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Dear Patients- a few patients have questioned some of our positions regarding the health care debate. We feel obligated to continue share our opinion with our patients. Below are some specific comments regarding some of the bullet points addressed in our original e-mail.

- 1.) "As physicians we are first and foremost dedicated to the care of our patients. We are also your most trusted ally when it comes to the debate on healthcare reform."

The vast majority of patients trust their doctor to advise them on the health care debate. <http://www.gallup.com/poll/120890/Healthcare-Americans-Trust-Physicians-Politicians.aspx> Your congressman or senator is not going to look after your interests better than you physician. Although we are certainly imperfect, as are all humans, we are still in a far better position to assess the health care debate than any other discipline. Doctors, nurses, and therapists provide the care. We are morally, ethically and legally invested in the patient's care. No technocrat, public policy think tank expert or Harvard business school graduate can possibly understand medicine like a health care professional. Yet these are the people advising Congress and the CBO <http://www.cbo.gov/aboutcbo/healthadvisers.shtml>

We feel that practicing doctors have been systematically left out of the debate. The AMA has misrepresented physicians. Do you realize that only 17%-20% of physicians belong to the AMA? They no longer represent the majority opinion. <http://www.news-medical.net/news/20090819/70-percent-of-specialty-doctors-oppose-health-care-reform-proposals.aspx> We have it on good authority from lawmakers that the administration basically gave an ultimatum to all "stake holders" including the AMA. Essentially they were told that they could either dine at the table or be eaten for dinner. They are already starting to realize their mistake and are questioning some of the provisions in the bill. As of December 1 the AMA leadership wrote a letter to Senator Reid expressing some very

realistic concerns with the legislation and how it will negatively affect physicians' ability to deliver care. <http://www.ama-assn.org/ama/pub/health-system-reform/ama-comments-hr-3590.shtml> Too little too late!

"Government controlled health care"

This isn't just about the public option! You need to understand two simple facts. One, we already have government controlled medicine. It is going bankrupt! The current bureaucracy devoted to these institutions is extremely inefficient. Two, the bill creates a larger bureaucracy that will make decisions on our behalf. We as doctors and patients will be taken out of the equation. That has already occurred with CMS (Centers for Medicare and Medicaid Services). The bill creates a multitude of agencies under the control of HSS that will touch every aspect of health care not just insurance. Furthermore, there is a well established historical trend that the private third party payers quickly follow suit whenever CMS implements change. This is especially true if it saves money for the insurers and improves the bottom line for the shareholders. This is an example of good people with good intentions at CMS who ultimately failed to grasp the unintended consequences of their decisions. Why? They don't take care of patients!

- 3.) "We believe that the proposed plan will not lower costs, but instead will increase the cost of health care (estimated increased cost will be \$1.5 trillion over 10 years according to the Congressional Budget Office)."

The current senate bill estimate is just under \$1 trillion. In many experts' opinion even the original \$1.5 trillion is very likely an underestimate! The CBO executes a pro forma which is based on assumptions. These assumptions are provided to the CBO by Congress. Any accountant understands that a pro forma is an estimate and is only as good as the basic assumptions upon which it is founded. The CBO projections are based on revenues from taxes, and "cost savings". Read the pdf <http://www.cbo.gov/doc.cfm?index=10741> and you will see where some of these savings are proposed to occur. Medicare and Medicaid are government run programs. The government has thus far shown no ability to curb costs or restructure either in any positive way. Only the very naïve are willing to trust the government to suddenly become "smart" and efficient. Furthermore, many of the provisions don't even become triggered

until 2014. What happens after 10 years? In addition, much of the cost will be dumped on individual States in the form of Medicaid expansion, penalties for certain types of tort reform, and other miscellaneous provisions

www.in.gov/gov/files/Press/120409_AnneMurphyMemo.pdf (hear Governor's Daniel's response, last 4 minutes of audio))

http://www.in.gov/gov/files/Audio/120409_Media_Availability.mp3. So you see that that the bill is carefully constructed to look deficit responsible because the state deficits don't show up on the CBO ledgers. One can blindly trust the government and believe that they can follow through on the CBO projection. We firmly do not trust the government to be able to control costs because there is no evidence from any past experience that this is deliverable. As far as we have experienced Congress only knows one way to decrease cost. They rely on what they know best, cutting services to patients and reimbursement to providers. This means significant reductions in services and payments to providers mainly in Medicare, Medicaid, and other Federal plans. The reimbursement is already extremely low for procedures such as heart cath, total joint replacements, eye procedures, etc. The list goes on. Two thirds of doctors are in private practice. They run small businesses with real overhead: electricity, water, rent, IT, payroll, and yes, health care costs. When the reimbursement becomes less than the cost of providing care providers will be forced to make a difficult decision. Most will opt out of government programs.

[http://www.investors.com/NewsAndAnalysis/PhotoPopup.aspx?path=FP0916_3090915.png&caption= Who will take care of these people?](http://www.investors.com/NewsAndAnalysis/PhotoPopup.aspx?path=FP0916_3090915.png&caption=Who%20will%20take%20care%20of%20these%20people?)

4.) "In addition, this plan will do nothing to improve care."

We would go so far as to say that the bill will likely worsen the situation for many patients. We would agree that the current bills would expand access, but there is no guarantee that quality will improve. In fact the Congress is so intent to cut cost that they will cut off their nose to save their face. We predict a regression to mediocrity regarding the quality of care if this legislation is passed. We are already hearing about Medicare services which are on the chopping block. The Senate has voted to keep significant Medicare cuts in its health care overhaul bill despite polls showing seniors are concerned about their benefits.

<http://www.npr.org/templates/story/story.php?storyId=121074988> That is just the beginning.

5.) "rationing of care"

Several facts underscore the concept of rationing in a government controlled system. First, wait lists will be inevitable if the legislation passes as is. There clearly aren't enough doctors to take care of the newly insured. Read about the Massachusetts experience since 2006. It is nothing short of a fiscal catastrophe. ER visits have risen significantly since universal health care coverage was enacted in that state. The promise of reform is to decrease expensive ER visits and promote preventative care. So much for that theory! Waiting for services can be detrimental to your health. Read "Who killed healthcare?" by Regina Herzlinger to learn why over 100 Kaiser Patients waiting for kidney transplants died needlessly because of an attempt to control cost. Read www.oecd.org/dataoecd/24/32/5162353.pdf to learn that the Europeans understand that wait times are not acceptable. They have created a report to tackle the problem. Why the concern? Simple, patients and doctors are frustrated. This article from Canada recognizes the problem and suggests delay tactics to make the patient feel better while they wait. www.biomedcentral.com/1471-2474/10/52. In England there have been proposals to give patients more individual control over the way they consume healthcare under NHS. Why? Patients have been complaining that the government is deciding how to allocate resources for them. http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_107425.

As far as private insurance companies are concerned the markets are artificially designed to decrease choice and competition. In most metro markets the majority of covered lives are within a few large insurers who monopolize the market (see Herzlinger). Many large employers have erroneously cut deals with insurers to ensure volume discounts at the price of decreased choice for the employee. As it stands the insurer has no reason to provide cost effective coverage or customer satisfaction because they own the market. Imagine if you could choose your coverage from any company from any state with plans tailored for your specific situation? You would be able to take your insurance wherever you want no matter who you work for. You could drop a policy and switch to another without penalty. Imagine that the market is now

open and Anthem no longer can afford to be a fat cat? Do you think they might change their tune? You bet! We are not suggesting an unregulated market but simply one that is open and promotes customer focus and choice.

6.) "The "government option" for health care will gradually force private insurers out of business, resulting in a government monopoly (no competition) and could create unhealthy regulation (rationing of care)."

There is no question where the President and his handpicked advisors stand on this issue. The President has clearly stated in his campaign that he wanted a public option and Tom Daschle (who was flunked from his appointment to the HSS for tax "indiscretions") is now back with the express purpose of influencing agenda. The far left desperately wanted a single payer system. Daschle understands the political reality that Americans won't accept such a plan. The game plan is clearly laid out in Daschle's book, "Critical, what can we do about the health care crisis". The tug of war being waged about the public option right now is fierce for a reason. Those legislators against the public plan see this as a slippery slope towards an ultimate expansion through attrition. You get to keep your plan, but you will be strongly encouraged by cost pressure and benefits to switch to the public option. Many legislators fear that once enacted further legislative modifications will be added down the road that makes the public option the only attractive option. Private insurance companies may be slowly legislated out of business. To make things worse the President has gone out of his way to be secretive because he understands that if the closed doors negotiations were televised on C-SPAN the true hypocrisy behind the legislative initiatives would be revealed for all to see.

<http://www.politifact.com/truth-o-meter/promises/promise/517/health-care-reform-public-sessions-C-SPAN/>

7.) "If this bill is passed Health care costs will be funded by increased taxes on individuals and business."

Remember tax increases on businesses and the wealthy flow in many forms such as further job losses and increased cost of goods sold by companies. Our group practice will fall into the employer surtax. <http://metrowny.com/blogs/archives/133-Health-Care-Bill-End-Of-Democrats-Control-Of-Congress-Harry-Reid-75b0xw00d.html>

8.). “The government will attempt to set standards of care. The government wants to be in charge of what treatments are available to you. A Federal Health Board will be created to recommend and attempt to set government rules regarding health care. As it currently is written, there may not be one physician on the entire board.”

To us this simply highlights the blatant use of a government panel, whose members are mostly not healthcare providers, given unprecedented power to make decisions. The panel members will be chosen by the HSS secretary and will not be under any scrutiny by practicing providers or their specialty organizations. There are many other similar new “offices” and “commissioners” who are empowered to make major decisions regarding healthcare delivery. If that isn’t government run healthcare I don’t know what is.

Please let us be clear. We want change too! There are some parts of the current legislation that we agree with. However, we take issue with many of the bill’s provisions. It is irresponsible for the leadership in Congress to ram this legislation through without proper scrutiny. How many in Congress have read these bills? How many understand all of the consequences? Only those who wrote the bills and the few doctors in Congress may comprehend the legislation. The political reality is that Congress is not going to vote on parts of the legislation. It is unlikely that the current version can be modified enough to meet our goals. Therefore we cannot support the legislation in its current form. We know from experience that politicians will not listen unless their constituents complain. Please read the links below to see how our national organization, The Academy of Orthopedic Surgeons, views the debate.

<http://www.aaos.org/News/aaosnow/nov09/cover1.asp>

<http://www.wellsphere.com/patient-empowerment-article/aaos-position-statement-on-health-care-reform/830189>

Peter Sallay, M.D.