

Deseret News

Jeff Singer: From doctors to bureaucrats: A troubling transformation

By Jeff Singer

March 16 2014 12:00 a.m. MDT

As a general surgeon with more than three decades of experience in private clinical practice, I can safely say Obamacare is the culmination of the fundamental changes I've seen in the way doctors practice medicine.

Unfortunately, these changes have been less progressive and more regressive, with medicine now the domain of pencil pushing rather than patient service.

This shift has been underway for decades. It began in the 1980s, when Medicare imposed price controls and a coding system on physicians who treated anyone older than 65. The regulators believed such standardization would lead to more accurate processing of Medicare claims.

Instead, however, it made doctors and hospitals wedge their patients and services into predetermined, ill-fitting categories. Private insurers, starting in the late 1980s, began pegging their compensation contracts to the Medicare code-based fee schedule, effectively extending Medicare price controls into the private sector.

With the dawn of the 21st century, the bureaucrats behind Medicare decided to go a step further. The federal government imposed further regimentation on America's physicians through a centralized bureaucracy known as the Centers for Medicare and Medicaid Services — the same bureaucracy now in charge of implementing Obamacare.

Using so-called “evidence-based medicine,” CMS instituted protocols based on statistically generalized — rather than individualized — outcomes in large population groups.

It is easy to standardize treatment protocols. It is impossible to standardize individual patients.

Patients should worry about standardized clinical models that ignore the vital nuances of their conditions. Even more, they should be alarmed that the protocols being used don't provide any measurable health benefits. Many were designed and implemented before any objective evidence existed as to their effectiveness. Bizarrely, many protocols are not “evidence based,” despite their name.

The spread of protocols and price controls has coincided with a steady ratcheting down of fees for doctors. Meanwhile, Medicare's regulatory burdens on physician practices continue to

increase, adding on compliance costs. Independent doctors are increasingly selling their practices to hospitals, thus becoming hospital employees. As of 2011, fully 50 percent of the nation's doctors had become employees of someone else — either of hospitals, corporations, insurance companies or the government.

But this doesn't serve patients. The doctor-patient relationship worsens when doctors come to view patients as the hospitals' patients rather than their own.

Enter Obamacare. Because Medicare's price controls ripple across the entire health care industry, any changes to its fiscal stability will affect nearly the entire medical profession. Yet, in an attempt to keep Medicare fiscally stable (which it needs to be, with 10,000 Americans turning 65 every day), Obamacare sacrifices the patient by pushing doctors to the sidelines.

It does so through its "Accountable Care Organizations." Under this system, hospitals, clinics and health care providers are organized into teams that get assigned large groups of Medicare patients. These teams are hemmed in on every side by the practice guidelines and protocols approved by Medicare.

Like in the 1980s, private insurance companies are following suit with non-Medicare versions of this system. In both cases, cost control and compliance with centrally planned practice guidelines dominate.

This means less doctor choice for patients. Once free to be creative and innovative in their own practices, doctors are becoming more like assembly line workers, constrained by rules and regulations.

I joined the medical profession because I want to serve patients, not fill out forms. Thousands of others feel the same way I do.

Thanks to Obamacare, serving patients is harder than ever before. It's no surprise that many of my generational peers in medicine have gone part time, taken early retirement or quit the medical profession for another field entirely. Others are starting cash-only medical practices that accept no Medicare, Medicaid or private insurance.

As these old-school, independent-thinking doctors leave, they are replaced by doctors who need to know more about regulations and red tape than medicine or bedside manner. The "care" in Obamacare's name is thus little more than a broken promise. This affects us all — we will all be patients someday.