POST | Politics & Reform

The Impact of Government Regulation in Medicine

Follow this post
Send to colleagues
Average Rating (11 ratings)

Posted by emadianos on January 04, 2012 - 09:59AM EST
Author Specialties: Radiology

A writer who is trying to get a sense of the professional and personal impact of progressive goverment regulation on the practice of medicine is seeking the opinion of practicing physicians. She posed the following questions to me.

I have my own thoughts, but I thought I'd seek feedback from others in various specialties in the Sermo community.

Her questions were as follows:

1) What are the kinds of government regulations that have impacted your practice of medicine and how?

2) How do your colleagues view these regulations?

3) Do these regulations at all affect your motivation to continue practicing?

4) Has the regulatory state in medicine changed throughout the course of your practice?

Q Do these regulations at all affect your motivation to continue practicing?

Choose one:

- Yes
- No
- Other:

Vote

Skip to results

Post ID: 115150

- **Categories:** Politics & Reform

Comments (114)
Showing 1-100 of 114
‹ Older *1* 2 Newer ›
Newest

Traveler

Family Medicine

Posted January 04, 2012 - 10:32AM EST

Don't mean to insult your writer friend, but the question itself is so open ended that it's dumb. It's like asking someone in banking: What kinds of regulations have impacted your business? Or someone in insurance, or restaurant, or automotive, agriculture, construction, import-export, hotel, gasoline, tobacco sales, liquor, or other retail. The list is virtually endless here. Find someone in business in this country, and they'll tell you great stories about the absurd burdens of overregulation. Stories that make you laugh (though we should be crying).

Mark this comment helpful | 5 physicians found this comment helpful

rvbaby1

OBGYN

Posted January 04, 2012 - 10:39AM EST

Many states have enacted pro-life regulations regarding the provision of abortions. These regulations create hardship for all women who decide not to carry a particular pregnancy. The reasons may be marital break up, failure of condom, rape, incest, fetal malformations etc. This adds to the constant harassment by omnipresent protesters at the abortion clinics. None of the states have the resources to fund the birth and lives of the unwanted children who will live a life of abuse and misery. Government should basically get out telling physicians how to practice medicine, when to order mammograms and pap smears and what not.

Mark this comment helpful | 12 physicians found this comment helpful

 emadianos

Radiology

Posted January 04, 2012 - 10:42AM EST

Traveler, certainly the list of specific regulations is myriad and innumerable and growing as well as their impact. Many of these, however, share the same common denominator and can be generally categorized by intent and impact on quality of patient care and negative personal and professional satisfaction.. I think her intent is more to get a first-hand global overview directly from the perspective of practicing physicians.

Mark this comment helpful | 1 physician found this comment helpful

leegross

Family Medicine

Posted January 04, 2012 - 10:43AM EST

First, welcome back emadianos.

I agree with Traveler that the question is way too broad and I could write a book on the subject, as your friend is going to do.

I will give one example of the direct effect of government regulation:

The HITECH act requires that I e-prescribe with a federally approved EMR. As an early adopter of EMR, my fully functional EMR does not meet the requirements, so my $50,000 investment is a paperweight. So, out goes another $50,000 to meet the requirements. Now, on to e-prescribing...
The state of Florida requires that all controlled substances (including cough syrup) be hand written on a state approved prescription pad. I then have to scan the state approved prescription into my federally mandated EMR. I also practice near a military base and many of my patients get their drugs filled at the military base. However, the federal pharmacy does not accept e-prescribe. They also don't allow digital signatures. So, my federally approved EMR and federally mandated e-Rx is not accepted by the federal pharmacy. So, I must print the prescriptions and then individually sign each of them.

Plus, doing my part to help stamp out fraud and abuse of home health and DME, I now have face-to-face documentation that needs to be completed. It must be hand written in the doctor's own handwriting. Now, I must handwrite everything from my federally mandated digital chart onto my federal mandated handwritten face-to-face evaluation.

That's without even touching on PPACA.

Mark this comment helpful | 29 physicians found this comment helpful

emadianos

Radiology

Posted January 04, 2012 - 10:58AM EST

thanks rvbaby1-

I had forgotten to include that. It is an excellent example of a regulation whereby patient autonomy and individual control over one's own life and medical care decisions are subjugated to the personal philosophical / religious beliefs of the people and ruling elite.

When government pays the bills, government makes the rules.

Mark this comment helpful | 2 physicians found this comment helpful

Whatagas

Anesthesiology

Posted January 04, 2012 - 10:59AM EST

1) What are the kinds of government regulations that have impacted your practice of medicine and how?
Quality, payment, mandated practices, and "compliance" issues have affected my practice dramatically badly.

2) How do your colleagues view these regulations?
Burdensome, onerous, and of little benefit to patients, physicians, or "the system."

3) Do these regulations at all affect your motivation to continue practicing?
Yes. I'm part-time now and dropping out completely ASAP.

4) Has the regulatory state in medicine changed throughout the course of your practice?
Duh...

Mark this comment helpful | 9 physicians found this comment helpful

rarmstrong

Surgery - General

Updated January 04, 2012 - 11:01AM EST

emadianos,

Agree with the points above. Your contact should pick up the small book.."The Two Days that Ruined Your Health Care"...

http://www.amazon.com/DAYS-That-Ruined-Your-Hea...

by William Waters as a short intro to how government intervention got started in American health care.

It all flows from the tax changes in 1943 and the passage of Medicare in 1965.

The state by state regulation of insurance, which was "allowed" by McCarran-Ferguson, also plays a huge role, resulting in numerous state mandates that have a general deleterious effect on the market and physicians interaction with health insurance companies.

There is so much more. As Lee said, we haven't even touched the ACA.

Mark this comment helpful | 5 physicians found this comment helpful

lasermed1

OBGYN

Posted January 04, 2012 - 11:11AM EST

HIPAA - I can no longer talk to a patient's family without their permission -whether or not the patient is competent. This is difficult with mentally challenged or alzheimer's patients. It's also a pain in the posterior when I call offices concerning my family.

CLIA - all the "easy" labs we used to do in the office - either now done for free - cash only - or sent out because insurance won't pay. Urine dipsticks, pregnancy tests (urine or blood), wet smears, ph testing, ...

OSHA

Mark this comment helpful | 8 physicians found this comment helpful

emadianos

Radiology

Posted January 04, 2012 - 11:22AM EST

Thanks for the warm welcome back leegross- and thanks all for the excellent feedback so far- very helpful.

This helps me with some the things I've overlooked or that I'm insulated from somewhat as a radiologist.

Mark this comment helpful | 1 physician found this comment helpful

freeflow

Urology

Posted January 04, 2012 - 12:13PM EST

EMTALA: has turned ER's into third world countries

Mark this comment helpful | 8 physicians found this comment helpful

drnopain

Pain Medicine

Posted January 04, 2012 - 12:16PM EST

we have become indentured servants, plain and simple and its getting worse. Yessir master.

Mark this comment helpful | 3 physicians found this comment helpful

Firedoc1

Family Medicine

Posted January 04, 2012 - 12:32PM EST

Over regulation, gubmint corruption, impending gubmint bankruptcy, lack of personal responsibility, gubmint dependency, and TNTC other issues, will bring the republic down.
Individual survival will be at the whim of our benevolent Chinese masters.

Mark this comment helpful | 3 physicians found this comment helpful

 emadianos

Radiology

Posted January 04, 2012 - 12:56PM EST

Interesting- and please correct me if you disagree here.....I'd like to offer the opinion that both EMTALA and CLIA and countless other such similar general and specialty -specific regulations share one thing in common:
the government's attempt to -and successful extraction of - free services from physicians. Of course, 3rd party payers do the exact same thing by following the government example in lockstep.

While the effect of all such regulations are the same, the method employed differ- and are revealing of a certain bureacratic mindset. EMTALA seeks to extract such free services by statutorily mandating ER services to all -comers regardless of ability -or even intent- to pay for such services. It does so under by means of legal threats or

actual penalty of fine and professional if services are withheld.

The perverse medical malpractice laws are similar thuggish attempts to use legal threats to a physician's medical license/ professional reputation and ability to earn a living should he/ she not order various tests or procedures to CYA regardless of whether these tests get reimbursed.

I think government and 3rd party bureaucrats are smart enough to realize that most doctors are commited to the proper care of their patients and committed to doing the right thing by them to ensure they get good medical care. If that care requires a UA or pregnancy test at the time of an office visit, many may be willing to do so despite not getting paid for such service. It is a more a matter of exercising one's unforced medical judgment and professional integrity at their own expense - and payers have learned that doctors are often willing to do this.

What it amounts to is essentially the dishonest extraction of free services from doctors by relying on the victim's own virtue/ professional integrity. As such, it night be regarded as what Ayn Rand once called " white blackmail" .....which requires the cooperation and sanction of the victim to perpetrate.

Mark this comment helpful | 8 physicians found this comment helpful

rarmstrong

Surgery - General

1,000 100

Posted January 04, 2012 - 01:11PM EST

EMTALA is viewed by some as a "taking" of physician services unjustly.

Mark this comment helpful | 4 physicians found this comment helpful

emadianos

Radiology

100

Posted January 04, 2012 - 01:34PM EST

Dick, It is my understanding that a failure to explicitly comply with EMTALA 's regulations can subject the offending physician or ER to civil fines. Is this not true?

Mark this comment helpful

rarmstrong

Surgery - General

1,000 100

Posted January 04, 2012 - 01:46PM EST

Yes, or worse. I have had several detailed conversations with ex Arizona Congressman John Shadegg about this subject, as it relates to the issue of uncompensated care and cost shifting.

As you are aware, the administration "sold" the ACA to the general public in part by arguing that major cost shifting occurs...to the tune of about $45 billion/year, and that this is a dollar to dollar shift. In other words, for every dollar

that hospitals are forced to "spend" on the uninsured, all of the rest of the insured population has to pay that dollar.

That assertion is false. In fact, there is good data to show that the "cost shift" caused by the uninsured accounts for about a 1.5% increase in insurance premiums for those who are insured, on a yearly basis.

This makes the government argument false. However, the falsehood was promulgated on a Congressional "finding" which solidified it in the eyes of the court. This gets very technical.

We have written a bill for introduction in the House that corrects this assertion. It took us over an hour to get the health care attorneys for Congressman Tom Price to understand it. It will not be brought up, and America will still believe that the dollar to dollar shift is reality.

The Obama/Reid/Pelosi spin machine at work...again.

Mark this comment helpful | 2 physicians found this comment helpful

wingri

Nephrology

Posted January 04, 2012 - 01:51PM EST

To amswer the original question, in a broad sense, regulation has accomplished several things:

1) Physicians do not largely compete on quality of a service delivered as it has little effect on the bottom line.

2) There is far less innovation in the delivery of care thanks to CPT coding and other regulatory hurdles.

3) It is clear that regulation has drammatically driven up the cost of delivering care.

4) The current 3rd party payer system has weakened the patient-physician relationship. This is in part due to regulation.

On the plus side, regulation has done some good in preventing the system's abandonment of patients when they become financial drains and ensuring a reasonable level of care through state regulation of insurance companies, EMTALA, and other regulations including OBAMA care.

Mark this comment helpful | 6 physicians found this comment helpful

emadianos

Radiology

Posted January 04, 2012 - 02:17PM EST

Thanks Dick- i hadn't heard that statistic.

Interesting comments wingri- I would also submit that the defensive consolidation of hospitals and practices do to increasingly regulation and diminishing reimbursement has further jacked up the cost of care due to diminishing competition on cost and quality of services while simultaneously adversely impacting the doctor-patient relationship and relegating more and more doctors to the employee / indentured service status that drnopain refers to above.

Mark this comment helpful | 1 physician found this comment helpful

emadianos

Radiology

100

Posted January 04, 2012 - 03:27PM EST

I 'd submit that these questions , on their face, do sound very general and self-evident to most of us.

However, he majority of the public are probably pretty clueless about the true scope and extent of the medical regulatory state and its impact.

While they might not be as sympathetic to the negative personal and professional impact they have on doctors themselves, I think their ears perk up somewhat when they realize the extent of the negative impact on the quality and availability of their own medical care.

Mark this comment helpful | 2 physicians found this comment helpful

rarmstrong

Surgery - General

1,000 100

Posted January 04, 2012 - 03:33PM EST

Not to mention the cost of their insurance, if they have to pay for it.

Mark this comment helpful | 1 physician found this comment helpful

emadianos

Radiology

100

Posted January 04, 2012 - 03:48PM EST

yup - good point. The way to get the public to understand the negative impact of the current regulatory environment is to make arguments that highlight the negative impact on their own interests and their own values, not to ours as physicians.

Mark this comment helpful | 1 physician found this comment helpful

aeisen

Pediatrics

1,000

Posted January 04, 2012 - 03:50PM EST

Emadianos you said, "...If that care requires a UA or pregnancy test at the time of an office visit, many may be willing to do so despite not getting paid for such service. It is a more a matter of exercising one's unforced medical judgment and professional integrity at their own expense - and payers have learned that doctors are often willing to do this."

Of course this only works until there is a certain breaking, or threshold point. What my father always called "the indifference point." The point at which your motivation to work for the returns doesn't matter to you anymore. For decades doctors have eaten the cost of certain tests or simple procedures that are not reimbursed in order to provide quality care for their patients. But we are now reaching the point where so many of these small hidden costs have added up that we are reaching the threshold where providing this service is simply no long worth it. Factor that in with the worsening of the economy and over regulation and you have a recipe for disaster.
What if every 6 months I took $1000 out of your paycheck. Maybe you would "suck it up" for the good of your profession and because you wanted to continue you to do what you thought was your calling. But of course there would be some point where you would wake up and say, "you know I don't think it's really worth it for me to go to work today, think I'll take the day off."

Mark this comment helpful | 10 physicians found this comment helpful

emadianos

Radiology

Posted January 04, 2012 - 04:30PM EST

I agree with you 100 % aeisen- my intent was to point out the nature of the charade involved and the method used to employ it. The dishonest extraction of free services from doctors by unprincipled patients and 3rd party bureaucrats is only made possible by the professional medical integrity of doctors.

They know that the unyielding dedication to our own medical judgement makes us prone to submit to such indignities as the price of not sacrificing our medical professionalism.The know it- do we? This is a case whereby one's own virtues and honesty is used against him by the dishonest to perpetrate a crime. It only works by virtue of the sanction of the victim- in this case, doctors.

As a recent Voice of Reason blog post pointed out:

“If a Medicare patient’s need of health care entitles him to it, then why should a doctor have the right to refuse service just because the doctor won’t make money? Wouldn’t that be selfish and greedy?

“There is nothing noble or benevolent about political thugs forcing doctors–the men and women without whom all of our health care needs would go unfulfilled–to sacrifice their time, their energy, and their wealth to anyone’s need.

“Remember: the morality of need means serfdom for doctors.”

An IBD editorial observes

“Washington will eventually treat doctors as vassals of the state.

“They will no longer be the owners of their minds and their labor, their years of study and the development of their skills. All those instead will be owned by their masters on the Potomac.”...

Doctors are being threatened with the choice of either submitting to a modern-day version of slavery, or loss of their careers and livelihoods. This, because many are exercising their basic human right to follow their own convictions, consciences, and professional and economic self-interest. This brazen, legalized thuggery is the logical end result of a society that accepts the principle that, to quote Francisco d'Anconia, “in order to produce, you need to obtain permission from men who produce nothing”

Is this the tip of the iceberg? We are at the beginning of a slow-motion medical catastrophe in this country the like of which the world has never seen. As the trend of socialized medicine spread around the world during the 20th century, there were various instances of doctor resistance. One of the most infamous cases was in 1964 Belgium, where Doctors staged a limited nationwide strike in defiance of the enslavement of their profession – a peaceful rebellion that was crushed when the government instituted a military-style draft…yes, a draft…of doctors into the civilian national health service. But overall, despite varying levels of resistance, doctors ultimately submitted, resulting in the gradual deterioration of heathcare in those nations that government-run medicine is infamous for.

Mark this comment helpful | 14 physicians found this comment helpful

neuro10guy

Neurology

Posted January 06, 2012 - 10:22AM EST

At last-an advantage to being 80.

Mark this comment helpful | 1 physician found this comment helpful

utatlan

Family Medicine

Posted January 06, 2012 - 10:35AM EST

I suppose most regulations arise when there is a glitch in the system, sort of like an exposed nail or screw on your wood deck. But the government doesn't use a screwdriver or small hammer. They get out a pile driver.

But my favorite EMTALA (or "near EMTALA") experience was when I got a call from a hospital ER about 70 miles away that one of my OB patients arrived in labor. The ER doc started by saying, "We don't do OB"--his hospital hadn't done OB for some tie. My first question was whether or not he examined the patient. He hadn't. I asked to have her checked--and heard the nurse in the background shout, "She's complete!" His response was, "What do you want us to do with her? We don't do OB."

Well, they obviously did in this patient's case. It was only a few months later that the major newspaper in the state reported on an OB patient delivering on the highway after being sent away from that same hospital. Don't know if it was the same ER doc.

I don't like regulations any more than most physicians, but some of the blame belongs on the dumb-ass docs like the one I spoke to who don't want to use his training and experience to make a sound judgment. Still, we need to tell our politicians that when they see a gnat, they should use a fly swatter, not a SWAT team.

Mark this comment helpful | 4 physicians found this comment helpful

sfhunter

Neurology

Updated January 06, 2012 - 10:53AM EST

The impact of requiring paper prescriptions for "controlled substances" many of which are fairly innocuous....low dose benzodiazepines, tramadol, pregabalin, low dose amphetamines.

A huge overhead for patient provider and government.

EMTALA system means doctors refuse to practice at hospitals.

Mark this comment helpful | 2 physicians found this comment helpful

gymgoki

Anesthesiology

Updated January 06, 2012 - 10:56AM EST

Awesome though depressing thread.
I started a similar thread about a week ago though containing a heavy dose of sarcasm. I feel compelled to repeat a quote from Ayn Rand's Atlas Shrugged:
"Did you really think we want those laws observed?" said Dr. Ferris. "We want them to be broken. You'd better get it straight that it's not a bunch of boy scouts you're up against... We're after power and we mean it... There's no way to rule innocent men. The only power any government has is the power to crack down on criminals. Well, when there aren't enough criminals one makes them. One declares so many things to be a crime that it becomes impossible for men to live without breaking laws. Who wants a nation of law-abiding citizens? What's there in that for anyone? But just pass the kind of laws that can neither be observed nor enforced or objectively interpreted – and you create a nation of law-breakers – and then you cash in on guilt. Now that's the system, Mr. Reardon, that's the game, and once you understand it, you'll be much easier to deal with."

The government and quasi-governmental "businesses" need to grow and be "relevant" for the public eye. This means more regulations and more control. Their efforts leave a debris feild of mediocrity behind them. Witness our Government school system.

Mark this comment helpful | 11 physicians found this comment helpful

adfriedman2

Gastroenterology

Posted January 06, 2012 - 10:53AM EST

I concur with much of above and Whatagas.. especially to number 4. Many are choosing not to go into medicine and I know many opting out early. The only reason that docs stay in is purely because of the current financial crisis and loss of retirement income. The new icd-10 is so complex in its coding that I suspect many will be overwhelmed. Many primary care are already opting out to concierge medicine at least in my part of the country. Too much paperwork that has nothing to do with patient care with severe cuts always looming overhead and many barely getting by. People still think majority get overpaid for working short hours.. makes me wonder why more don't go into plumbing... oh right.. med school applications and quality are quite down... so maybe they are?

Mark this comment helpful | 1 physician found this comment helpful

rifmd1965

Rheumatology

Posted January 06, 2012 - 11:08AM EST

A personal story will answer all four parts of the question posed.

My senior associate, a very caring, capable, creative individual, retired about 12 years ago, at least in part because of the intrusions of third parties into the doctor-patient relationship and his ability to care for his patients in the way he thought most appropriate.

I retired 6+ years ago in part because of similar reasons and in part because of the financial uncertainties created by government and insurance companies.

Clearly, these regulations have increased over the years to the point that I don't know how the older doctors remain in practice.

Mark this comment helpful | 4 physicians found this comment helpful

rbruser

Pathology

Posted January 06, 2012 - 11:48AM EST

I fully sympathize with the clinicians. Being a hospital based physician, I see a direct impact of government regulation on the operating cost of the laboratory in addition to all the frustration. On any given day ~30% of the time spent by the technologists and >80% that of the lab supervisors, is to document compliance and quality control . The same applies to the hospital operations. Can you imagine how much we would save if the government gets off our back?

Mark this comment helpful | 7 physicians found this comment helpful

kmbrown

Dermatology

Posted January 06, 2012 - 11:57AM EST

I agree with rifmd1965: personal stories are generally going to tell it best.

Mark this comment helpful | 2 physicians found this comment helpful

bmasseymd

Otolaryngology

Posted January 06, 2012 - 12:18PM EST

I have not seen any mention of ICD-10; Nearing retirement (but not quite there), I'm not sure that I can recoup the costs of making the changes to comply with the new requirements. Any thoughts or suggestions?

Mark this comment helpful | 2 physicians found this comment helpful

 emadianos

Radiology

Posted January 06, 2012 - 12:20PM EST

great job- you just hit that one out of the park with your quote , gymgoki- grand slam!

Mark this comment helpful | 1 physician found this comment helpful

ispine

Pain Medicine

Posted January 06, 2012 - 12:35PM EST

The main problem is that like everything in medicine things start to fall along party lines and become more issues of politics than doing what is correct. Regulations hinder at every step with no importance on efficiency. Why should an epidural at a surgery center fall under the exact same rules as a knee surgery. Convenient rules to follow but decreases efficiency. Regulations are needed, but we should also ask why aren't other industries as regulated. Examples are Canada and Russia in the oil industry. Canada's oil industry is more regulated than the US and they have never had a deepwater horizon whereas russia has the equivalent of a deepwater horizon every 2 months.

Mark this comment helpful | 2 physicians found this comment helpful

jfrost

Surgery - Plastic

Posted January 06, 2012 - 12:44PM EST

Doctors going broke
CNN had this on their front page for less than 24 hours yesterday. I had to search to find it again. Certainly regulation is a large part of this story. http://money.cnn.com/2012/01/05/smallbusiness/d...

Mark this comment helpful | 2 physicians found this comment helpful

paulcyd

OBGYN

Posted January 06, 2012 - 12:45PM EST

The main purpose of the" Affordable Care Act" is to buy votes for reelection.It has nothing to do with quality of care or cost containment.When it has been done elsewhere the rosy results from the politicians report do not hold up when you look under the surface.It has been a proven vote-getter in other societies and by the time the real costs emerge it is too late to undue the system.

Mark this comment helpful | 4 physicians found this comment helpful

sleepydrdr

Endocrinology

Posted January 06, 2012 - 01:11PM EST

Over the 20 years I've been in medicine, the changes have been huge. We are being micromanaged (more like invaded) by every payor (government and private), as well as now having an ax over our necks with outrageous penalties for HIPAA infractions (that may not even be your fault). There has been a slow but sure criminalization of errors, both medical and billing. You don't make mistakes any more, it's fraud. If you are a speaker for a drug company and answer an off label question in front of someone else who didn't ask it, you can go to jail. The paper work in any office is completely out of control, with harrassing prior authorizations for meds, documentation of a month's worth of blood sugars to a payor to justify the number of test strips prescribed, sending documentation of foot exams for shoes, copying and faxing numbers of charts to auditors , not to mention all of this is unreimbursed labor and is costly overhead. Insurance companies and PBM's fax queries, "why isn't this patient on an ARB/ACE, or why isn't this one on a statin?" etc., and the chart has to be pulled and looked at. I just shred all of those inquiries now, I don't have my or staff time to waste because of all the other mickey mouse work, let alone seeing patients. e-scribing, EMR all government madated, sound like good ideas, but there is no data that it results in better patient

care. Patients are alienated by a physician on a computer in the room with them, but not by a physician writing. One study showed an equal number of errors made with written and e-scribed Rx's. I would get out of this if I could, but I'm too old to start over, so I'll just keep plugging along until I can't. I have advised my son to consider some other profession. It's not what it used to be, and it will only get worse.

Mark this comment helpful | 8 physicians found this comment helpful

emadianos

Radiology

Posted January 06, 2012 - 01:31PM EST

For anyone who 's unfamiliar the tiered structure for HIPAA fines for violations is listed here:

http://tinyurl.com/5w3c9s8

My favorite is :

HIPAA Violation

Individual did not know (and * by_ exercising _reasonable_ diligence _would _not_ have _known*) that he/she violated HIPAA

Minimum Penalty
$100 per violation, with an annual maximum of $25,000 for repeat violations (Note: maximum that can be imposed by State Attorneys General regardless of the type of violation)

Maximum Penalty
$50,000 per violation, with an annual maximum of $1.5 million

Mark this comment helpful | 4 physicians found this comment helpful

BaronvonKunstMD

Radiology

Posted January 06, 2012 - 01:34PM EST

I retired one year ago, almost to the day, from active practice- and the last 1 1/2 years of my practice had been doing locum tenens, where most additional regulatory burdens did not fall on my back. I also happenb to be "grandfathered" in my board certification, and do not have to recertify- at least for the ABR. However, many states, third-party payers, and even hospitals, are instituting, or threatening to institute, requirements which would effectively result in the need to recertify to qualify for payment- or, at least, payment on the highest pay scale, beyond the already-established CME requirements. If you don't kowtow and submit to this ersatz recertification requirement, the job opportunities for locums positions will shrink even below the already-low level available for a general diagnostic radiologist.

I have maintained licenses and CME credits on the chance that I might wish to re-enter active part-time practice in the future. If Obamacare survives the Supreme Court and the 2012 election results, there may well be a sudden need for additional imagers because of an increased pool of insured potential patients. Given the increasing burden of time & cost to maintain licenses and certification, however, I have decided not to renew any "correspondence" CME programs as they expire this year, and I will let my state licenses lapse after they begin to approach renewal dates, starting later this year.

So the personal effect, at least for this one physician, is to remove another potential MD from the pool of docs that may be needed if Obamacare does become effective in 2014.

Mark this comment helpful | 2 physicians found this comment helpful

emadianos

Radiology

Posted January 06, 2012 - 01:35PM EST

EMTALA is definitely one of the more burdensome regulations which results in massively overcrowding of ER's with non-emergent cases.

Wondering if any ER docs (or others) want to expand on this and share personal experiences and insights?

Mark this comment helpful | 1 physician found this comment helpful

caution

Psychiatry

Posted January 06, 2012 - 01:40PM EST

Significant regulation began with Medicare. Then Nixon released everything EXCEPT medicine from price controls until a year of inflation occurred before releasing. Medicare has been a political pawn ever since. Since all doctors are unconscionably rich, fees have been kept low, Surprise, physicians are dropping out of Medicare. But wonders never cease, the insurance companies, in policies similar, are fostering Nurse Practitioners and some with 'specialties'. Too bad physicians didn't take a stand against insurance companies when they started to cut fees and regulate how we can treat. Clearly the AMA didn't help.And the HMOs\PPOs were augmented by our participation. Now it has become a problem to pay student loans, but government and insurance industry look the other way.

Mark this comment helpful | 2 physicians found this comment helpful

dpanda

Pathology

Posted January 06, 2012 - 02:03PM EST

In 25 words or less: Government regulations have a profound impact on the practice of medicine and drive up costs. Only occasionally do they actually address a pressing need. These regulations are an attempt to substitute laws and rules for good judgement.

Mark this comment helpful | 2 physicians found this comment helpful

hopedoc

OBGYN

Posted January 06, 2012 - 02:04PM EST

I personally left the private practice of OBGYN after 22 years because government regulations made it too difficult to

maintain an adequate income with a reasonable work load.

Specific concrete examples- small but meaningful in the real world:

Medicare ABN: Time spent to explain to Medicare patients that Medicare may or may not pay for your services and if not then they will have to. Patient says, but I don't want to do anything Medicare won't pay for. Except it's almost impossible to know in advance what Medicare will pay for. Time spent to explain and have patient sign form- could have seen another patient. Patient doesn't sign form- can't get paid.

Medicaid "Pregnancy only plan"- in our state many pregnant women are covered by pregnancy only Medicaid which pays only for prenatal care and delivery. Patient has an abnormal pap? Nope, not covered. Patient has an asthma attack and is in your office?- nope, not covered. Patient has influenze?- nope not covered. Meanwhile patient is in your office awaiting care, which is given, ultimately for free. "Hey doc I can't pay for that, I was on Medicaid, remember"

Medicaid/Medicare reimbursement for in office drugs and devices which is less than the cost of the drug/device.

All insurance companies disallow proper reimbursement for doing more than one thing at an appointment. Patient wants whole list of issues addressed at that one appointment. Solution? address multiple issues and provide free care or piss off patient. Make old lady drive in from far away yet again because Medicare won't pay if you do A and B the same day or do A&B anyway and eat it. It sucks.

HIPPA rules that make it difficult to even call to remind patient that they have an appointment.

Fighting with other providers offices that won't send you records on a patient because they don't understand HIPPA.

Malpractice precedents that basically require that you send each patient who refuses a recommended test after counseling a certified letter saying "if you don't have this test you can die". Patients are basically not responsible for their own decisions.

Global reimbusement for OB which is based on the assumption that the pregnancy is healthy and normal and the woman will present for 10-13 prenatal visits. Almost no pregnancies fit this bill anymore. If there aren't medical issues (obesity, diabetes, ashtma, smoking) there are psychosocial ones (depression, babydaddygone, teens, poverty, smoking). While theoretically there are ways to try to get compensated for all the extra visits that these patients show up for in reality it is almost impossible to do so. All for Medicaid rates (40-70% of pregnancies are covered by Medicaid these days).

Rising massive obesity rates required us to spend 20K on equipment, electric tables, long speculums, scales, armless oversized chairs in each room and in the waiting room. Can
you charge more for a patient with a BMI > 40? You cannot. But the airlines can.

Medicaid decided to "hold" money owed to us for 4 months because they ran out and needed to wait until the fiscal year started again. This was legal. My suppliers and payroll were not required to "hold" their bills to me during this time.

We started trying to recruit a new associate. Starting salaries out the gate were close to what I was making, plus the expectation was a signing bonus of 20 k or so. Most of these salaries were subsidized by hospitals.

And this doesn't even include the start up cost of and EMR that we were going to have to shoulder in a year or two- I left and abandoned private practice. With declining reimbursement the only way to be a successful practice is to be uber-efficient. But regulations prevent you from being efficient.

I could have just downsized and stayed small and increased my work volume but that would have required every other night OB call. In my 50s? Nope.

So I took a job as a hospitat Pays me better that private practice for 6-7 shifts per month. Some say that isn't sustainable long term, but I'm not looking for long term. If it falls apart I'll look at locums in places no one wants to go and travel a bit. Kids almost out of the house, sounds fun. I am no onger willing to work for free and be a martyr. You want my OB services? You pay for them- and the price tag is hefty- as it should be. I work 24 hour shifts and am required to make split second emergency decisions that can affect the lives of multiple players. I tae unassigned patients, home birth disasters and out of control diabetics, abrupting hypertensives. If you don't want to pay me, fine. I'll do clinic work and do just fine thank you without the stress and the adrenaline.

I've actually looked at manpower numbers and there is no long line of OBs standing behind me wanting my job, or any other OB job for that matter.

Mark this comment helpful | 9 physicians found this comment helpful

vetbhamster

Radiology

Posted January 06, 2012 - 02:22PM EST

I had worked years within the federal healthcare system. Once swallowed by the great govt beast, docs often find that much of the day to day patient care regulation is seldom because there is no govt temptation to reducing billing. There are other concerns like all employees have, but much of the methods/routines of practice are set by the docs themselves (with the 'helpful' but medically timid suggestions of the overlords).

I think business regulation of medicine will continue to intensify until globally intolerable for docs. I think the long term trend for medical caregivers is to be absorbed within the beast, whether federal, state, or county healthcare systems. Certainly much of this would be as employees of contractors or direct contracting. Don't know if care would improve or not, but direct care regulation would decrease greatly.

Mark this comment helpful

gymgoki

Anesthesiology

Posted January 06, 2012 - 03:24PM EST

I doubt the government wants us as official employees when they can regulate us into de facto employees. It seems to be working so far.

Mark this comment helpful | 5 physicians found this comment helpful

gymgoki

Anesthesiology

Posted January 06, 2012 - 03:29PM EST

The medical liablity-Plaintiff attorney complex probably would block the federal employment of doctors nationwide since it would cut into their profits. I moonlighted for the VA as a resident. I was relaxed to know that if somebody wanted to sue me they would need to sue the federal government which apparently is not a money maker.

Mark this comment helpful | 4 physicians found this comment helpful

Chopsueinn

Psychiatry

Posted January 06, 2012 - 03:33PM EST

My answer to those questions may not sound relevant.
I am working at VA and I can tell you how medicine is affected by government regulation.

VAs receive initiatives from central office all the time and every VA supposed to comply and apply accordingly. There are specific performance measures that you will have to meet.
One of the performance measures is to cut down no-show rate to 10% and below. The government is very clear about responsibility, it is your(doctors') responsibility that pts show up for appointments and takes medicines, pts do not have responsibility for their own health, you do. If their blood pressure and diabetes were not well managed(they are performance measure for both), that's your fault because pt did not take medications you prescribed and failed to comply with diet and fu. If pt committed suicide, that's psychiatristsfault since they failed to predict and prevent suicide (I have attempted to explain to government officals about the difference between psychic and psychiatrist). You must see pts when they walk in although they no-showed 10 scheduled appointments.
You can't prescribe expensive medications, you have to request for authorization and most of the time, it was disapproved by pharmacy intern. You are not practicing medicine, the government is.
You must please veterans by giving out opioids, benzodiazepines and adderall like candy. Majority of them got sold on street (one veteran told me it was $5000 per month, the only income for him). If veterans complained(you did not prescribe drugs of their choice and abuse), it will cause bad publicity for VA and your performance pay.It is all about numbers and good publicity. The quality of care was far below standard(and it was a joke sometimes) but at the cost of you and I's tax money and insanity. Unfortunately, once universal health care reform begins, it will gear towards current VA model and go straight to the toilet. That's what government regulation will do to medicine.

Mark this comment helpful | 5 physicians found this comment helpful

emadianos

Radiology

100

Updated January 06, 2012 - 03:45PM EST

<< I doubt the government wants us as official employees when they can regulate us into de facto employees. It seems to be working so far.>>

This is exactly true- and highlights the difference between "socialist" medical systems (likely Canada and UK) and "fascist" medical systems- like our own.

A good description of the difference can be gleaned from Ayn Rand's description of the difference between socialism and fascism below, leeping in mind the full power and control of govt over medicine and substituting "the good of patients" for the "public good" extolled in socialism, and recognizing that we, as doctors are the victims in such a system- with patients ultimately following close behind:

"The main characteristic of socialism (and of communism) is public ownership of the means of production, and, therefore, the abolition of private property < ie private practices in medicine> The right to property is the right of use and disposal. Under fascism, men retain the *semblance or pretense* of private property, but the government holds total power over its use and disposal . . . .

Under fascism, citizens < ie doctors> retain the responsibilities of owning property < ie practices> , without freedom to act and without any of the advantages of ownership.

Under socialism, government officials acquire all the advantages of ownership, without any of the responsibilities, since they do not hold title to the property, but merely the right to use it—at least until the next purge.

In either case, the government officials hold the economic, political and legal power of life or death over the citizens . . . .

Under both systems, *sacrifice* is invoked as a magic, omnipotent solution in any crisis—and “the public good” < or patient's good / patient's health, etc > is the altar on which victims <the doctors> are immolated.

But there are stylistic differences of emphasis. The socialist-communist axis keeps promising to achieve abundance, material comfort and security for its victims, in some indeterminate future. The fascist-Nazi axis scorns material comfort and security, and keeps extolling some undefined sort of spiritual duty, service and conquest. The socialist-communist axis offers its victims an alleged social ideal. <free health care for all> The fascist-Nazi axis offers

nothing but loose talk about some unspecified form of racial or national “greatness.” <health care for all>

The socialist-communist axis proclaims some grandiose economic plan, which keeps receding year by year. The fascist-Nazi axis merely extols leadership—leadership without purpose, program or direction—and power for power’s sake.< Think DHHS czar...and rule by federal bureaucrats....>

http://aynrandlexicon.com/lexicon/fascism_and_c...

Mark this comment helpful | 4 physicians found this comment helpful

lasermed1

OBGYN

1,000 100

Posted January 06, 2012 - 05:06PM EST

Back to the "we don't do OB" - if the OB patient is that close to delivery - you DO DO OB. I had a clinic I did on an Indian reservation in North Dakota. I had a woman who was delivering her nth baby (maybe 8th or 9th???) They brought her in from the car to be checked to see if she had enough time to make it to town. Nope - we delivered a healthy baby right there.

That was where I learned not to ask "Don't you want to have this baby?" because she said "NO!"
I learned to ask "Don't you want to get this baby out of there?" The answer is almost always "YES!!!!!!!"

Mark this comment helpful | 1 physician found this comment helpful

lindemulls

Surgery - Plastic

Posted January 06, 2012 - 06:23PM EST

CHOPSUEINN IS DEAD ON LINE BUCKLE UP FOR THE GOVERNMENT PROCTO

Mark this comment helpful

feldendo

Gastroenterology

Posted January 06, 2012 - 08:25PM EST

The practice of GI endoscopy in outpatient surgery centers is being destroyed by over-regulation.
My judgment and skillsare less important than copying history and physical information from one page to another, initialling wasting of drugs by nurses, conforming to a rule that a patient may not be wheeled into a procedure room until a complete h an p is completed (even though HiPPAA compliance suffers, scrutiny of gloves and gowns and handwashing, pages of documentation including the new Safe Surgery Checklist.
None of these regulations add one iota to patient safety or outcomes.

I do not object to rules that add to safety, but people making rules who know little about our training and practice have no business issuing new ones every year.
It's "make rules first" and prove they are necessary later.
Government has it backwards.

Mark this comment helpful | 5 physicians found this comment helpful

feldendo

Gastroenterology

Posted January 06, 2012 - 08:29PM EST

Regarding the regulatory state question, the outcomes of endoscopy have not changed much over 3 decades I have practiced.

When I started, there were no automated b.p. monitors or oximeters, no reversing agents for valium , and a half page pre and post procedure form.

The volumes of monitors, including largely unnecessary EKG monitoring for conscious sedation have done nothing by cost us money, waste time, decrease efficiency, preoccupy doctors and nurses who can no longer spend the time interacting with our patients.

Mark this comment helpful | 1 physician found this comment helpful

hpymd123

Internal Medicine

Posted January 06, 2012 - 09:41PM EST

There are so many cumbersome regulations at both state and Federal levels that each day make me rethink continuing the practice of medicine.

Check out this recent CNNMoney article:
http://money.cnn.com/2012/01/05/smallbusiness/d...

We are not the only ones being stretched thin in our quest to not only practice, but to practice independently.

State licensing and the related expenses, along with the expense of EHR/compliance, regulations concocted by people who don't know the first thing about medicine or the practice, and a host of payor infractions make it even more challenging to stay in practice each year.

Mark this comment helpful | 1 physician found this comment helpful

Sp1ndoctor

Oncology - Hematology/Oncology

Posted January 06, 2012 - 09:54PM EST

Little too add to many great comments above.

I love this quote ...

<The dishonest extraction of free services from doctors by unprincipled patients and 3rd party bureaucrats is only made possible by the professional medical integrity of doctors. >

Especially because as much as much of reform is couched in language that depicts doctors as money hungry abusers of the system, the success of reform, especially ACOs depends upon altruistic actions of participating

physicians ...

.. while the paradox is probably lost to the general public, it should be obvious to all here

=======

And let me also welcome you back, emadianos

Mark this comment helpful | 7 physicians found this comment helpful

emadianos

Radiology

Posted January 06, 2012 - 10:09PM EST

thanks Sp1N

Mark this comment helpful | 1 physician found this comment helpful

gymgoki

Anesthesiology

Posted January 06, 2012 - 11:03PM EST

I agree with sp1 as well.
Our integrity is their trump card.
.....
If rules and regulations increased patient safety or improved care we would all be on that bandwagon.....this string wouldn't exist.

Mark this comment helpful | 1 physician found this comment helpful

drtrouble

Internal Medicine

Posted January 06, 2012 - 11:11PM EST

In a nutshell:
Intent generally may have been good.
Execution has been horrible.

e.g CPT designed - by AMA and copyrighted providing a monopoly - was designed to somehow provide a means of comparing apples to oranges - procedures to cognitive.
In the process, it mandated the coding straightjacket ... guidelines which have made notes nearly useless. They say emphasize all that is negative, not what is positive. It eats up the notes and makes it nearly impossible for the records to communicate. They are all about CYA.

CPT has been instrumental in turning medicine from a noble profession to a widget industry - with "encounters" as the widget, not care - as diagnosis, relationship. It makes each of each of us fungible. And each patient similarly so.

It has push us to 1984 more than any other.

Through those little bullets, a PA-C is equal to an experience MD is equal to any fully licensed MD (e.g. resident).

EMTALA was meant to prevent "cherry picking" and was meant for the for-profit hospitals that sprung up. Prior, hospitals were non-profit arms, often of religious organizations (Jesuits, Dominicans, Lutherans, Baptists, Jews....) and as such, were there to provide care - charity when needed.

Medicare, although helpful so the elderly CAN afford medical care, and Medicaid, with the myth that all the poor could also afford medical care, made these hospital entities feel like they needed to collect from each patient now. There should be no need for charity care. (Wrong.)

There is something to be said for "uniformity" but also a need to maintain the individuality issue. Think prices. (Oh this is about prices.) A&P made a name in part due to uniform pricing (as well as the distribution system). Prior, the mom and pop stores, the General Store, would allow the shopkeeper to charge what they would or bargained with the customer. Now, it's the stated price, unless it's a farce and it's all about the "% off."

And, similarly HIPPA - the intent was for security with electronic processing of medical bills. It's become an monstrosity especially in all the myriad misinterpretations.

Mark this comment helpful

IsaiahAmoz

Family Medicine

Posted January 07, 2012 - 12:29AM EST

1) Innumerable. Everything from (as mentioned above) to how we get paid, to what we can and can't do at a single visit, to what sort of tests we can do in the office or not, to virtually every interaction every day with every patient.

The practice of medicine in the USA is almost becoming a gallows humor demonstration of the law of unintended consequences.

2) Most colleagues and I view these as onerous, and inhibiting our ability to serve our patients well.

3) Absolutely; it makes me at least strongly consider practicing in another country... and regret thinking I when I left engineering to go to medical school it was so I could be more 'independent' and self-directing in my career (ha!)

4) Absolutely; it's getting worse and worse, more and more onerous.

Mark this comment helpful | 3 physicians found this comment helpful

shrinkwrap

Psychiatry

Posted January 07, 2012 - 01:05AM EST

The Medicare system is essentially "price fixing" on a very large scale of a very large industry. Price fixing never works. That is why I have opted out of Medicare.

The more our federal government gets its hands in our lives, the more it needs to come up with inane rules and regulations to manage their intervention. If the government would just follow the Constitution, healthcare in our country would be much better.

Mark this comment helpful | 3 physicians found this comment helpful

jshuler

Emergency Medicine

Posted January 07, 2012 - 11:59AM EST

I'm workin' on gettin' out while the gettin's good! EVERYTHING is over-regulated and it's worsening by the day.

Mark this comment helpful

EndocrineMD

Endocrinology

Posted January 07, 2012 - 01:30PM EST

Regulations and abuse are the reasons I opted out of Medicare in 2010 and never took Tricare. Got out of Medicaid in 2005. While other govt regulations (HIPPA etc) are still affecting me, at least I don't deal with the govt financially. One of the best decisions I ever made

Mark this comment helpful

kmbrown

Dermatology

Posted via iPhone January 07, 2012 - 03:16PM EST

It is HIPAA, not HIPPA, and I got out of that, too (yes, it is possible).

Mark this comment helpful

fiklein

Psychiatry

Posted January 07, 2012 - 07:06PM EST

The government assumption seems to be that "DOCTORS ARE EVIL." Government and insurance companies want to second guess our clinical decisions, laws are passed so that it is easier to sue us for poor outcomes, auditors come and look over our work to see if we are committing fraud, and if two doctors talk about how much they charge, it is considered an antitrust violation. I see government as strangling us. And this is how I feel on a good day.

Mark this comment helpful | 3 physicians found this comment helpful

wulfe97

Family Medicine

Posted January 07, 2012 - 07:18PM EST

Now I have to use an EMR and do all the billing that a billing clerk used to do. In 2 years there will be a new documentation system that I do no need to now how to do. There will soon be 74,00o diagnoses.... and for who? Ditto to all the above. I can no longer run my own lab in the office, so I make less. I cannot afford to have a single practice, so I work for a hospital. They have already changed everything.

Mark this comment helpful

mgmoffat

Hospitalist

Posted January 07, 2012 - 08:50PM EST

In a nutshell:

Doctors (and nurses) spend more time charting than they do in actual patient contact.
To me, this says it all.

Mark this comment helpful | 5 physicians found this comment helpful

primus

Ophthalmology

Posted January 07, 2012 - 10:37PM EST

In addition to above the rbrvs has been tough for many of us.

Mark this comment helpful | 2 physicians found this comment helpful

BaronvonKunstMD

Radiology

Posted January 08, 2012 - 07:34AM EST

Chiming back in-

The main problem is the snowballing of regulation. It reminds me of my former imaging practice. When a new modality came into being (think MRI) and proved applicable to a given clinical problem, the tendency for ordering physicians was, initially, to ADD the procedure to their list of ordered studies, but not to REMOVE any older, and now duplicative, modalities from that same list.

The government functions similarly. A problem becomes perceived by the general public, and therefore becomes politically important, or it becomes too costly to the patient and/or gov't. bookkeeper, and must be lowered. A new law is passed to address the situation.

The differnece between the two is that the ordering doctor eventually is made aware that the old imaging modality is duplicative and stops ordering it, and/or develops confidence that the new modality is truly effective and stops ordering the old one. In contradistinction, the gov't. NEVER repeals an old law/regulation, but they just pile up.

It's time in not only medicine, but in all fields of gov't. laws and regulation, to review the whole body, eliminate ones

no longer effective, and consolidate those which are deemed necessary into a smaller body of law which can be more easily understood and followedand, once completed, replace the old with the new at one stroke. The same is, of course, true for the number of gov't. agencies, and the number of people they employ.

Of course, if the aim is to potentially criminalize everyone and put them under threat of gov't. prosecution at anytime, as theorized by Ayn Rand and included by a previous poster, we'll never see this. Also, while temporarily increasing the workfoce of lawyers and gov't. workers needed for implementation, it would ultimately put many of them out of work. People generally don't preside over their opwn ultimate unemployment, so I don't see this happening anytime soon. Yet the gov't. of New Zealand accomplished this in the '90s. It may be worthwhile to find out how they did it, and try it here. Otherwise, we'll all be buried under mounds of paper, and the only areas of job growth will be the prison guards (or brownshirts) necessary to keep us all under control.

Mark this comment helpful

 emadianos

Radiology

Posted January 08, 2012 - 07:38AM EST

I d like to point out that the quote I reproduced earlier about fascism in medicine has even broader applications than the regulation and control of private practices and physical property.

"The main characteristic of socialism (and of communism) is public ownership of the means of production, and, therefore, the abolition of private property < ie private practices in medicine> The right to property is the right of use and disposal. Under fascism, men retain the *semblance or pretense* of private property, but the government holds total power over its use and disposal .

What is being destroyed by government regulations and mandated unreimbursed care is a doctor,s own right to his own intellectual private property- his or her time, intellectual and physical effort, training, judgment while the fruits of his labor are extracted by threat of fines and physical force.

Mark this comment helpful | 3 physicians found this comment helpful

mverive

Pediatrics - Critical Care

Posted January 08, 2012 - 11:58AM EST

rarmstrong,

"As you are aware, the administration "sold" the ACA to the general public in part by arguing that major cost shifting occurs...to the tune of about $45 billion/year, and that this is a dollar to dollar shift. In other words, for every dollar that hospitals are forced to "spend" on the uninsured, all of the rest of the insured population has to pay that dollar.

That assertion is false. In fact, there is good data to show that the "cost shift" caused by the uninsured accounts for about a 1.5% increase in insurance premiums for those who are insured, on a yearly basis.

This makes the government argument false. "

Even if the government argument was true (that there is a dollar-for-dollar shift for uninsured care), the "bending down of the cost curve" was nothing more than rhetoric designed to fool the gullible into believing that the PPACA would actually decrease medical costs. It hasn't yet, and never will. It was designed to INCREASE expenditures

(elimination of caps on lifetime insurance payouts, for example) and to hide the true cost of provision of medical care by shifting it to taxpayers, private industry, and the privately insured.

Vote buying 101. Convince the majority that they need your intervention, and force the minority to pay for it.

Mark this comment helpful | 3 physicians found this comment helpful

aeisen

Pediatrics

Posted January 08, 2012 - 12:06PM EST

Because of the RAC audits I will no longer see medicaid patients. Too little reward for too much risk.

Mark this comment helpful

jointdoc9

Rheumatology

Posted January 08, 2012 - 12:44PM EST

It is just insane. This country is way overly regulated, particularly in the field of medicine. I wonder sometimes if it really makes any difference at all whether there is a Democrat or a Republican in the White House. I don't think it matters much anymore. Why? Because the devil is in the details. In other words, even if you put an absolute Libertarian as president, is he/she personally going to make the necessary changes in the myriad of laws and regulations that have been in place already for the last 2-3 decades? I mean, all the IRS rules, and all the small Medicare details, the State-imposed regulations on physicians, the ever constant push for more CME credits, unnecessary re-certifications, the ever growing demans for more hours for Ethics, and narcotic prescribing, etc, etc. Most of these are totally unnecessary; however, they have been already an integral fabric of the US and the healthcare system for many, many years, and a new president (or even a entire new Senate) is certainly not going to review all these details, allowing again the usual zealots, bureaucrats, and politically correctness-obsessed individuals to keep doing absolutely the same.

Mark this comment helpful | 1 physician found this comment helpful

snackmd

Gastroenterology

Posted January 08, 2012 - 12:45PM EST

Governmental regulations are systematically ruining medicine. Over the 28 years of my practice I have seen a systematic decline in the quality of care in general. There is too much government and insurance company interference in the everyday practice which is significantly impairing our ability to provide quality care to our patients. In addition they are now governing how our young doctors are trained, which is significantly effecting the quality of the doctors rising through the ranks. The future of medicine in this country is bleak...we are heading to third world status.

Mark this comment helpful | 2 physicians found this comment helpful

kefirchick

Pathology

Posted January 08, 2012 - 01:13PM EST

To emadianos:
1) I have a small solo pathology practice with 5.5 employees, and have been in solo practice for 20 years. This year was my worst year volume wise since beginning practice. And yet, I still had to buy new software for ICD-10 regulations in order to be able to bill for my services. Had to buy a new server to ac
omodate the new software. Had to take out a $20,000 loan to do this. Am doing this ONLY because of regulations.Obviously, I wish to be able to bill for the services I render. THis software upgrade is not something I otherwise need or want. It is NOT improving my efficiency, or my practice of medicine. It is just another $20,000 expense I have to pile on top of the other absurd regulatory expenses that don't help me one whit. (CLIA inspections every two years that I have to pay for myself just for the privilege of being able to bill Medicare patients.) Successful businesses don't make these kinds of purchases, because they can't be justified.

2) No one I know wants to do this, and all of my colleagues are in agreement that these regulations are absurd.

3) Will stop practicing sooner than later because pretty soon, it won't be worth it. My older clients are retiring, and the younger clients are using the big laboratories who offer pass through billing and other incentives that I can't begin to afford--same incentives that the drug companies used to offer before "ethics" regulations caught up with them ha ha. (Ironic that the none of the current laboratory regulations have been of any help to me-maybe I wouldn't be so opposed to regulations if, for once, they did something in my favor)

4) I have been in practice for 20 years. Yes, there are many more regulations than when I started. So much so that I don't see how a new pathologist can start up a small independent laboratory without an outside source of income. This ultimately cuts down on competition, and soon, there will be only the gigantic corporate laboratories left. Who wants to spend time in medical school, internship and residency only to end up working for a corporation? You don't need an MD for that. Plus, I tried contract labor pathology for a couple of the big labs, and I was miserable.

Have I answered your questions?

Mark this comment helpful | 4 physicians found this comment helpful

Whatagas

Anesthesiology

1,000 100

Posted January 08, 2012 - 02:44PM EST

This is a summary, from CMS, of the regulatory legislation of the last decade. I found it on page 1 of the executive summary of the following document and point out that, as a summary, it refers only to the "highlights" of recent regulatory efforts. There is much more in the 270 page document:

"Justification of Estimates for Appropriations Committees, 2012", located at:

http://www.google.com/url?sa=t&rct=j&q=...

Although the OP's original question asked how regulation has changed over the course of my practice (20+ years now), this last decade's worth of changes have coincided with the change in my view from medicine as a fulfilling and rewarding profession based on caring for patients to medicine as a state of stressful indentured servitude based on supplying services to demanding and, sometimes, ingrateful consumers.

In the past decade, legislation has significantly expanded CMS' responsibilities. In 2003, the Medicare Modernization Act (MMA) added a prescription drug benefit, the most significant expansion of the Medicare program since its inception in 1965. In 2005, the Deficit Reduction Act (DRA) created a Medicaid Integrity Program to address fraud and abuse in the Medicaid program. The Tax Relief and Health Care Act of 2006 (TRHCA) established a physician

quality reporting program and quality improvement initiatives and enhanced CMS' program integrity efforts through the Recovery Audit Contractor (RAC) program. The Medicare, Medicaid, and State Children's Health Insurance Program Extension Act of 2007 (MMSEA) continued physician quality reporting and extended the CHIP, Transitional Medical Assistance (TMA), and other programs. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) extended and expanded the physician quality reporting program and established an electronic prescribing incentive program and value-based purchasing for end-stage renal disease services. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) improved outreach, enrollment, and access to benefits within the Medicaid and CHIP programs, and mandated development of child health quality measures and reporting for children enrolled in Medicaid and CHIP. The American Recovery and Reinvestment Act of 2009 (ARRA or "Recovery Act") provided investments for technological advances, including health information technology and the use of electronic health records, and prevention and wellness activities. More recently, in March 2010, the President signed into law the Affordable Care Act. The legislation contains numerous provisions which impact CMS' traditional role as the overseer of the Medicare, Medicaid, and CHIP programs including: a major expansion of the Medicaid program; a two-year extension of CHIP; the establishment of a new Federal Coordinated Health Care Office in CMS to improve care for beneficiaries who are eligible for both Medicare and Medicaid; the gradual elimination of the Medicare prescription drug "donut hole"; and the creation of a CMS Innovation Center to explore different care delivery and payment models in Medicare, Medicaid, and CHIP.

In addition, CMS has recently become responsible for the implementation of the Affordable Care Act's consumer protections and private health insurance provisions. These provisions provide: new coverage options for previously uninsured Americans with pre-existing conditions; reimbursement for employers to help pay part of the cost of providing health benefits for early retirees, their spouses and dependents; new requirements regarding the market conduct of private health care insurers; and new consumer outreach and education efforts to help consumers assess their options and determine their eligibility for public programs. By 2014, CMS will work with states to create new competitive health insurance markets that will operate through exchanges and provide millions of Americans with access to affordable coverage.

Mark this comment helpful | 2 physicians found this comment helpful

Whatagas

Anesthesiology

Posted January 08, 2012 - 02:55PM EST

Sorry - missed the edit window...

Missing from the summary above are HIPAA, EMTALA, and a number of other laws which, overall, have negatively affected health care quality. Most importantly, the Healthcare Quality Improvement Act of 1998 is the most discriminatory (against physicians) of all the healthcare legislation passed since the inception of medicare, and has effectively silenced physician criticism of, and resistance to, the negative changes brought about by all the other legislation, under the threat of loss of the ability to practice one's chosen profession.

Mark this comment helpful | 3 physicians found this comment helpful

twhc31

Family Medicine

Updated January 08, 2012 - 03:53PM EST

healthcare for all , at premium price , give result to provider suffering for all , at negligible price

Mark this comment helpful | 1 physician found this comment helpful

kmbrown

Dermatology

Posted via iPhone January 08, 2012 - 04:12PM EST

Our own finances are the only thing that hold us in. The "public" will eventually get the health care they deserve, unless willing to pay for it directly themselves. The sooner that physicians stop enabling this mess, the sooner that members of the public will figure it out. Make yourself available only under conditions that allow yourself the freedom to practice medicine properly. This is not a violation of the Oath by the Name of Hippocrates; it is actually a professional obligation not to practice under conditions that lead to a degradation of quality.

Mark this comment helpful | 10 physicians found this comment helpful

rarmstrong

Surgery - General

Posted January 08, 2012 - 04:16PM EST

Bravo, kmbrown!

Mark this comment helpful | 1 physician found this comment helpful

emadianos

Radiology

Posted January 08, 2012 - 04:55PM EST

Excellent feedback above- and special thanks to kefirchick and whatagas

Mark this comment helpful

slh53041

Radiology

Posted January 08, 2012 - 11:50PM EST

I hope your "friend' got what she wanted.
The questions are so non-specific that you could throw the whole medicare act and follow-ups in there.

as for you, emadianos, I would hate to be on the receiving end of one of your reports.

Mark this comment helpful

mgmoffat

Hospitalist

Posted January 09, 2012 - 07:31AM EST

Absolutely incredible--- and sobering--- thread. So many of the posts are spot-on.

So, how to channel all of this insight, experience, and impending catastrophic reality into substantive resistance to--- and, God willing, reversal of--- the thugs who are imposing it?

Can someone, please, give us a plan, and an organization to implement it...?

Mark this comment helpful

rarmstrong

Surgery - General

Posted January 09, 2012 - 08:06AM EST

mgmoffat, we are hard at work on exactly that...

http://docs4patientcare.org/

Mark this comment helpful | 1 physician found this comment helpful

voyager5k

Family Medicine

Posted January 09, 2012 - 09:29AM EST

OSHA, HIPAA, CLIA, The HCQIA of 1986, EMR

this doesn't even begin to mention state regs.

Bureaucrats and politicians are morons.

Mark this comment helpful | 1 physician found this comment helpful

gymgoki

Anesthesiology

Updated January 09, 2012 - 11:15AM EST

From Whatagas's post I gleaned this:
1. MMA
2. DRA
3. TRHCA
4. RAC
5. MMSEA

6. TMA
7. MIPPA
8. CHIP
9. CHIPRA
10. ARRA
11. HIPAA
12. EMTALA
That's a lot of sheriffs.

But of course they are enforcing benefit expansions, reducing the deficit by addressing fraud and abuse as well as physician quality reporting and quality improvements, recovery of fraudulent charges, some more physician quality improvements, value based purchasing, not to mention improving outreach, enrollment and access to benefits, mandated development of child health quality measures, the investment of technological advances, ensuring prevention and wellness activities……(I'm not sure what OSHA, CLIA and HCQIA do FOR us).....so there you have it: The government is here to help us.

----------Holmes: "Watson. Do you smell that? I believe it is the scent of the Sarcasticus smartassium."
----------Watson: "By Jove Holmes, you're right!"

Mark this comment helpful | 3 physicians found this comment helpful

RPr3VOLution

Family Medicine

Posted January 09, 2012 - 11:27AM EST

dpanda (above): "Government regulations have a profound impact on the practice of medicine and drive up costs."

I would widen that great comment to: Government regulations have a profound impact on EVERYTHING. Everything that the government touches either goes bankrupt or becomes corrupt. Medicine has both corruption and bankruptcy to deal with due to government involvement. Medicare and Medicaid are both broke, so is Social Security. Many scores of ERs have closed due to EMTALA. CMS has told my hospital that patients should be allowed to fall down. We cannot prevent falls, but we are liable for any injuries resulting from falls should they occur.
In less than one year, Obamacare will begin, a 2,700 page bill that contains not one word about tort reform. On 1-1-2013, 30 Million patients that heretofore were not insured will instantaneously become insured The system will be swamped, with the lack of primary care doctors already clearly manifesting itself. We have a year to prepare for what is coming our way. The way to fix this mess is clear as it everywhere else, and that is to get the government out of medicine. If that doesn't happen, medicine is doomed.

gymgoki's quote from a passage of Atlas Shrugged is very appropriate for this thread. The Engine of Medicine is being stopped by government bureaucracy and regulations, but in our case there is no Dr. John Galt rescuing us. Addressing the questions poised above will do nothing to change what is happening to the worsening delivery of medical in this country. The AAFP pays lip-service to its members, but not much more. They are too close to the government, and maybe already compromised by these same bureaucrats.
Question: How do we get the government out of medicine?

Mark this comment helpful | 2 physicians found this comment helpful

leegross

Family Medicine

Posted January 09, 2012 - 11:30AM EST

Don't forget ERISA.

Mark this comment helpful | 2 physicians found this comment helpful

aeisen

Pediatrics

Posted January 09, 2012 - 11:41AM EST

Don't forget OBAMA

Mark this comment helpful | 1 physician found this comment helpful

gymgoki

Anesthesiology

Posted January 09, 2012 - 11:57AM EST

This house of cards may topple in the next 3-4 years. We will be blamed for and buried in the rubble pile. Just this morning I read two disturbing things. One is a post/string from Sermo:

Where Your Reimbursement Will REALLY be in 2014.
https://app.sermo.com/posts/posts/115594

and from CNN Money:
“Doctors going Broke”
http://www.linkedin.com/news?actionBar=&art...

I wish I could say RPr3volution that this debacle will force "the Market" to alter the game. I have little hope of this. History predicts more sheiffs.

The Zenith of American health care has passed. I fear as I get older and will need health care myself, I will be dealing with a mediocre system with rationing, increased shortages.....

Mark this comment helpful | 1 physician found this comment helpful

hopedoc

OBGYN

Posted January 09, 2012 - 12:31PM EST

I agree.. Some hard truths (imho):

1. The public wants "free" medical care. This has been true ever since employer purchased insurance came on the scene. No one has plumbing insurance, oil change insurance, new curtains for the living room insurance. People expect to pay for those things. But they do have health insurance.. they do not expect to pay for care. This paradigm has been in place for so long I do not see it changing anytime soon. The new paradigm in the Western world is government funded "free care" which involves rationing of services. People have and will accept this, they have in Europe- oh they grumble, but I don't see them voting to change it. In fact they cling to it when someone threatens to change it or privatize it.

2. Of course "free" medical care is not really free. But the average American reads at a 5th -8th grade level and

watches a lot of TV. They are not analyzing economic policy other than how it relates to their pocketbook of the moment. Decisions are made with emotions.

3. Having grown up in the military and observed first hand how people will sit in a walk in clinic for hours to get free care (rather than go off base to a private office and pay cash for the convenience of an appointment and a personal physician) I feel that "cash only" boutique practices will only be possible for a very few physicians like lee and sandy who provide relatively inexpensive, low tech primary care services. My own brother in law will drive for hours to the VA in a neighboring state to see a series of random clinic docs (who actually provide decent care, by the way- I'm not slamming the VA) for "free care" when he could utilize his Medicare locally with a personal physician- except that would cost money.I suspect the gas and wear and tear on his car exceed what he is saving. Most Americans are bad at math and bad at saving (look at our national savings rate) and my family is no exception.

4. People don't want their doctors to make a profit. They don't want us to be business men. They have a romantic notion that we are (or should be) practicing medicine solely for altruistic motives. Money changing hands when someone's life is at stake is "icky". This is why services tend to be provided first with payment later. Or maybe payment later. This is why many docs have a hard time refusing care if the co pay or payment isn't rendered up front and why the medical bill is the last to be paid. We won't turn the lights off or repossess the car.

5. Medicine as a private business is essentially over. People will accept rationing as the price of free care. Large corporations and hospital conglomerates will have the purchasing power and capital to comply with regulations, purchase new IT systems and deal with lawyers. We are no longer able to do this- ie the angst in this post.

6. We are all headed for either non-medical careers or employment. What the employers are counting on is our tendency to be martyrs- undervalue ourselves, take extra shifts that aren't in the contract, stay late to complete paperwork, skip lunch, take night call for free etc.. When we were in private business for ourselves these things made sense. they no longer do. Our ONLY leverage in this brave new world will be to stop giving away our knowledge and skills for free. A good contract lawyer will be our new best friend.

7. The new docs entering med school will no longer care about being independent and running a business- in fact this is already happening. They will expect to be employees and it will be fine by them. All of us who are huffing and puffing now about how medicine is falling apart will be viewed in the rear view mirror as humorous anachronisms.

8. Yes patients will wait for hours to be seen. Individuals over a certain age will not recieve certain services. Your cholecystectomy will occur when there is a slot open, not at your convenience. No one will care except the very wealthy. It will be the new normal.

Mark this comment helpful | 5 physicians found this comment helpful

hopedoc

OBGYN

1,000

Posted January 09, 2012 - 12:58PM EST

A concrete example--- I used to practice in a small community that had about 6 independent primary care practices, all of which took Medicare and Medicaid. Somehow everyone got taken care of. About 6 years ago things started to fall apart. The main family practice dropped Medicaid. Three older docs nearing retirement closed their practices and took jobs with the , guess what? The new FQHC that set up shop in a neighboring community that was even more rural. Now there are 3 independent practices and the average age of those practitioners is about 55. No one is able to recruit. Meanwhile, the FQHC has expanded to three sites, is building a new clinic building (logs, stone etc..) and continues to accrue patients. People love it- there is a waiting line to get in to the "free clinic" as it is popularly known. Yet it really isn't free- they collect co pays and co insurance just like everyone else. The charge uninsured on a sliding scale. Yet they are able to crow that they are there to serve the needy and "not make a profit". Patients love it. Unfortunately they have the crappiest care in town- it's a revolving door of noctors and marginal docs who come and go at 6 month intervals. The three old guys still do inpatient care, but the newer docs refuse. Everyone goes home at 5, even when there is a 3 week wait to get an appointment. They get more money for the same services everyone else in town is providing and are raking it in. No one ever sees the same provider twice- patients say " gee that's too bad, I really liked doctor X" Then they go back.. Go figure.

Mark this comment helpful | 2 physicians found this comment helpful

gymgoki

Anesthesiology

Posted January 09, 2012 - 12:58PM EST

@hopedoc,
Wow. Well said.
The market will create boutiques (some could say they already exist). The rich will always do fine. I doubt a retired doctor would be able to afford boutique care.

Mark this comment helpful

voyager5k

Family Medicine

Updated January 09, 2012 - 04:37PM EST

hopedoc, frankly we are martyrs. it does give us one advantage though. we will usually have the undying respect of our patients, and we will always be able to sleep well at night.....

some things money cannot buy.

Mark this comment helpful

docpaul

Dermatology

Posted January 09, 2012 - 06:22PM EST

Is there any doctor's web site that thinks Obama is great

Mark this comment helpful | 1 physician found this comment helpful


emadianos

Radiology

Posted January 09, 2012 - 06:25PM EST

Does the expressed willingness to sacrifice his life for another really work to the "practical advantage" of a martyr?

Or does it guarantee that others and the government will take him at his word and will coming running after him offering to help him or force him to benefit their lives by sacrificing his own?

Mark this comment helpful

Sp1ndoctor

Oncology - Hematology/Oncology

Posted January 09, 2012 - 06:28PM EST

<Is there any doctor's web site that thinks Obama is great>

These guys might be .. http://www.pnhp.org/ ... but then again, they are probably unhappy he did not go far enough ..

Mark this comment helpful | 1 physician found this comment helpful

rarmstrong

Surgery - General

Posted January 09, 2012 - 07:28PM EST

I have some background information that both PNHP and Doctors for America(Doctors for Obama) are broke.

Mark this comment helpful | 1 physician found this comment helpful

leegross

Family Medicine

Posted January 09, 2012 - 07:44PM EST

That's OK. They are too big to fail.

Mark this comment helpful | 2 physicians found this comment helpful

wvsteadman

Anesthesiology

Posted January 09, 2012 - 08:04PM EST

When I started out as a surgery resident (yep before anesthesia residency -) an out-patient surgery chart consisted of 3 pages: one for nurses, one for the surgeon and one for anesthesia. It was all contained on a clipboard. Now an outpatient surgery chart is about 30 pages. That sums up government regulation.

Mark this comment helpful | 1 physician found this comment helpful

hopedoc

OBGYN

1,000

Posted January 09, 2012 - 11:03PM EST

Voyager5K- You are right in that our martyrdom used to buy us undying respect from our patients, but I no longer see that this is the case. In the past 5-10 years entitlementiasis has taken over- " I've been waiting 30 minutes, doctors don't value anyone's time but their own, I'm calling Angies list" As you come rushing over from the ER after having cared for a ruptured ectopic with no insurance.... I don't think that people have become more obnoxious, I think everyone's life has become more difficult, finances are tough. Our consumer society and Angies'List sets up expectations for consumer services that just aren't realistic.

I thinkmartyrdom is like alcoholism- we need to go to MA- "Hi , I'm hopedoc and I'm a martyr." The only thing martyrdom seems to be buying us now is burnout, acohol and drug abuse and people trying to find anything they can do to leave the profession after so many years of training with so much to offer. See recent pediatrician post on "physician burnout revisited". What she's really saying is that running a private practice is burning her out-not the actual exam room experience.

If we are going to help others we need to find a new paradigm to help ourselves. rejecting the norm of martyrdom may be the first step.

Mark this comment helpful | 2 physicians found this comment helpful

emadianos

Radiology

100

Posted January 10, 2012 - 09:01AM EST

Voayger5K- I agree with hopedoc...the first step to fighting government regulation and the relentless push to extract unreimbursed services from doctors is for doctors to rejct the notion that a patient's need *entitles* him to unrewarded service from a doctor. If doctors hope to fight the entitlement state in medicine which is progressively crushing them, they cannot do so by pandering to and feeding the entitlement mentality. A good quote comes from a previous post on Sermo here:

"..if doctors themselves tell them that doctors are only the "selfless servants of their patients," people will feel justified in expecting and demanding unearned services < and government will progressively become more adept at "safely" extracting them from us through regulations>.

When a politician tells them that they are entitled to the unearned, many people are wise enough to suspect his motives; but when the proposed victim, the doctor, says it too, they feel that <socialization of medicine > is safe.

If you are afraid of people's irrationality, you will not protect yourself by assuring them that their irrational notions are right....

Doctors are *not* the servants of their patients. No free man is a "servant" of those he deals with. Doctors are traders, like everyone else in a free society- and they should bear that title proudly, considering the crucial importance of the services they offer. The pursuit of his own productive career is- and, morally, should be- the primary goal of a doctor's work, as it is the primary goal of any self-respecting, productive man...."

https://app.sermo.com/posts/posts/25119

Mark this comment helpful | 4 physicians found this comment helpful

Showing 1-100 of 114
‹ Older *1* 2 Newer ›
Newest

Add your comment

You

Family Medicine

Expand

Add Comment

Follow this post

Send to colleagues

Average Rating (11 ratings)

Back to top ↑

Loading...