

## **YOUR HEALTH CARE CHALLENGES AHEAD**

**Michael S. Williams**

*“Overall, the pollsters said the level of trust millennials have in ‘most American institutions tested in our survey’ had dropped below even ‘last year’s historically low numbers.’”*

- Hunter Walker  
Business Insider

A recent poll by Harvard University’s Institute of Politics revealed that millennials are losing more trust in government the ever before with a dramatic drop in the “Composite Trust Index.” We are indeed living in strange times when the military has a higher public opinion rating than the President, Congress, Supreme Court or federal, state and local governments.

The survey asked, “How often do you trust each of them to do the right thing?” Only 14 percent of the respondents said “all or most of the time.” The alarming aspect of these findings is that many of these poorly trusted institutions are the ones that have taken over healthcare. Would you trust a physician to treat you who you trusted only 14 percent of the time?

Local Santa Barbara physician Daniel Craviotto’s recent Wall Street Journal opinion column, “A Doctor’s Declaration of Independence, It’s time to defy health-care mandates issued by bureaucrats not in the healing profession,” gained national attention last week.

To the point, Dr. Craviotto’s said, “I acknowledge that there is a problem with the rising cost of health care, but there is also a problem when the individual physician in the trenches does not have a voice in the debate and is being told what to do and how to do it.”

Dr. Craviotto’s asks the question: “So when do we say damn the mandates and requirements from bureaucrats who are not in the healing profession? When do we stand up and say we are not going to take it anymore?”

I talked to doctor Craviotto who said that he has been swamped with calls from all over the country from fellow physicians, most of whom run small businesses themselves, which were in total agreement that the time has come for those who actually do the doctoring to speak up and take charge. Otherwise, medical care is going to be run by bureaucrats whose only concern is process, procedures and cost management, not patient care.

One area of significant concern for physicians is electronic record keeping. While most everyone would agree electronic records are important and a benefit, the question is who is going to do the data entry? Who is going to double check for errors and omissions of electronic health records?

It is no small task to satisfy the mandates of The Center for Medicare and Medicaid Services dictates. Most medical offices are hard pressed to do all the additional work and still have time to see patients.

Last year an American Medical Association study by the RAND Corporation found that “Poor HER (electronic health records) usability, time-consuming data entry, interference with face-to-face patient care, inefficient and less fulfilling work content, inability to exchange health information between HER products, and degradation of clinical documentation were prominent sources of professional dissatisfaction.”

My sister, who is in the medical products business says, “This is just the tip of the iceberg. The scrutiny and level of audits would dismantle most industries. No other business has to provide such high level of detail just to get paid for services rendered. And, no payment is guaranteed. Payments can be audited for up to 7 years. They can be taken away – putting the recipient in the position of audit back for repayment based on factual data that can take years.”

It is not just physicians and medical providers who have serious concerns. Patients themselves are waking up to the reality that having insurance and receiving care are two distinctly different things.

Nationally recognized insurance billing expert Lawrence Lievens says, “Hopefully in the future more folks will become better at protecting themselves in advance from medical bills. Those who don’t will be known as victims. Sad, but no different than those who voluntarily choose to become cancer victims by smoking or those who choose to become financial victims of medical bills when they voluntarily choose to not have medical insurance.”

Lievens poses the question: “How hard would you work for an hour’s pay of \$12 – which is now what Medicare pays for some procedures which require a physician to be present with the technician? Answer from some physicians: don’t care ‘cause I’m not a Medicare provider anymore.” In the real world people do not go through the rigors of medical school to end up working for more-or-less minimum wage.

If this is not enough to give one pause, Lievens adds, “Santa Barbara is a “hot bed of physicians dropping out of all payer contracts, including Medicare, Medi-Cal and most commercial insurances (Blue Cross, Blue Shield, United Healthcare...)” This is a serious problem that confronts us all. The medical community cannot work for near free, sustain ongoing slow payments, rapidly growing administrative costs and continue to absorb these costs at a loss – no one can.

Physicians are not the only medical professionals facing significant changes in how they do business. Lievens adds, “Hospitals all over the U.S. are dropping involvement in any health insurance.” As frustrating as it is, can you blame them? Even a non-profit hospital needs to meet expenses.

With so much negative news I thought perhaps some of it may be a bit inflated or not as pervasive as claimed so I met with my personal health insurance broker. Without reservation he confirmed these reports as real and a serious problem for everyone. It became crystal clear; this is much more than simple growing pains and old school physicians who will not modernize.

Sitting about complaining is not going to help our predicament. Assuming things are going to change for the better because of demand or the chance of a glimmer of common sense taking root is child's folly. All of us must get engaged. After all, it is our health and financial future at jeopardy.

Current and future patients need to learn how to advocate for themselves. This includes challenging questionable billings. Lievens suggests that, "Everyone become familiar with the Health Insurance Counseling and Advocacy Program (HICAP) which is in every California government. This program provides objective information and counseling about Medicare, Medi-Cal, health insurance and offers help understanding medical bills at no charge."

Regrettably, despite the attempt to reduce legal claims within health care, the new health care system promotes litigation, particularly malpractice, challenges insurance claims and personal injury aspects of medical finance. A system designed to fail is one that is going to be held accountable in the courts.

Perhaps the greatest tragedy of what is becoming our health care system today is how it is decimating the small practices of physicians and clinics that are quickly becoming overrun with endless new bureaucratic challenges and crippling cash flow realities.

The consolidation of clinics and hospitals will further challenge the "little guy" and as some report, further accelerate current physicians and medical practitioners in taking early retirements.

No doubt these changes and challenges will further promote the development of community para-medicine and local publicly supported clinics as more people are forced to find care elsewhere.

If you doubt the severity of this issue take a look at [ssa.gov/OP\\_Home/ssact/title18/1833.htm](http://ssa.gov/OP_Home/ssact/title18/1833.htm) as just one example of what the medical community is talking about. Moreover, I am told that this is nothing compared to the pending nightmare in new billing codes known as ICD-10.

Everyone needs health care and sooner or later will need the attention of a competent physician. Perhaps it is time to start paying attention to the people who do the doctoring.