if there is only a 1% chance of being helpful as long as the tort system is not fixed. They won't chance losing a fortune 1% of the time."
- "Firemen aren't capable of putting out every fire, nor are they expected to. If they fail to stop a fire, they aren't sued. Doctors put out fires, medical fires so to say. Yet 61% of ALL MDs will have been sued in their career. 1 of every 14 doctors is sued yearly and nearly probably 100% of high risk fields (OB/GYN, Neurosurgery, ER) will be sued in their careers. This is why doctors order CT scans for every headache and order every expensive blood test for any symptom a patient might have. It doesn't matter how infinitesimal the chance a patient might have something, a doctor

will rule it out to protect him/herself. Doctors practice in fear of missing a lethal diagnosis as opposed to actually zeroing on likely and actual diagnoses. That's what drives up costs. Unnecessary tests are done regularly because doctors fear being sued. What is D.C., a den of lawyers, going to do about it? Nothing, so the costs will continue to rise regardless of political rhetoric."

- "I welcome the ACA because we need a way to get more people basic coverage. However, the one thing that would truly change health care costs would be major tort reform. No physician should be held liable for following the standard of care. There should be a review of cases by a medical board before going to trial. We all order tests out of defensive medicine--and that process is unlikely to change soon."

The Insurance Industry needs reform. 13% of respondents

- "It would be profoundly refreshing to see legislation requiring medical insurers to assume the burden of malpractice liability of physicians. I would love to hear a candidate propose that 3rd party payers cover the malpractice insurance of all providers on their panels, or otherwise share the burden of liability. If that were the case, perhaps insurance companies would work more collaboratively with physicians to base claims processing/reimbursement decisions on genuine medical necessity and on the operational realities of patient care delivery. Instead, many insurance companies routinely maintain obstructive and capricious practices denying reimbursement for legitimate claims which they know doctors do not have the time to follow up on. (When I took the time to analyze the time it took me to follow up on denied claims for one 3rd party payer I participated with, I discovered that I was actually paying THEM to treat their patients.) I would LOVE to see a candidate with the guts to take on the insurance companies and hold them accountable for their contributions to inflated healthcare costs and diluted healthcare quality."

Patients need to take more responsibility for their own health. They need to bear some of the financial burden for their care. Without "skin in the game" (i.e. all care is "free"), they over-utilize the healthcare system, because it doesn't cost them anything. There is waste and abuse here. 11% of respondents

- "I would like for the candidates to realize the explosion of numbers of people on Medicare disability. We have seen an exponential increase in numbers of people on disability who are not disabled. This is fraud, abuse, morally wrong, and absolutely should be stopped. Yet those who are truly disabled have trouble getting disability. If they were to cut these people off that would be the biggest savings for Medicare, seniors would not have to worry, and reimbursement to providers could remain stable. A panel of physicians only should be created to start to cull these people to remove them from the system and stop this stealing from the taxpayers."
- "As a physician I am tired of getting accused of fraud and abuse of the Medicare/Medicaid system, yet no one seems to address the issue that it is the patients themselves who abuse the

system. They use the EMS/ambulance system as a transportation system for anything from an itch to a twitch to a hang nail, and there is no penalty to them. They are given instructions from an office/clinic visit, and given medication - all that they don't bother to follow - and then they choose to come into the emergency room for further care – again, WITHOUT any consequence to them. They use up valuable tax dollars, wasting, in my opinion, medical care dollars fraudulently - but none of this is factored in. There is NO accountability on their part. What is the government going to do to stop this form of waste and abuse???"

- "Medicaid abuse and fraud is rampant. I know of no other insurance program where beneficiaries pay no premiums, no deductibles, no coinsurance, but can see as many doctors as they demand, receive the most expensive medications at no cost to them, be evaluated repeatedly for the same complaint with the most expensive technology at different facilities all in the same day. Productive, working people could never afford the Advair, Singulair, Nexium, Levaquin, etc. that Medicaid patients are handed free. The entire Medicaid program SHOULD BE SCRAPPED, eligibility be redefined, & individuals should have to reapply. DO NOT REIMBURSE NON-URGENT AMBULANCE TRANSPORTS, ER VISITS, MULTIPLE CT/MRI/ETC, and EXPENSIVE MEDICATIONS WHEN GENERICS & OTC MEDICATIONS ARE AVAILABLE."
- Medicare and Medicaid should be saved. Physicians should be paid promptly and cuts should not be made in physician fees. Rather cuts should be made in: / 1. ER visits allowed to Medicaid and Medicare patients who should be charged a fee of $100 for every ER visit. That will save the government millions in healthcare dollars because of less abuse of ER. / 2. OTC drugs should be allowed only up to a limit of one prescription per 3-4 months per patient so it is not abused. 3.Contraception should be out of pocket expense for the unmarried. / Cuts should be intelligent, overall productive to health of all, and not penalize the physicians who are the crux of healthcare and yet suffer the most."

We need to focus on preventative medicine. This is the only way to control chronic disease and lower costs. 4% of respondents

- The US healthcare system is supporting treatment of disease which does cause human suffering and it too expensive. We the people of the US must support a healthy society through education and prevention of disease. I consider urban violence (accidents, homicide, suicide, and abuse) social diseases that are preventable. I propose that politicians focus on healthcare education and disease prevention for a healthy society. This approach provides wellbeing and is less expensive that the current healthcare system we have now."
- "I believe the most urgent problem is to train a large number of primary care physicians and nurses. Primary care is critical to reducing health care costs and getting the US on par with the rest of the industrialized world. We spend an astounding amount of money to fix things that should never have happened in the first place. Chronic illnesses are a feature of advanced countries as people live longer because of good public health efforts as immunizations, good water and food safety. But so much is spent on complications of obesity, uncontrolled blood pressure, diabetes and lack of exercise. It is shameful to spend so much money and have so many citizens without good primary health care."

Universal access to health care is the only way to reduce costs. 12% of respondents

- “Affordable high quality health care including education, life style adjustments, and preventive measures, must be available to all persons living in this country. We cannot afford to have a significant under-class of sickly people unable to participate fully in our economy.”