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## ***Suggestions to Improve/Maintain your personal Healthcare Access***

*Joannie Parr, April 27, 2012*

### THE PROBLEM:

(read “**Free Healthcare is a Myth**”, “**Catch 22-Electronic Medical Records**”, “**EMRs and privacy rights**”, & “**Chicago-style medical audits**”)

1.) America’s doctors have been under Federal Price Controls since 1992 --- for 20 years!

2.) RATIONING: The SGR (Sustainable Growth Rate) payment formula used since 1998 was intended to punish physicians for not rationing health care to Medicare patients, but doctors cannot ration healthcare because of Hippocratic Oath and medical malpractice laws. Thus the healthcare payers (Medicare, Tricare, State Medicaid, and Insurance Companies) are setting up their own rationing systems, which will be called something like “covered benefits”, using the Federally mandated e-Rx (e-prescribe) and EMR (electronic medical records) systems imposed on all healthcare providers, including your personal physicians.

3.) Really only two ways to make money in medicine today:

- a.) See too many patients, and/or
- b.) Do too many lab tests, imaging studies, or surgeries.

4.) A Texas Medical Association (TMA) study several years ago concluded that Medicare payments covered about 65% of the ACTUAL COST to a physician for Medicare patients. The doctors were having to personally underwrite the remaining 35%. This problem has not improved, but in fact has become even worse.

5.) In a sample analysis of our practice which I did last summer, I found that we are legally able to be paid approximately 23-25% of our standard fees because of Federal and State laws, combined with insurance company contracts (PPO & HMO).

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### SUGGESTIONS:

(read “**How to find a good doctor**”, “**A ‘magic pill’ for seniors**”, “**Your goal - Move one column left**”, “**Seniors face risk of falling**”, “**Seniors ‘aging in place’**”, “**Leisure activities and depression**”, & “**Getting your driver license renewed at 98 – Listen to the expert**”)

1.) Do you have a Primary Care Physician (PCP)? About 40% of our patients do not, and this is a potentially serious problem.

Know your PCP’s emergency care policy. Can you call them directly or does the phone recording say “go to the ER” (and leave me alone).

a.) **Concierge medicine** (also known as **direct care, boutique medicine, retainer-based medicine**): You pay an annual fee or retainer directly to the physician in addition to insurance claims. This group is most likely to survive because the annual fee you pay makes up for the “loss” caused by Federal, State, and private insurance health coverage payments. This only works for PCPs because this fee officially covers additional annual medical benefits. It cannot work for sub-specialists, unfortunately.

b.) **Family Practice Physician, General Internist, or Pediatrician**: This category includes the physicians in private practice where payment is insurance based or cash pay for patients without insurance. These physicians are trying to maintain their independence to care for their patients as best as they can, but they are currently operating under terrible financial pressures.

c.) **Corporate practice**: These doctors are employees of a very large group, most often owned by a hospital system, generally working under 3-year employment contracts which may or may not be renewed. Corporate physicians must produce for the corporate bottom line. You, the patient, “belong” to the corporation, not the doctor, and the corporation can decide that you will see a different doctor at any time.

d.) **Not the Emergency Room!** Part of our healthcare problems today is abuse and overuse of the ER. It is also about the most expensive place to go for routine care. Save the ER for real life-threatening emergencies. Same is true for “stand alone” facilities that call themselves an Emergency Facility (and some folks call a “Doc-in-the-Box”).

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2.) Are you currently under one or more sub-specialists' care?

a.) **Be nice to them....and to their staffs!** You do not want a "Dear Ex-Patient Letter" because you took your bad day out on them. Write thank you notes and tell them how much you appreciate the excellent care they are giving you. If they start to "thin out the practice", such a letter in your record might keep you from losing your doctor.

**Be a compliant patient.** Do what the physician tells you to do. Non-compliant patients also are at risk of being "thinned out."

b.) **Are there sub-specialists you anticipate you will need in the future?** Best not to wait. Go ahead and establish a doctor-patient relationship now....before the practice decides not to accept any more Medicare patients. It never hurts to get started with a "baseline" evaluation so you and the physician know where you are right now. It will definitely help later if the physician is trying to establish health changes, such as heart damage. And you may learn you have a problem brewing that can be prevented if treated now.

c.) **What are your potential elderly genetic problems?** What health problems did your parents and grandparents have? Have you been evaluated for those? These may be potential problems you can keep under better control as you age if you don't wait until they become serious problems before starting treatment.

d.) **Potential Agent Orange Problems.**

e.) **Some possible sub-specialities to consider:**

Allergy, Cardiology, Dermatology, Endocrinology (including Diabetes and Metabolism), Gastroenterology, Neurology, Oncology, Ophthalmology, Orthopedic Surgery, Pulmonary Disease, Rheumatology, & Urology

f.) **Hearing Problems?** Some of you spent too much time in your youth around things that made very loud noises. A lot of hearing aids are a waste of money, and a few are very good. Tom is enjoying his hearing aids, and so am I! Ask him about them if you think you have a hearing loss.

3.) The quality of your future health is definitely going to be affected by your current decisions and lifestyle. The pharmacy has no "magic pills".

a.) **Pay attention to your diet, your weight, your exercise, and other related health habits,** such as smoking. Even if you haven't been living healthy, you can start now. It will help!

b.) **We post the URL to our articles on the practice's Facebook page, which you can locate by the Facebook icon at the bottom of Tom's web site at [www.tomparrmd.net](http://www.tomparrmd.net).** You therefore can continue to read our articles as they come out. Most of our articles are written to help folks keep or improve their long-term health, and we write for all ages, activities, and lifestyles. I have included a number of previous articles in this handout which I thought would be of special interest to you and this class presentation.