Chapter Summaries

1. Clear and Present Danger: Administrative Power

In contrast to almost zero net growth in physicians entering the work force, there has been a 3,000 percent increase in the number of healthcare administrators over the last three decades. (Bureau of Labor Statistics on "Growth of Physicians and Administrators," 1970-2009). As hospitals have continued to buy up private practices, administrators have grown not only in number but also in power and income. While they continue to earn more, physicians are earning less, and patients are seeing their costs rising to cover often exorbitant administrative salaries and the cost of luxurious office buildings to house the administrators. What has increased for doctors are their patient loads, clerical duties, and stress levels. They are expected to comply with onerous and often contradictory business, as well as patient-care regulations, work under extreme pressure, and ensure that patient satisfaction surveys are favorable. Administrators can reduce doctors' income or fire them with no consequences, since physicians are prohibited by law from collective bargaining to their advantage.

2. Electronic Health Records: Breakthrough or Barrier to Patient Care?

In 2009, Congress passed a $787 billion American Recovery and Reinvestment Act, which included $19.2 billion to be used to increase the compulsory use of electronic health records (EHR) by physicians and hospitals. The idea of an electronic, as opposed to a paper-based, system for capturing patient demographic data and recording medical notes is obviously excellent. An EHR system can save time, reduce costs, and provide for more coordinated and effective patient care. However, the way the law has been implemented has been a bureaucratic nightmare. The law changed the way doctors practice medicine in this country and created previously unheard-of problems and dissatisfaction. In a nutshell, EHR interferes with face-to-face patient care, is difficult to use, and forces physicians to do time-consuming data entry. What's worse is that doctors must enter a patient's symptoms, order necessary tests and treatment plans, and write prescriptions—all in the examining room— within forty-five minutes or less. This gives them little time to observe or listen to the patient in order to make an accurate diagnosis.

3. Physicians in Harm's Way: Turning Medical Practices into War Zones

In wartime, doctors live in a constant state of emergency and readiness to report to the operating room even after very little sleep. When their tours are up, many expect the rest of their careers to be a piece of cake. In most cases, they are wrong. During a twenty-four-hour shift, they will often see more than fifty patients, but that is only the beginning of their medical and administrative duties.They are reimbursed only for the direct face-to-face patient care but not for the many long hours spent doing administrative work, which far exceed the time spent on "actual patient care." As their dissatisfaction increases, their options decrease. Whereas, in the service, they felt appreciated, here at home, they feel diminished. Some look back on their wartime duties as exhilarating and satisfying. Comparing it to their lives in huge, well-equipped hospitals, they admit that they would rather be back on the battlefield.

4. ICD-10 Codes: Helping or Hindering Quality of Care?

ICD-10 is a mandatory statistical process that takes a disproportionate amount of time to complete for each patient a doctor sees, while it does nothing to improve the care of those patients. Not only is it required for billing insurance companies, but it must also be associated with each of the tests ordered *per* patient in order to be adequately reimbursed by insurance carriers. The American Medical Association (AMA) has long opposed implementation of ICD-10 codes, which will add to the already considerable financial and administrative burdens on physician practices." However, the ICD-10 coding system is a boon to hospitals and owners of larger clinics because it allows them to link multiple, complex medical conditions to the doctors' original diagnosis. These notes in the patient's EHR make it possible to bill for as many clinical problems as possible, thus increasing the payments hospitals receive from Medicare, Medicaid, or insurance companies.

5. Physician Burnout: The Problem Nobody Talks About

Despite their knowledge of the dangers of chronic disease killers from unhealthy lifestyles, roughly six in ten doctors and nurses today are overweight or obese, a level approaching that in the general population. Many studies stress the importance of waistline and general health; in fact, every five inches that waist size exceeds the ideal target, the risk of dying from any cause increases by 20 to 40 percent! Close to half of all US physicians suffer from burnout—far more

than other American workers—a crisis that has reached a dangerous level. Stress is the leading culprit, but physicians have the power to change their lifestyles and their health. As little as one hour a day focused on making a few changes in behavior can produce drastic changes in one's health and vitality.

6. The Sunshine Act: Shedding Light or Casting Shadows?

In 2007, 94 percent of US physicians had a relationship with the pharmaceutical industry (83 percent received gifts; 28 percent received payments for professional services, such as consulting or participating in research). The industry also paid for more than one-third of all continuing medical education. The pendulum has since swung in the other direction. The Physician Payments Sunshine Act (PPSA)—a section 6002 of the Affordable Care Act (ACA) of 2010—has led to almost all of the universities and hospitals shunning the pharmaceutical-sponsored events and avoiding any interactions with their marketing representatives. One of the important repercussions of the PPSA is that the vital link of therapeutic progress is now being gradually eroded by restrictions imposed on physicians. The mandatory distancing of physicians from the pharmaceutical industry may lead to some irreparable damage that could take years to rebuild.

7. Malpractice: Taking Its Toll, Financially and Emotionally

Most physicians will be sued for malpractice at some point in their careers. An allegation of medical malpractice is extremely stressful, frequently leading to medical malpractice stress syndrome (MMSS). The suicide rate in physicians is three times to six times that of the general population. Between 2010 to 2020, there will be an estimated 36 percent increase of people over sixty-five, compared to only a 7 to 10 percent increase in the number of physicians. That means fewer doctors will be performing more medical procedures, which increases the likelihood of more malpractice claims. A lawyer appointed to defend a doctor on a malpractice claim doesn't actually represent the doctor; he represents the interests of the insurance company that had hired him. An average of ninety-five medical malpractice lawsuits are filed for every one hundred physicians now in practice; yet medical-school, residency, and fellowship programs fail to prepare physicians for such a catastrophic event.

8. Peer to Peer: The Constant Battle with Insurance Companies

The amount of time and manpower needed to get a necessary treatment authorized for patients through peer-to-peer conferences are becoming exorbitant and financially prohibitive. Physicians do it in order to give their patients the necessary tests and the care they deserve. Ninety-nine percent of insurance-company-hired "peers" are, in fact, family-practice physicians who have no qualifications to act as peers to such specialists as neurologists, oncologists, and surgeons. They may not be experienced or qualified to make decisions about requested treatments or even licensed to practice medicine in the state in which the patient lives. They are making medical decisions despite never having seen the patient or, in many cases, the patient's medical records. Quite often, these "peers" cannot even pronounce the names of the drugs they have been asked to authorize. Their main goal is to "deny" rather than "approve."

9. Health Insurers' Top Priority: Profit before Patients

Insurance companies are in business to make money. They are motivated by profit, not compassion. Those who make decisions about whether to approve or deny a prescribed therapy (even if it has been approved by the FDA) never have to face real, live patients. Often, these company representatives know nothing about the therapies they are denying. Their decisions are based not on how much the therapy can do but rather on how much money the company can save. Yet, their verdicts have profound effects on patients' lives. Every day healthcare providers waste a ridiculous amount of time trying to get appropriate therapies approved. Most of the time, the prescriptions are denied for no logical reason, except the financial benefit to the company. In the meantime, patients who could have been profoundly helped by these therapies relapse, deteriorate, and sometimes die.

10. Good Karma: The Most Powerful Antidote to Anger and Despair

Giving is powerful; it promotes self-healing and well-being. Physicians touch so many lives every day; and the gift of a smile, and uplifting gesture, or a few positive words can do wonders, sometimes even more than a prescribed medicine could accomplish. The interesting thing is that it also does wonders for the physician. For a physician who is overworked and overburdened by administrative work and who sees his revenue diminishing, it takes a conscious effort to stay positive. According to Richard Davidson, a neuroscientist and professor of psychology and psychiatry at the University of Wisconsin-Madison, the brain is plastic and in a state of constant

change. Thus, people can train themselves to increase activation in the areas of brain that cause happiness and to suppress those which invoke negative emotions.

11. Physician, Heal Thyself: How to Restore, Replenish, and Rejuvenate to Beat Burnout

There is little doubt that US healthcare and the physicians who provide it are facing arguably the biggest crisis in their history. While doctors did not create this situation, they are feeling its effects in profoundly negative ways, many of which are life-threatening. Despite the headlines, congressional infighting, and intense lobbying, little progress seems to be made on ending this crisis. In the meantime, physicians can no longer afford to wait for someone else to fix things; it is time for the medical profession to heal itself. Doing so begins with doctors being more proactive about their own health and well-being. Much of this chapter is devoted to helping them take better care of themselves. The rest takes a more macro view of what can be done to change the big picture—the American healthcare system, which becomes more expensive, more dysfunctional, and more embarrassing on the world stage with each failure to fix it.

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