

Mass. doctors diagnose ills of health care system

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BOSTON — Massachusetts doctors believe that the state's healthcare system is very sick. In a report from a recent summit sponsored by Blue Cross Blue Shield of Massachusetts (BCBSMA), the physicians maintain that there are urgent conditions that must be treated before the system's health can be restored.

Among the chief complaints cited by the doctors are excessive regulation, shrinking reimbursements, climbing malpractice premiums, and the fact that doctors are paid for office visits, but not for e-mail or telephone consultation.

"Summit 2003: Access, Affordability, Quality Care" brought together leading physicians from across the state including doctors from Mass. General Hospital, Mass. Medical Society, Southcoast Hospitals Group and Harvard Vanguard Medical Associates, to identify the key challenges and possible solutions to the crisis.

Chief Medical Officer for Partners Community Healthcare, Dr. Thomas H. Lee, MD, said the situation is a lot like the perfect storm.

"Too much to do, demanding consumers and not enough money," he said, categorizing the symptoms. "Fees are rising too slowly and expenses too quickly."

Dr. Stephen J. Sweet, MD, CEO of Baycare Health Partners, said physician reimbursement in the state is among the lowest in the nation, which is an especially bitter pill to swallow because, he maintained, the cost of maintaining a practice in the state grew more than 50 percent in the past 10 years. Nationally, it increased by about 30 percent.

In addition to increased malpractice insurance premiums, physicians identified rising staff salaries and benefits, and increases in rent or other real estate costs as the causes for their jump in the cost of doing business.

Dr. John B. Chessare, MD, senior vice president for Medical Affairs and chief medical officer of Boston Medical Center, said a way to bridge this gulf between cost and reimbursement is to figure out a system where doctors are not just paid for office visits. He decried a system where doctors are "paid to generate visits, not health."

Others at the summit said although there is a crisis at hand, Massachusetts physicians have proved highly adaptable, making up for declining income and climbing costs by working longer hours, managing more paperwork themselves and even decreasing staff in some cases.

Doctors at the summit prescribed a collaborative effort between all healthcare stakeholders. They said working together with insurers could lead to a reduction in unnecessary paperwork and create more time for doctors to see more patients. Improvements are needed in claim forms and technology, physician incentives across payers and providers, data requirements on all billing forms for all services and procedures, and credentialing forms and processes for all payers, they said.

Prior to the summit, Opinion Dynamics Corp. conducted a survey, polling residents in the greater Boston area on their views of Massachusetts healthcare. The findings included that the public generally rates care provided by local physicians as good to excellent, and they have not noticed any decline in quality over the past few years. The survey also found that people are concerned that doctors will no longer accept certain types of insurance like Medicare and Medicaid.

The general public is also concerned that OB/Gyns may drop obstetrics, because many OB/Gyns have been saying that there is no way to deliver enough babies to earn enough money to cover their malpractice costs. Many of the women surveyed said they had heard about this trend or already experienced its ramifications.

Public Aware

The Opinion Dynamics survey also revealed that while people are generally unaware of the exact amounts that physicians pay in malpractice premiums, they are aware that the cost is high, which results in higher healthcare costs and the public is aware that doctors that don't make as much money as they used to.

Opinion Dynamics also surveyed over 50 physicians in the Boston area before the summit. These physicians concluded that if things do not get better, there will be a substantial decrease in the provider population. Providers will leave the profession, move to other states, or seek early retirement, they warned.

To remedy this situation, treatment must begin immediately, said BCBSMA Chief Medical Officer Dr. James Fanale.

"Now it's time to move from rhetoric to action," he said, announcing the creation of an oversight group comprised of the physicians who presented at the summit, the Mass. Medical Society and the Mass. Association of Health Plans. The mission of the group, said Dr. Fanale, differs from other existing physician groups, for its purpose is to address global issues that focus on affordability, access and quality. BCBSMA will continue to work with the Mass. Medical Society leadership to move the healthcare agenda forward. □