



www.bostonherald.com

Bureaucrats a bad Rx for care

By: Jeffrey A. Singer
March 1, 2014

As a general surgeon with more than three decades of experience in private clinical practice, I can safely say that Obamacare is the culmination of the fundamental 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 age 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 federal government imposed further regimentation on 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.

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. 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.

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. 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, Medi- caid 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.

Jeffrey A. Singer practices general surgery in Phoenix, Ariz., and is an adjunct scholar at the Cato Institute. This piece is adapted from a column that previously appeared in the Pittsburgh Tribune-Review. Talk back at letterstoeditor@bostonherald.com.