



By Patricia A. Costante

MEDICINE & BUSINESS:

PHYSICIANS SPEAK OUT IN A UNIFIED VOICE: IT'S TIME TO ENGAGE LEGISLATORS IN THE CONVERSATION

Now that the Supreme Court has confirmed the constitutionality of the individual mandate in the Affordable Care Act, physicians must find a way to fit their personal career goals and their patients' care within the regulations of this Act. As Chairman and CEO of MDAdvantage Insurance Company of New Jersey, a leading provider of medical professional liability insurance in New Jersey, I have many opportunities to talk with physicians, both personally and professionally, about the administrative and regulatory challenges they now face on a daily basis. I hear their frustrations about the loss of control and status in a profession they love and yet which they fear is losing its way.

These physicians have talked to me, and to their colleagues, and to their family and their friends. However, outside that small circle, no one could hear them. And so, in the Summer issue of *MDAdvisor: A Journal for the New Jersey Medical Community*, we gave physician leaders, representing a wide range of physician organizations, a public voice to share their concerns and hopes regarding the present and future state of medicine. To gather this information, we sent out to New Jersey physicians and groups a five-question survey focusing on key healthcare issues. The responses offer a unique, inside understanding of the impact that recent changes in the field of medicine is having on the practice of medicine across the board. Thoughtful and well-articulated articles were published from physicians in solo, large, and hospital practices; and from physicians in oncology, pediatrics, orthopaedics, dermatology, ob/gyn, family practice, physician assistants, and even medical school.

Although each physician-writer presented his/her profession's unique views and beliefs, there was pervasive agreement on many issues. For example, over and over, the writers spoke out about the financial difficulties of adherence to new state and federal regulations. Physicians noted that they need to invest in electronic health record systems and add sophisticated equipment to their offices, which has added greatly to overhead

costs. They must also comply with dozens of new regulations and manage the increasingly complex billing process with multiple payers. And all the while, they worry about projected Medicare cuts.

The response to these financial obstacles is changing the business structure of medical practices. These articles make it clear that there is unified worry that the solo practitioners are being pushed out of the market and that older physicians are being forced to retire. Many have watched with a degree of sadness as solo practitioners and small group practices join larger and



more well-established groups, hospitals or practice management organizations. While the business model of such integration often allows a physician to financially survive, as Donald M. Chervenak, MD, noted: "The net effect of integration is regimentation of healthcare, with little wiggle room to help the patient."

This desire to help the patient was another area of common frustration in the submitted articles. Repeatedly, the physician-writers noted that patients, facing increased out-of-pocket expenses for in-network and out-of-network care, are jeopardizing their health. All observed that this rising financial burden has caused many patients to reduce their level of medical care through impaired adherence to diagnostic and surveillance tests and to treatment and prescription regimes. Additionally, the higher co-pays have caused patients to cancel appointments, stretch out routine visits and even give up medical supervision of chronic conditions entirely. In

article after article, writers expressed the frustration of trying to deal with this economic root of declining quality of care. There is certainly an awareness in the medical community that this problem has additional long-term consequences, even among relatively healthy patients. As Steven Kairys, MD, and his co-authors from the American Academy of Pediatrics-New Jersey Chapter observed: "Soaring co-payments...cause families to postpone or abandon well care visits, which may result in a neglected and easily treated medical condition becoming more serious and difficult to treat—in turn

eral and state levels must reject partisan politics and reduce the excessive regulations that are getting in the way of practicing medicine. It is commonsense that the more time our healthcare providers must spend on compliance with state and federal regulations, the less time they have for patient care.

I encourage all members of the healthcare community to take a first step in opening up an ongoing dialogue with those who make the decisions that have a significant impact on the way physicians practice medicine and manage their practices. Let your legislator know that you cannot

stand by and watch the physician workforce be brutally diminished (especially in the field of primary care)—a situation exasperated by the fact that many physicians now say that they do not recommend their sons and daughters to follow their footsteps into a medical career. This is a very sad commentary on a noble profession.

As we approach the November elections, physicians need to be included in the conversations that healthcare policy advisors and legislators are currently engaged in, and their voices need to be heard. I encourage you to speak up.

If you would like to join our efforts in standing up and speaking out to our legislators, regulators and healthcare leaders on these topics, please send your comments and suggestions to Editor@MDAdvisorNJ.com.

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Patricia Costante is the Chairman and CEO of MDAdvantage Insurance Company of New Jersey in Lawrenceville, New Jersey