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Doctors turned bureaucrats

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As a general surgeon with more than three decades in private clinical practice, I can safely say that Obamacare is the culmination of the changes that 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 over 65. The regulators believed that such standardization would lead to more accurate processing of Medicare claims.

Instead 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 have 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.

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, 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 will get assigned large groups of Medicare patients.

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, this 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.

The "care" in Obamacare's name is thus little more than a broken promise. This affects us all — we will all be patients someday.