OFFICIAL RETIREMENT AND THE AFFORDABLE CARE ACT

I had previously informed my patients, the community and the medical staff and hospital of my retirement from the active practice of medicine on October 31. This roughly coincided with my 65th birthday. Yes, it is official. It has happened. The thanks that I received from numerous calls, hugs, cards, parties and gifts helped me to realize how fortunate I am to have entered and affected so many lives. I feel I have had a life and career well lived and Oswego will always be in my heart. As I promised I will continue to advocate for women's health through articles and in my involvement with the American Congress of Obstetrics and Gynecology, the New York State Board for Medicine, The Medical Society of the State of New York, my lobbying travels to Washington and Albany and international initiatives to foreign countries that are lacking in health care to women.

I also promised to give some clarity to the Affordable Care Act (Obamacare) officially named the Patient Protection and Affordable Care Act (PPACA) from a physician's perspective. Since I am now retired and have no skin in the game as it were, my viewpoints are mine alone based on a lifetime of being a doctor in private practice and having been around the country and/or interviewing colleagues and national and state legislators. Let us first understand that hospitals are paid by admitting diagnosis and that this number does not change pending acuity. An obese diabetic smoker undergoing surgery is paid at the same amount as a healthy twenty year old for the same diagnosis. Also complications of surgery are not reimbursed even though it is a fact that there is no such thing as a guarantee that surgery will be without complications. With this in mind it becomes evident that the goal of a hospital administrator is to have as many beds empty as possible as the reimbursement relative to the cost is increased. The ACA recognizing this wants to reimburse based on VALUE which limits testing and surgery in order to have savings. Physicians that do not meet these guidelines might very well be decertified by hospitals despite the fact that they might take care of the sickest of the sick. In order to avoid this nonsense young physicians coming out of residency training are looking to be employed by hospitals rather than enter into private practice to avoid the billing quagmire, medical liability costs, regulations, and overhead. These are called Captive Professional Corporations and cost hospitals a fortune in salaries, start up costs and overhead. How though to incentive these physicians? But the real issue coming is this: as the affordable care act decreases reimbursement to hospitals based on medicare reductions which the insurance companies mimic, the hospitals will not be able to afford to pay these salaried physicians. Will they swing back into private practice? The final result as I see it is that there will be no new physicians entering into private practice and those few that do will establish concierge practices that will accept no insurance but provide care for a fee. It is entirely possible that the federal government and state governments will mandate that physicians take Medicaid and medicare in order to retain licensure. In that event, many physicians will quit. Note that collaborative providers such as nurse midwives, nurse practicioners and physician assistants are growing in astronomical numbers to fulfill a projected shortage of physicians especially since no new residency programs have been instituted since 1998. So welcome to the future of American Health Care. It is here and now and can never go back to the way it was. The costs MIGHT go down but the challenge will be to maintain the quality that America has been famous for. More to come.