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MANAGING YOUR PRACTICE

State of the Specialty: 12 ObGyns describe critical challenges to their work

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OBG MANAGEMENT

Earlier this year, Rep. Henry Waxman (D-Calif) "blasted WellPoint Inc. executives for publicly stating that the country's economic turmoil and rising health care costs was the reason its Anthem Blue Cross subsidiary intended to move forward with a massive rate increase in California, when the company's own documents say otherwise."[4] WellPoint had only recently announced an eightfold increase in profit for the last 3 months of 2009.[5]

You don't need a PhD in economics to understand the motivation for that rate hike.

Dr. Cohen reports no financial relationships relevant to this article.

CHALLENGE 7: More about the beast: Coping with shrinking reimbursement

George T. Matsuda, MD
Dr. Matsuda practices obstetrics and gynecology in Pasadena, Calif. He serves on the OBG Management Virtual Board of Editors.

I've been in practice since 1992 and, like much of the rest of the ObGyn workforce, face many challenges. One of the biggest is providing quality care in an environment of shrinking reimbursement.

Insurance companies are increasingly difficult to deal with. Claim denials and delays in processing payment are frequent. Medicare is threatening a 21% cut in payments. Higher patient deductibles make collecting payments more difficult. On top of these issues, many people have lost jobs and medical coverage. Others struggle financially and cope by delaying routine medical care. The result is fewer office visits by established patients.

Overhead expenses continue to skyrocket. Good medical coverage for the staff has become a major expense. And the move into electronic health records has added another layer of expense and training we had not anticipated.

How do I manage? For one, I see more patients for less reimbursement.

I also work longer hours to complete chart documentation and make follow-up calls to patients. And I moonlight at the local hospital 2 days each month.

I realize I could also add cash procedures or new products or services to generate new income, but I have not yet done so.

To ensure that each patient gets my full attention, I try to make efficient use of time. I make eye contact and speak directly. I allow the patient to ask questions and do my best to give clear answers. My greatest struggle is keeping on schedule and reducing wait times.

My most important strategy? I remind myself daily why I became an ObGyn: to make a difference in the lives of my patients by providing quality care.

Dr. Matsuda reports no financial relationships relevant to this article.

CHALLENGE 8: The threat of litigation that hangs over us always

Paul Copit, MD

Dr. Copit practiced ObGyn for many years in Philadelphia before relocating to Palm Desert, Calif. He serves on the OBG Management Virtual Board of Editors.

When I was younger, in early practice, I felt genuinely sorry for patients who developed a complication related to childbirth or surgery. I still do, of course. But with the ever-escalating volume of lawsuits against physicians, hospitals, and other entities that provide medical care, I started feeling sorry for myself, too. I began to view any complication that arose as a personal legal threat and became preoccupied with the measures I had to employ to lower the risk of my being sued.

Many areas of the United States, such as Philadelphia, are inundated with lawyers, making for a lucrative legal industry that has a constant need for new cases. There was— and still is—a political climate and social culture that foster the perception that someone must be held responsible whenever an unfortunate event occurs. And whoever that someone turns out to be is expected to compensate the "victim."

I think there's a better way to handle these negative outcomes. If society deems that everyone who experiences such an outcome should be compensated, then *everyone* should participate, and taxpayers should shoulder the burden. The tort system is unwieldy, uncertain, and time-consuming. When it comes to compensation, lawyers are the big winners. Most of the dollars involved in insurance premiums go to support the legal system, not to help needy patients.

Under the scenario I propose, for example, a special board would award the money needed for the care of an infant born with cerebral palsy (which is caused by an intrapartum event in no more than 10% of cases, by the way), regardless of the clinical circumstances. No dollars would go to lawyers or legal system.

This approach would provide certainty, be vastly less expensive, and lessen or eliminate the need to practice defensive medicine.

Dr. Copit reports no financial relationships relevant to this article.

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