

The Hard Truths of Health Care Reform: A Primary Care Perspective

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[*NA J Med Sci. 2010;3(2): 104-105.*]

In the past few weeks, I have answered dozens of inquiries on the same topic. What is my opinion on the current health care reform bill in Congress? The reforms really do bear a striking resemblance to what has been implemented in Massachusetts in the past 5 years. The simple easy truths are: 1) we will have expanded health care plans available to approximately 30 million Americans, 2) the plans will include mandates to provide incentives to individuals to participate, 3) health plans will not be able to exclude individuals based on pre-existing conditions.¹ I would hope that these straightforward main elements of the plan would be generally acceptable to a majority of the political spectrum. But recent events have shown that the health plan is indeed very controversial. Unfortunately, I think the health reform plan is often misunderstood. Some of my patients wonder if their current health plans will be more restricted or changed by the reforms. They will not. There are fiscal conservatives that believe it will be too costly despite the Congressional Budget Office predictions that it will save money. While I support the reform plan, I share some skepticism about its affordability. And I certainly would be happy to see less money from my paycheck going to government taxes that might be needed to fund these programs. Then there are the concerns about health rationing. In its most menacing form, there is hyperbole about “death panels”. There is fear that the government will interfere with one’s health care opportunities or freedom to choose. I believe these fears are not realistic threats. In truth we already have many forms of “rationing” that are well understood and accepted in our society. Perhaps the best example is transplantation waiting lists. Patients are prioritized for transplants based on patient need/urgency, availability of transplant organs, and other factors. I do not believe any health care reform in the United States will differ much from these accepted practices in transplant medicine. So I have summarized some of the main pro and con issues about health care reform.

Now let’s look at the issue from the perspective of a primary care doctor. I have practiced medicine now for 20 years. At times my urban location in northern metropolitan Boston has been a designated underserved area for medical services. I have a fairly average sized patient panel of about 2000 patients for a full time provider. My current staff consists of one practice manager, two medical assistants and one nurse practitioner. How do I anticipate health care reform will affect my practice? Well unfortunately most government plans like Medicare and Medicaid pay us less per visit. That would include the recent Massachusetts health care reform plans. So I don’t anticipate making more money. One of the most critical issues for primary care physicians is working conditions. I see patients for about 30-35 hours per week in face to face contact. Much to my dismay that means it takes me an additional 30-35 hours per week of administrative time to complete all of my responsibilities for those visits. This is similar to published reports showing about 50% of provider time is required for care outside the examination room.² Additionally it has been estimated it would take a primary care provider about 17 hours per day to perform all of the acute care, chronic care, and preventive care that is recommended for each patient.^{3,4} And that is exactly the way it feels every day. So here are the hard truths 1) I don’t believe the reforms will make practicing any easier, in fact I think the administrative burdens may increase, 2) primary care will continue to have a significant shortage of providers, 3) I see no credible efforts from politicians, society or providers to solve the problem of increasing medical costs. If we were really serious about saving money in our health care system, we would implement a single payer system that saves 10% of our costs immediately.⁵ Of course, a single payer system was a political non-starter for Obamacare. The only real hope is if the “medical home” model becomes reality. If we had adequate funding to pay for more helpers like nurses and social workers and others to help service our panels, it could improve our situation. It will require a major change in how funds are distributed among medical providers. I believe the reality we are facing, though, is declining physician income for all medical providers like the planned Medicare physician services reimbursement cuts. To do all the work that is required for our patient panels, our panels will need to shrink by about 50% per primary care doctor. If you do the math, I think it becomes much clearer why some providers

Received 31 March 2010; Revised 2 April 2010; Accepted 6 April 2010

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raise the white flag and seek refuge in concierge practices. There are no easy solutions. This is the hard truth.

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