

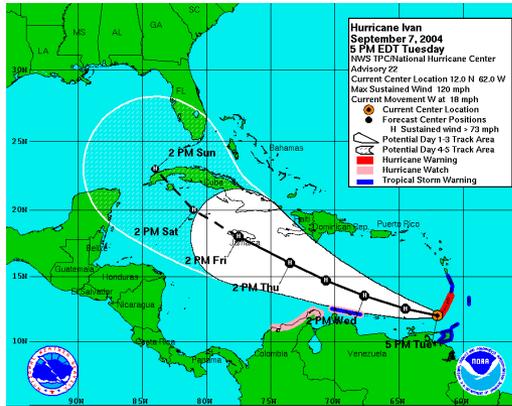
A look at the Ethics of the Patient – Doctor Relationship through the Eyes of a Direct Primary Care Physician

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The Bartlett Medical Clinic
& Wellness Center

The Ohio State University – Benjamin Rush Institute Leadership Conference
Saturday, March 10, 2018



Masters in Healthcare Administration (MHA)



Internship Gen Surg



Why surgery?

- Strong sense of autonomy
- Enjoyed having “outcomes”
- Finding solutions to problems
- That was the specialty that “fit” my personality (I thought, and others told me as well).
- Autonomy didn’t exist in primary care! (Again, I thought, and others told me as well.)







Dictionary

ethics



eth·ics

/ˈeθɪks/

noun

plural noun: **ethics**; noun: **ethics**

1. moral principles that govern a person's behavior or the conducting of an activity.
"medical ethics also enter into the question"
synonyms: moral code, morals, **morality**, values, rights and wrongs, principles, ideals, standards (of behavior), value system, virtues, dictates of conscience
"your so-called newspaper is clearly not burdened by a sense of ethics"
- the moral correctness of specified conduct.
"many scientists question the ethics of cruel experiments"
2. the branch of knowledge that deals with moral principles.

eth·ic

/ˈeθɪk/

noun

plural noun: **ethics**

a set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct.
"the puritan ethic was being replaced by the hedonist ethic"

Origin

GREEK

Ethics & Business



Ethics & Business & Medicine



As healers, our minds turn to this...

From: <https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095>



The Hippocratic Oath and others

Although written in antiquity, the Hippocratic Oath still expresses the principles for the ideal conduct for the physician. Learn more here.

Background

Oaths

Hippocratic Oath - Classical Version

Translation from the Greek by Ludwig Edelstein. From *The Hippocratic Oath: Text, Translation, and Interpretation*, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

As healers, our minds turn to this... and this...
From: <https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095>

Hippocratic Oath - Modern Version

Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

As healers, our minds turn to this... and this... and this.
From: <https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095>

The Physicians' Oath, World Medical Association (Geneva, Switz.)

The Physician's Oath, to be sworn at the time a time a person enters into the medical profession, was added to the Declaration of Geneva and adopted by the General Assembly of the World Medical Association in September 1948, three months before the General Assembly of the United Nations adopted the Universal Declaration of Human Rights, which upholds the right to security of person. The Oath was amended by the 22nd World Medical Assembly, in August 1968.

This oath was written as a direct response to the atrocities committed by the physicians in Nazi Germany. The second last line reads, "I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledgtge contrary to the laws of humanity."

The Physician's Oath

- o I solemnly pledge myself to consecrate my life to the service of humanity;
- o I will give to my teachers the respect and gratitude which is their due;
- o I will practice my profession with conscience and dignity;
- o The health of my patient will be my first consideration;
- o I will respect the secrets which are confided in me;
- o I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
- o My colleagues will be my brothers and sisters;
- o I will not permit considerations of religion, nationality, race, gender, politics, socioeconomic standing, or sexual orientation to intervene between my duty and my patient;
- o I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- o I make these promises solemnly, freely and upon my honour.

Also, the "Physician's Oath on Retirement" is being proposed "to address the moral, psychological, social, and cultural responsibilities that a physician assumes when voluntarily relinquishing the responsibilities of active medical practice."

With ethics, medicine, and business...

- Our minds **don't** go to this.

Ethics & Business & Medicine

& Medical Costs

Date	Patient Name	Doctor	Description	Charges	Adjustments	Payments	Balance	Ins. Pen.
07/23/10	HEATHER		Office Visit Established Patient	90.00	18.49	46.51	25.00	
07/09/10	HEATHER		Copay Due					
			Walking Boot pneumatic vacuum	400.00	118.70		281.30	
			Deductible Applied					
08/06/10	HEATHER		Velocity Ankle Brace	610.00			610.00	*
08/06/10	HEATHER		Office Visit Established Patient	90.00			90.00	*
08/27/10	HEATHER	Office Visit Established Patient	90.00			90.00	*	

Paid \$50.00 10/6/10

*706.30
- 50.00

due*

**** Statement Due Upon Receipt * Thank You ****

Message

Total Balance	1096.30
* Insurance Pending	790.00
Amount Due Now	\$306.30

Statement Date	Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending
09/09/10	321970	306.30	0.00	0.00	0.00	0.00	1096.30	790.00

Make Checks Payable To:

Before you decide on a specialty, & practice model as an attending...

- You should be forced (IMHO) to take a *“business of medicine course.”*
- If you don't understand this... you may be **disappointed** when you finally finish your medical school years, residency, and maybe even fellowship... **7 to 13 years later.**
- Not understanding this, can **possibly lead you to premature burnout in your career.** (I, and others, don't want that for you, ever.)
- And you may find yourself **questioning your ethics.**

Course – The Business of Medicine 101

Course – The Business of Medicine 101

- Here we go!
- You may never hear or understand ANY of this, **until you take your first job.**
- **That's not fair.**
- Let's talk about how the **employment** (at times) **and the business of monopolies** can affect our ***ethics*** as clinicians.

In the Third Party System, how do you earn an income? Do you know?

RVUs (Relative Value Units)

- RVU – 3 components:

1) Physician work

2) Practice expense (Ironic? Red tape of CMS?)

3) Malpractice overhead

So, RVUs determine your income.

The actual value that these numbers translate into reimbursement dollars, **depends** on a few factors...

Calculator (Relative Value Units)

What are RVUs?

RVU stands for relative value unit. It is a value assigned by CMS to each CPT/HCPCS code, and represents the cost for providing a service. An RVU is made up of three components: physician work, practice expense, and malpractice overhead. Medicare payments are composed of these values multiplied by factors of conversion and geographical adjustment.

CPT Code	wRVU Value per Unit
99212	0.48
99213	0.97

RVU – 3 components:

- 1) Physician work RVU (This doesn't change)
- 2) Practice expense RVU (*Ironic? Red tape of CMS?*) (this is variable)
- 3) Malpractice overhead RVU (This is variable)

Why wRVU?

Different from the practice expense RVU and the malpractice RVU, the work RVU (wRVU) is a constant value across specialties and geographic locations, providing a good standard for the value of work performed. Work RVUs are often used in provider compensation models where the intent is to pay the provider based on the amount of work performed, blind to the payer mix or amount of revenue generated. Compensation is derived from total work RVUs multiplied by a dollar conversion factor.

Unit	Value per
1	1.50



About Press



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DATA INSIGHTS

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New MGMA Surveys are now open for participation!

The 2018 MGMA Cost and Revenue and Practice Operations Surveys are open through April 13. Participate now for complimentary data.

Start your survey

How do RVUs affect your ethics?

- You'll see.
- You're encouraged to chase RVUs.
 - Your likely **future employer wants** you to.
 - *ACTUALLY, your contract for employment likely discusses this in detail, as far as your salary & **PRODUCTIVITY** expectations.*
 - Your **fellow doctors** chase them. In fact, **you compete** for them.
 - You get **bonuses** for them.
 - You're a "quota machine," *before* you even realize it.
 - Problem is... you are NOT a car salesperson.
 - **You're a doctor.**

How do RVUs affect your ethics?

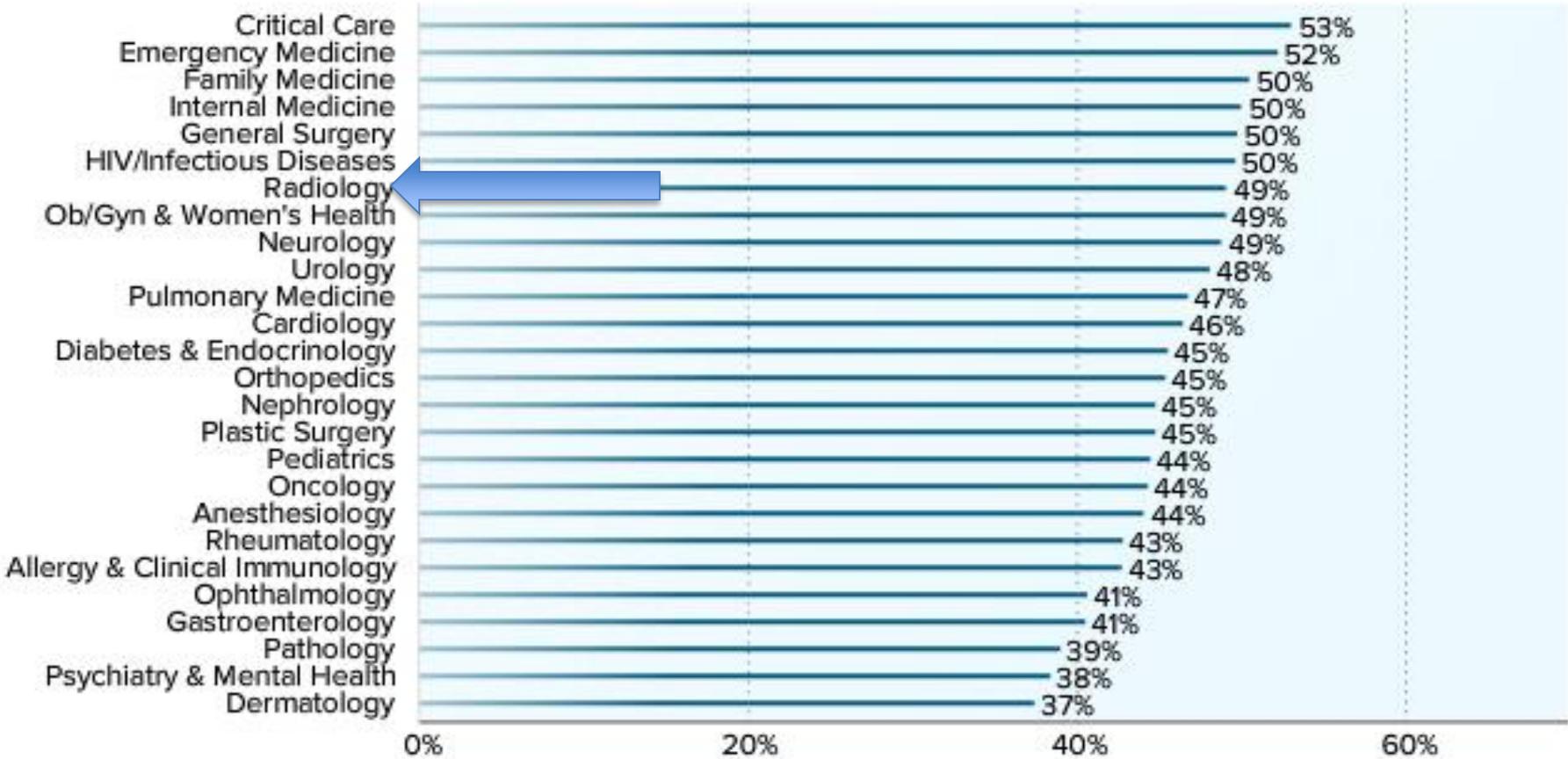
- You, the doctor, gets trained. How/what?
- You get trained, to “train” your patients to 1-2 concerns a visit at most.
- You’re taking (or required) classes to get the most billing charges possible, adding codes for longer visits.
- You’re ok with double-booking.
- You realize you have no time to really look into concerns for a patient... so you refer, A LOT.
- You scour your RVUs potentially generated on reports for ancillary services that you ordered (*cough, cough, inside the system you work for...*)
- This is all in the name of RVUs generated... *because your livelihood depends on it.*

What does this brewing internal conflict leave you with?

- A high chance of **burnout**, with a **short** career in medicine.
- You'll **start looking for "Physician Side Gigs"** on FB groups.
- Forget single payer, **you want out**. No medicine **at all** for you.
- May start to think: What good is "coverage (insurance)" without actual medical "care" as you fight to get your patients care they need?
 - Prior auths etc
 - Peer to peer reviews
- It's easy to be on the outside making recommendations and surmising to understand; *it's different when you're responsible for this... part of this... forced to do it this way.*

Longitudinal relationship, and/or *lack thereof*, seems to have an interesting relationship with burnout...

What Percentage of Physicians Are "Burned Out"?



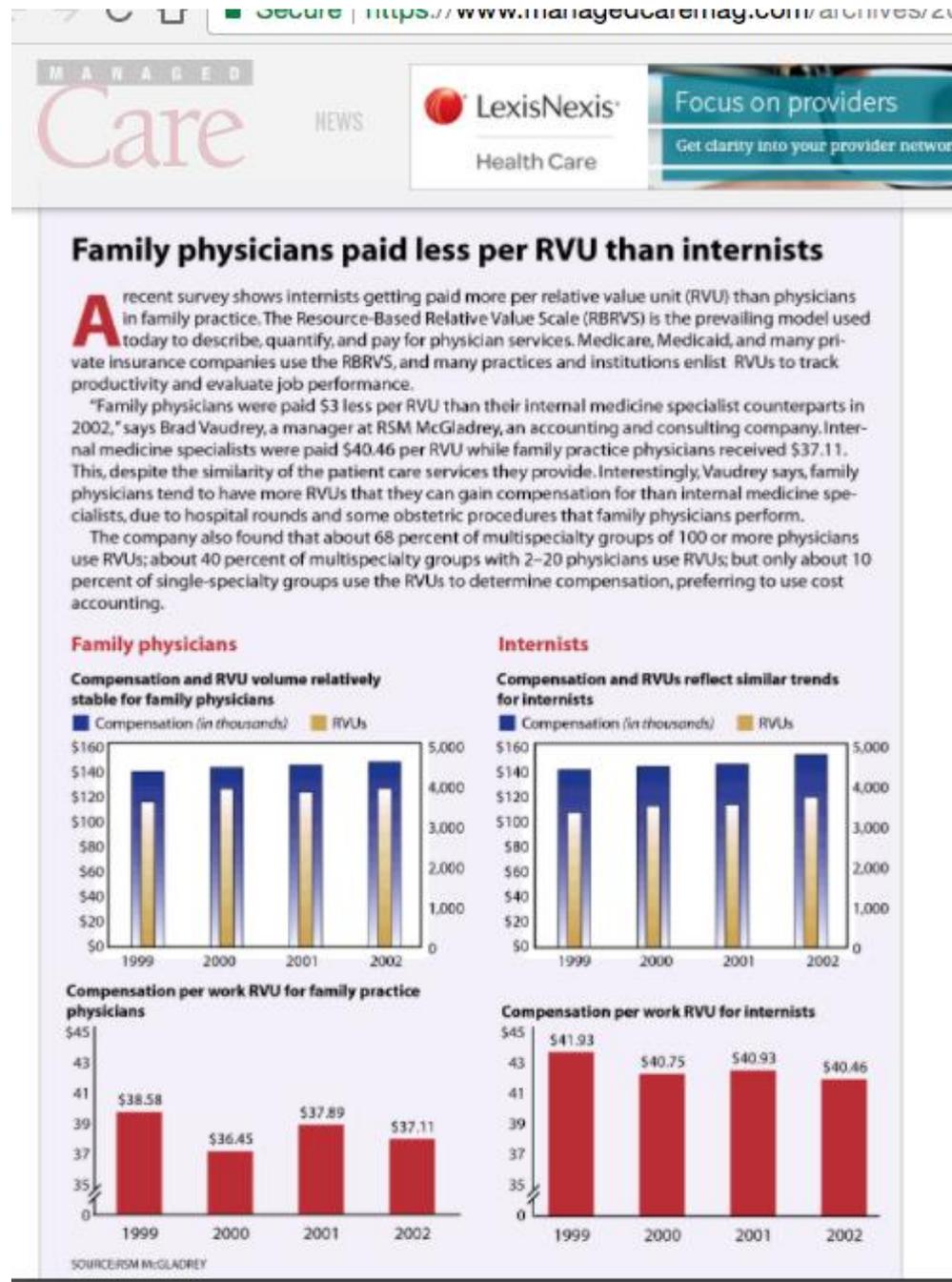
PERCENTAGE OF PHYSICIANS IN SPECIALTIES SUFFERING FROM BURNOUT

Emergency Medicine	59%
Family Medicine	56%
Internal Medicine	55%
Infectious Disease	55%
Rheumatology	54%
Plastic Surgery	53%
Otolaryngology	53%
Critical Care	53%
Cardiology	52%

All primary care RVUs are the same, right?

Wrong.

So this causes tension and competition even in similar realms of care.



Again, RVUs determine your income.



Events

Forum

Knowledge Center



Home > Practice Management > Work RVU Calculator (Relative Value Units)

Certification

Overview

Medical Coding Certification >

Medical Billing Certification

Medical Auditing Certification

Medical Documentation

Medical Compliance Certification

Practice Manager Certification

Instructor Certification

Work RVU Calculator (Relative Value Units)

[What are RVUs?](#) [Why wRVU?](#)

CPT Code	Number of Units	wRVU Value per Unit	Total wRVUs
99212	1	0.48	0.48
99213	1	0.97	0.97
99214	1	1.50	1.5
99215	1	2.11	2.11
---	0	0	0
---	0	0	0

How could this *not* potentially affect your ethics?

- *Well I mean...*
 - You're just looking out for your family
 - You need to pay off your debt
 - You're doing what all the other doctors are doing
 - The big health systems seem to endorse this
 - Even CMS is ok with this; they created RVUs!
 - Nobody else seems to care... right?
 - Certainly this is not affecting my clinical decisions for patients, right?
 - Slippery slope? Erosion of ethics?
 - Where do you draw the line?
 - Can you draw the line?

Why should I care? I'm just one doctor.
I can't change things.

Or **can** I...?

Or ***should*** I?

Why choose a specialty I love, when I should pick one that **pays**?!

Side by side comparison RVUs: Cardiology (left) vs Family Medicine (right)

Secure <https://www.cordis.com/content/dam/cordis/web/documents/literature/cordis-us-car...>

using CPT® codes. The 2017 CPT Professional Edition Manual also provides specific instructions for reporting particular families of codes. Individual payers may also have guidelines and coverage policies regarding certain services. The following table lists the most commonly used codes for coronary procedures.

Procedure Codes and Physician Reimbursement for Coronary Procedures				
CPT® Code	Description	2017 Work RVUs	2017 Medicare Base Payment Rate ²	
			Non-Facility	Facility
Diagnostic Procedures and Imaging				
93451	Right heart catheterization	2.47	\$737	\$136
93452	Left heart catheterization	4.50	\$839	\$248
93453	Right and left heart catheterization	5.99	\$1,089	\$332
93454	Coronary angiography	4.54	\$851	\$252
93455	Coronary angiography with bypass grafts	5.29	\$995	\$293
93456	Coronary angiography with right heart catheterization	5.90	\$1,076	\$327
93457	Coronary angiography and bypass grafts, with right heart catheterization	6.64	\$1,220	\$368
93458	Coronary angiography with left heart catheterization	5.60	\$1,025	\$310
93459	Coronary angiography and bypass grafts, with left heart catheterization	6.35	\$1,137	\$352
93460	Coronary angiography with right and left heart catheterization	7.10	\$1,225	\$394
93461	Coronary angiography with bypass grafts, right and left heart catheterization	7.85	\$1,402	\$435
+93462	Left heart access via transseptal or transapical puncture	3.73	\$219	\$219
+93463	Pharmacological agent administration with hemodynamic assessment	2.00	\$101	\$101
+93464	Physiologic exercise study with hemodynamic assessment	1.80	\$259	\$89
93503	Placement of flow directed catheter (eg, Swan-Ganz) for monitoring	2.91	\$0	\$132
93505	Endomyocardial biopsy	4.12	\$712	\$228

A TYPICAL COMPENSATION MODEL FOR FAMILY MEDICINE PHYSICIANS					
Family Medicine (without OB)	2009	2010	2011	2012	2013
wRVUs	5,000*	5,000	5,000	5,000	5,000
Rate per wRVU (Median)	\$39.11	\$39.13	\$40.47	\$43.24	\$43.63
Clinical Compensation	\$195,550	\$195,650	\$202,370	\$216,186	\$218,138
Quality Incentive	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Midlevel Oversight	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Total Compensation	\$220,550	\$220,650	\$227,370	\$241,186	\$243,138
Rate per wRVU (Median)	\$39.11	\$39.13	\$40.47	\$43.24	\$43.63
Total Effective Rate per wRVU	\$44.11	\$44.13	\$45.47	\$48.24	\$48.63

*Approximate number of median RVUs.

¹2017 Current Procedural Terminology (CPT®), ©2016 American Medical Association. CPT® is a registered trademark of the American Medical Association.

²The MPFS payment amounts are based upon data elements published by the Centers for Medicare and Medicaid Services (CMS) in the Final Rule [CMS-1654-F] on November 2, 2016, and published in the Federal Register on November 15, 2016, with a conversion factor of \$35.8887. CMS may make adjustments to any or all of the data inputs from time to time.

Cardio

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Cardiothoracic

Sample of wRVUs from the 2016 Medicare RBRVS

HCPCS (E/M Code)	DESCRIPTION	WORK RVU
92987	<i>Revision of mitral valve</i>	23.63
92990	<i>Revision of pulmonary valve</i>	18.27
99201	<i>Office/OP visit new</i>	0.48
99203	<i>Office/OP visit new</i>	1.42
99205	<i>Office/OP visit new</i>	3.17
99211	<i>Office/OP visit established</i>	0.18
99213	<i>Office/OP visit established</i>	0.97
99215	<i>Office/OP visit established</i>	2.11

Pick your size (or your income), you're still running in the wheel...

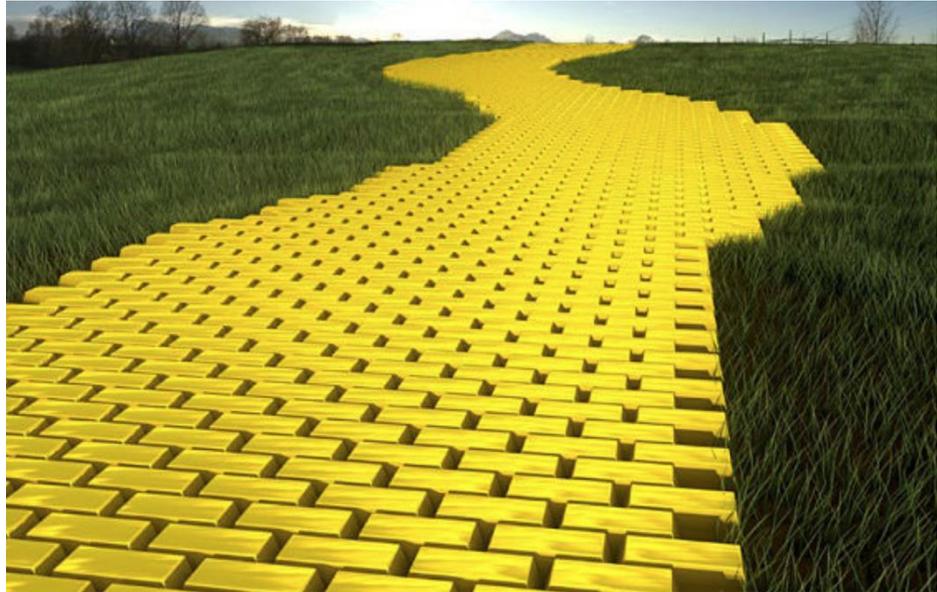


The Golden Handcuffs

The Golden Road



Vs



Phase 1: Debt: College loans, med school loans, private loans.
All expected, but still stressful.



Expectations meet reality of clinical medicine as an attending...

Medical School Years

-Tons of variety to your days

Residency Years

-Still variety, but less.

Attending

-**Rare** variety

Phase 2a Debt: Credit card debt, car loans, mortgage(s)...

Earning.... But spending more than we earn.

We can “doctor our way out of this.”

Translation: Just need to work *more*...
in the same environment..

that's triggering me to spend more...

because I'm so unhappy. In fact, I'm burnt out.



Phase 2b Debt: Sign on bonuses.

-Not a bonus.

-Pay taxes.

Leave early? Pay back.

The hope is you spend it all, then
you're stuck.

Path of least resistance... just stay put.



Physicians: As income increases...

- Path A
 - Increase our lifestyle
 - Save a little
 - **Don't pay off debt**
- Path B
 - Save like crazy
 - Modest lifestyle
 - **Don't pay off debt**

And the 2 can switch back and forth...

And so, we carry this burden, self-inflicted.

Burnout, ethical?

To patients?
To physicians?



How do RVUs connect?

What Are the Causes of Burnout?

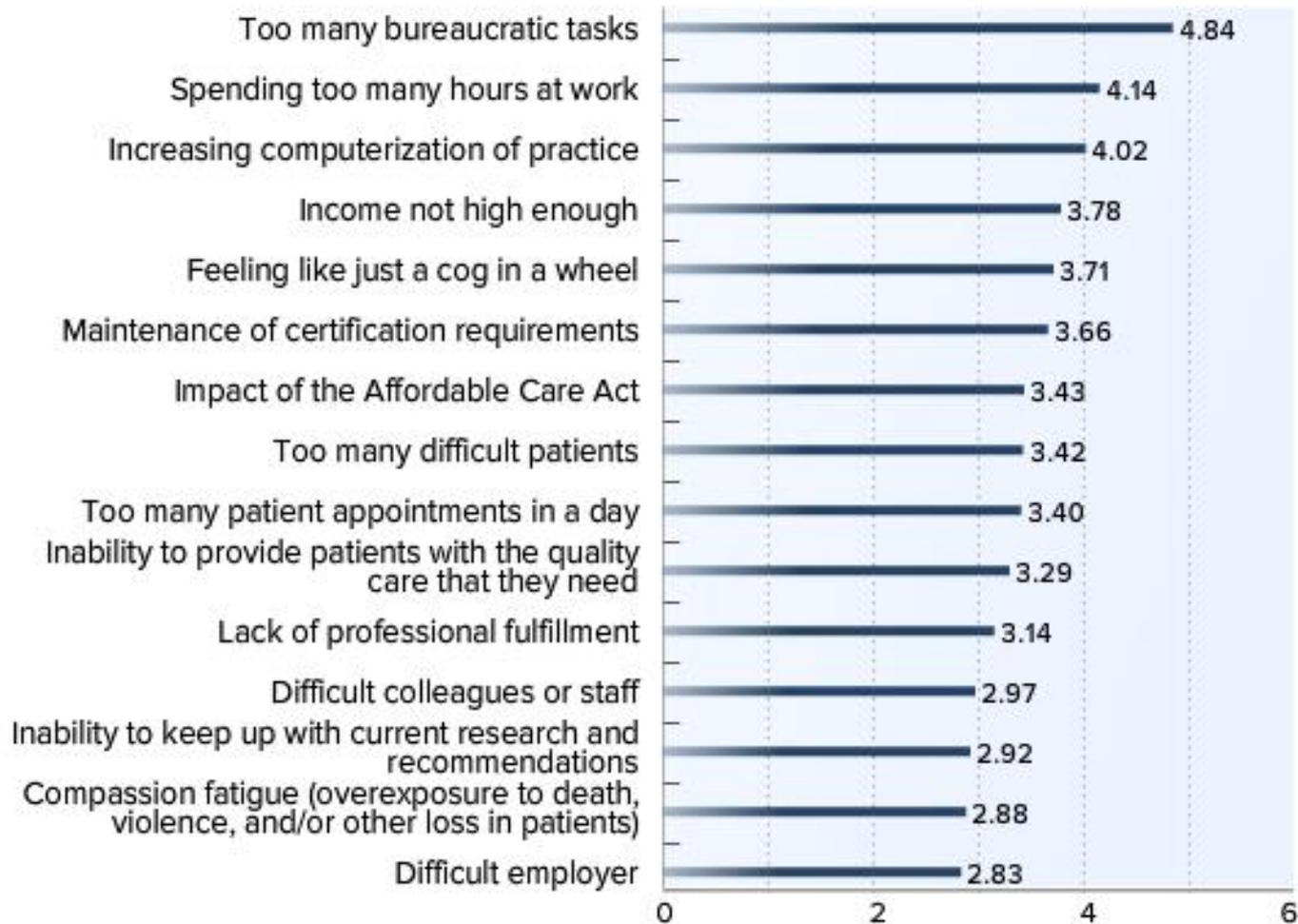


Table **Burnout Index: Comparing Physicians & U.S. Workers**

Variable	Physicians	U.S. Workers	Variable	Physicians	U.S. Workers
Emotional exhaustion			Depression and suicidal ideation		
- Never	12.7%	11.8%	- Screen positive for depression	40.4%	41.4%
- A few times a year	26.5%	30.9%	- Suicidal ideation in the past 12 months	6.9%	6.6%
- ≤Once a month	12.7%	15.6%	Satisfaction with work-life balance (<i>Work schedule leaves me enough time for my personal or family life</i>)		
- A few times a month	15.5%	17.7%	- Strongly agree	14.2%	19.5%
- Once a week	9.9%	6.9%	- Agree	30.7%	37.5%
- A few times a week	13.3%	10.8%	- Neutral	14.7%	19.7%
- Every day	8.7%	5.6%	- Disagree	26.2%	17.6%
Depersonalization			- Strongly disagree	13.9%	5.5%
- Never	32.7%	39.4%			
- A few times a year	24.9%	23.9%			
- ≤Once a month	11.0%	10.1%			
- A few times a month	11.4%	10.9%			
- Once a week	6.6%	5.1%			
- A few times a week	8.8%	5.9%			
- Every day	4.0%	3.9%			
Burned out	37.5%	27.6%			

Source: Adapted from: Shanafelt TD, et al. *Arch Intern Med.* 2012;172:1377-1385.

Our personality/skill traits are leveraged against us... and we don't even recognize it.

We are excellent employees. Want to please...

Dictionary

perfectionism

per·fec·tion·ism
/pər'fekSHə,nizəm/

noun
noun: perfectionism

refusal to accept any standard short of perfection.

- **PHILOSOPHY**
a doctrine holding that religious, moral, social, or political perfection is attainable, especially the theory that human moral or spiritual perfection should be or has been attained.

Translate perfectionism to

Use over time for: perfectionism

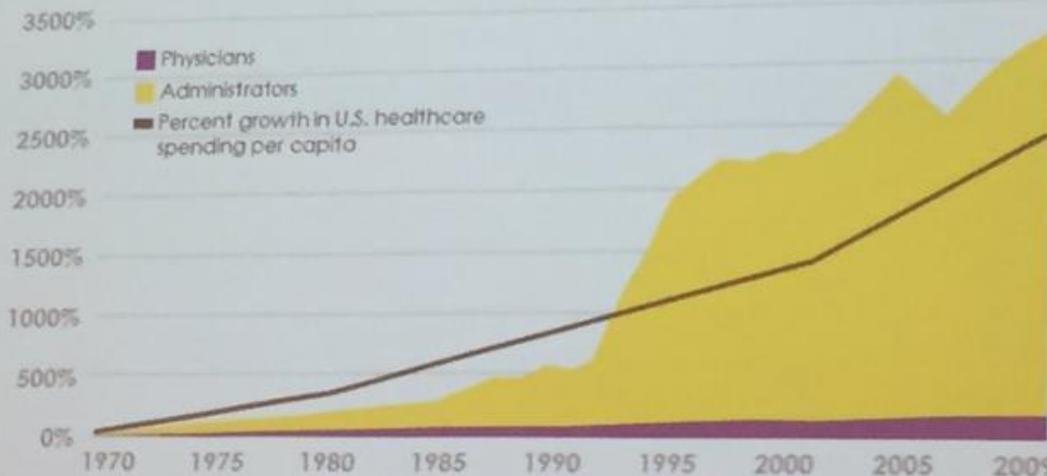
Mentions

Year	Mentions (approximate)
1800	0
1850	10
1900	5
1950	20
2000	50
2010	100

We spent a lot of years in training, took on a lot of educational debt, to help **sustain** the very thing that **is adding to our burnout** (red tape, admin, etc).

Our clients' margins continue to get squeezed – healthcare is drowning in administrative overhead

Growth of Physicians and Administrators
1970-2009



* 2300% increase in U.S. healthcare spending per capita between 1970-2009
(Source: Health Care Costs; A Primer, The Henry J. Kaiser Family Foundation)

"It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication, somehow think that we can afford to pay for doctors, hospitals, medication, and a government bureaucracy to administer it." - Thomas Sowell, economist and political philosopher



Crazy billing patterns

<u>Date</u>	<u>Code</u>	<u>Description</u>	<u>Quantity</u>	<u>Amount</u>
4/7/2013	J1650	ENOXAPARIN PFS 30MG/0.3ML	1	\$345.34
4/7/2013		LORATADINE TAB 10MG	1	\$3.49
4/7/2013	J7506	PREDNISONE TAB 20MG	1	\$0.97
4/6/2013	94640	INHALED TREATMENT SUBSQ	8	\$2,566.00
4/5/2013	94640	INHALED TREATMENT SUBSQ	8	\$2,566.00
4/4/2013	94640	INHALED TREATMENT SUBSQ	7	\$2,245.25
4/6/2013	94660	BIPAP MNGMNT DAILY ADULT	1	\$2,630.25
4/6/2013		STATS BIPAP/CPAP CHECK Q15M	1	\$0.00
4/5/2013	94660	BIPAP MNGMNT DAILY ADULT	1	\$2,630.25
4/5/2013		STATS BIPAP/CPAP CHECK Q15M	1	\$0.00
4/4/2013		STATS BIPAP/CPAP CHECK Q15M	1	\$0.00
4/3/2013	94660	BIPAP MNGMNT DAILY ADULT	1	\$2,630.25
4/3/2013		STATS BIPAP/CPAP CHECK Q15M	1	\$0.00
4/7/2013	94640	INHALED TREATMENT SUBSQ	3	\$962.25
4/30/2013		AMOUNT ABSORBED BY HOSPITAL		(\$109,048.75)
4/30/2013		MEDICARE PAYMENT		(\$8,843.28)
5/9/2013		BLUE CROSS/CALIF CARE PAYMENT		(\$1,184.00)

Crazy billing patterns

DESCRIPTION OF CHARGES	CHARGE(S)
OB SEMI-PVT	13,443.30
LABOR	4,063.44
RECOVERY ROOM	3,443.68
OPERATING ROOM SVCS	20,939.82
ANESTHESIA	40,184.46
DRUGS/DETAIL CODE	5,841.05
PHARMACY	4,751.45
IV SOLUTIONS	973.20
LAB/IMMUNOLOGY	754.46
LAB/CHEMISTRY	3,129.43
LABORATORY	704.96
LAB/HEMATOLOGY	3,088.10
SUPPLY/IMPLANTS	1,126.78
STERILE SUPPLY	631.81
Total Charge(s)	\$103,075.94

Pick your size, you're still running in the wheel...



That's me on the **left**...
I escaped.





DIRECT PRIMARY CARE

ARRIVAL
on how
Primary care
Should be



Doctor launches cash-based practice to serve patients in central Ohio



SCOTT LIGHT



PUBLISHED: 11/06/17 02:31 PM EST UPDATED: 11/06/17 06:37 PM EST

Have you ever tried to get an immediate appointment at your doctor's office or pediatrician? Or have you ever moved to a new city and tried getting new doctors?

You were probably told "We're not accepting new patients" or "It'll be two to three weeks before we can get you in."

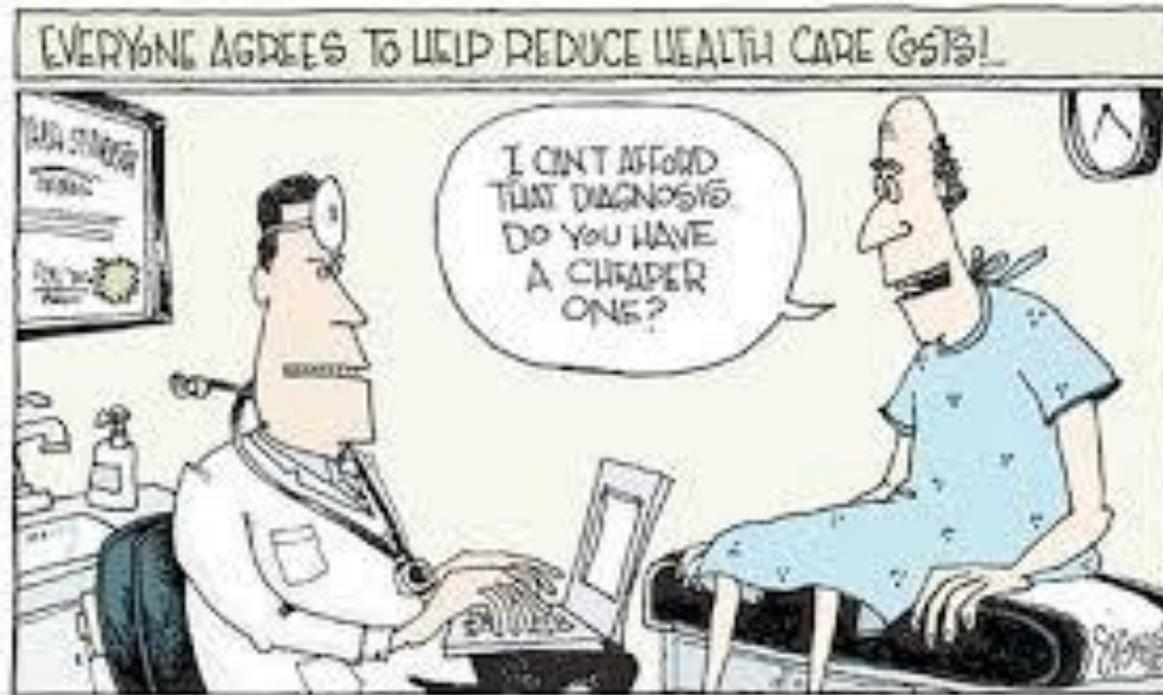
That's frustrating for everyone involved.

My Clinic





Unaffordable



I'M NOT GOING ANYPLACE SPECIAL. I JUST DON'T HAVE HEALTH INSURANCE.



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What happens when you remove insurance from primary care, your health maintenance, so to speak?

Lots of good things.



South



[Add to Cart](#)
[Delete](#)

Item / NDC		Brand Name	Generic Name	Manufacturer	Size	Price	Buy	Delete
307256  53746027101	 	BACTRIM SS 400/ 80MG	SULFAMETHOX W/ TRI SS 400/ 80MG WHT OVL TB (TB)	AMNEAL	100	\$11.15	<input type="text"/>	<input type="checkbox"/>
310824  68180051801	 	ZESTORETIC 10/ 12.5MG	LISINOPRIL HCTZ 10/ 12.5MG BLUE HEXAGONAL (TB)	LUPIN Formulary / Contract	100	 \$3.38	<input type="text"/>	<input type="checkbox"/>
310828  68180052001	 	ZESTORETIC 20/ 25MG	LISINOPRIL HCTZ 20/ 25MG PEACH RND (TB)	LUPIN	100	\$4.70	<input type="text"/>	<input type="checkbox"/>
311142  00093714656	 	ZITHROMAX 250MG	AZITHROMYCIN 250MG WHITE OVAL TB (TB)	TEVA	30	\$26.02	<input type="text"/>	<input type="checkbox"/>
311694  65862019299	 	PROZAC 10MG	FLUOXETINE HCL 10MG GREEN OPQ (CP)	AUROBINDO	1000	\$20.64	<input type="text"/>	<input type="checkbox"/>
311785  00093738698	 	EFFEXOR XR 150MG	VENLAFAXINE ER 150MG LT ORANGE CP (CP)	TEVA	90	\$14.92	<input type="text"/>	<input type="checkbox"/>
312369  47781030301	 	MACROBID 100MG	NITROFUR MONO/ MACRO 100MG BLACK/YELLOW (CP)	ALVOGEN	100	\$95.32	<input type="text"/>	<input type="checkbox"/>
316546  00093227534	 	AUGMENTIN 875/ 125MG	AMOXCILL CLAV ACID 875/ 125MG WHT CAP SHP SCR (TB)	TEVA	20	\$6.13	<input type="text"/>	<input type="checkbox"/>
316681  68180051303	 	ZESTRIL 5MG	LISINOPRIL 5MG PNK RND TB (TB)	LUPIN	1000	\$12.33	<input type="text"/>	<input type="checkbox"/>

320757		CIPRO 250MG	CIPROFLOXACIN HCL 250MG WHT/YELLOWISH (TB)	RISING PHARMA	100	\$14.20	<input type="text"/>	<input type="checkbox"/>
320888		GLUCOPHAGE 500MG	METFORMIN HCL 500MG WH/OFF WHT (TB)	HERITAGE	1000	\$13.29	<input type="text"/>	<input type="checkbox"/>
322370		FLEXERIL 10MG	CYCLOBENZAPRINE HCL 10MG YELLOW RND (TB)	KVK-TECH	100	\$2.69	<input type="text"/>	<input type="checkbox"/>
323252		AMOXIL 875MG	AMOXICILLIN 875MG PINK (TB)	CITRON	100	\$11.09	<input type="text"/>	<input type="checkbox"/>
324500		COUMADIN 3MG	WARFARIN SODIUM 3MG TAN OVAL (TB)	AMNEAL	1000	\$143.34	<input type="text"/>	<input type="checkbox"/>
324778		TESSALON PERLES 100MG	BENZONATATE 100MG YEL RND (CP)	ZYDUS	100	\$19.96	<input type="text"/>	<input type="checkbox"/>
325434		NORVASC 10MG	AMLODIPINE BESYLATE 10MG OFF WHT RND (TB)	CIPLA Formulary / Contract	1000	\$17.39	<input type="text"/>	<input type="checkbox"/>
325451		CRESTOR 10MG	ROSUVASTATIN CALCIUM 10MG PINK OVAL (TB)	CITRON	90	\$23.93	<input type="text"/>	<input type="checkbox"/>
325452		CRESTOR 10MG	ROSUVASTATIN CALCIUM 10MG PINK OVAL (TB)	CITRON	1000	\$245.44	<input type="text"/>	<input type="checkbox"/>
390713		LOTRISONE CREAM	CLOTRIMAZOLE/ BETA DIP CREAM CREAM (CR)	TEVA/ACTAVIS	15GM	\$9.50	<input type="text"/>	<input type="checkbox"/>
390715		LOTRISONE CREAM	CLOTRIMAZOLE/ BETA DIP CREAM CREAM (CR)	TEVA/ACTAVIS	45GM	\$19.00	<input type="text"/>	<input type="checkbox"/>
391536		CUTIVATE CRM 0.05%	FLUTICASONE CRM 0.05% CL FAR (CR)	SANDOZ	15GM	\$6.32	<input type="text"/>	<input type="checkbox"/>

Rx: Why dispense, if able?

- Most patients thus far in my clinic are on 0 to 3 chronic meds.
- The “zero” meds sometimes need antivirals or antibiotic
- Improved willingness to “wait and see” with likely viral etiologies, bc they know they can get what they need, IF they do need it, easily, affordably
- Mental health: Strong stigma of picking up meds at pharmacy; Improved compliance → life → Functionality
- High risk “patient/medicines”, can discuss if potential of pharmacy dispensing is more suitable. A discussion that can easily be had.
- Value proposition to patient.
- No meds are ever *required* to be dispensed from my clinic; patient choice. Usually cost savings is a great win for them, and ease. But cost usually dictates where they decide; Goodrx vs insurance vs wholesale through DPC.
- When PBMs go back to their fiduciary duty to help with Rx costs, then I won't need to help with dispensing meds.



REQUEST A SPECIALIST

{ HOME }

ABOUT

PRICING

SPECIALISTS

FAQS

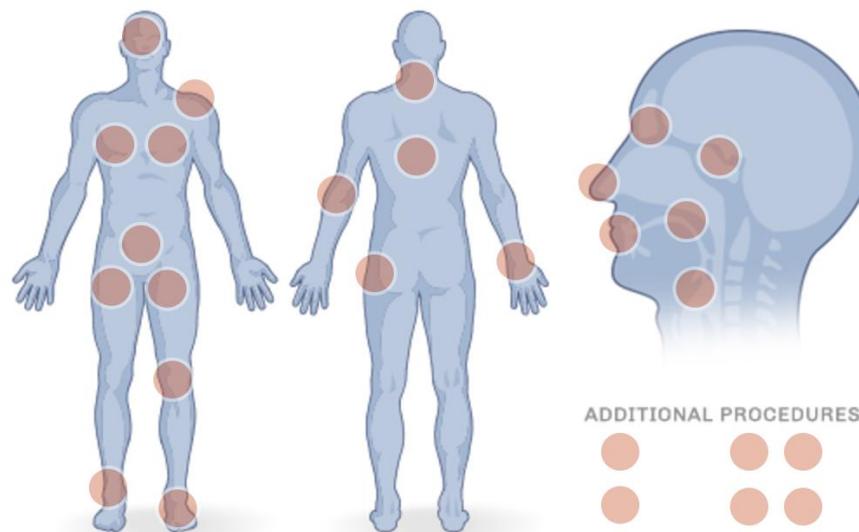
DR. SMITH'S BLOG

MEDIA

CONTACT

{ Surgery Pricing

Click on an area of the body where a surgery or procedure is needed. Use this tool to find a price and request a specialist to contact you.



Choose procedure category

Shoulder

Choose Procedure or Surgery

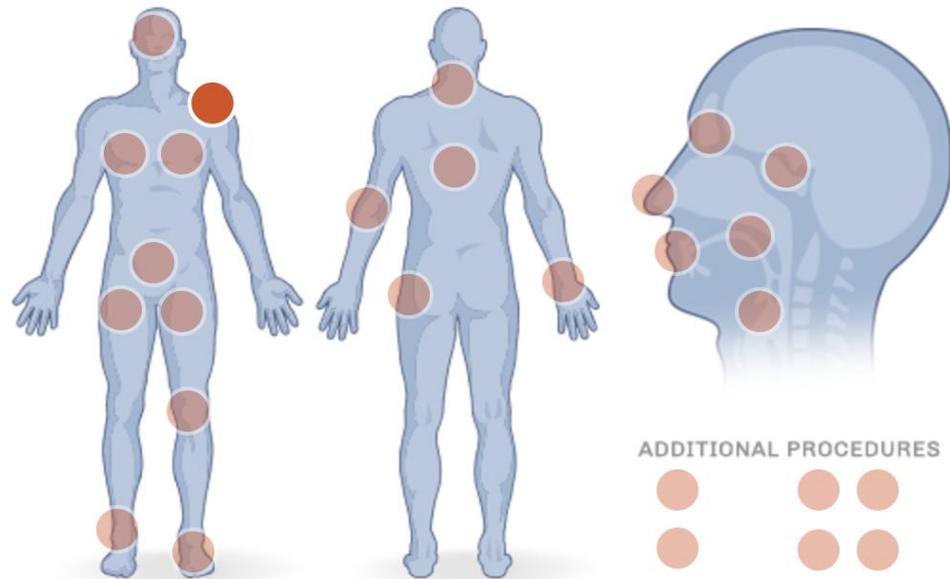
Open Rotator Cuff Repair

[Learn More](#). Not finding what you need? Here is a [complete list](#).

Price will be: **\$6,260.00***

[REQUEST A SPECIALIST](#)

*Read the pricing [Disclaimer](#)



Choose procedure category
Wrist / Hand

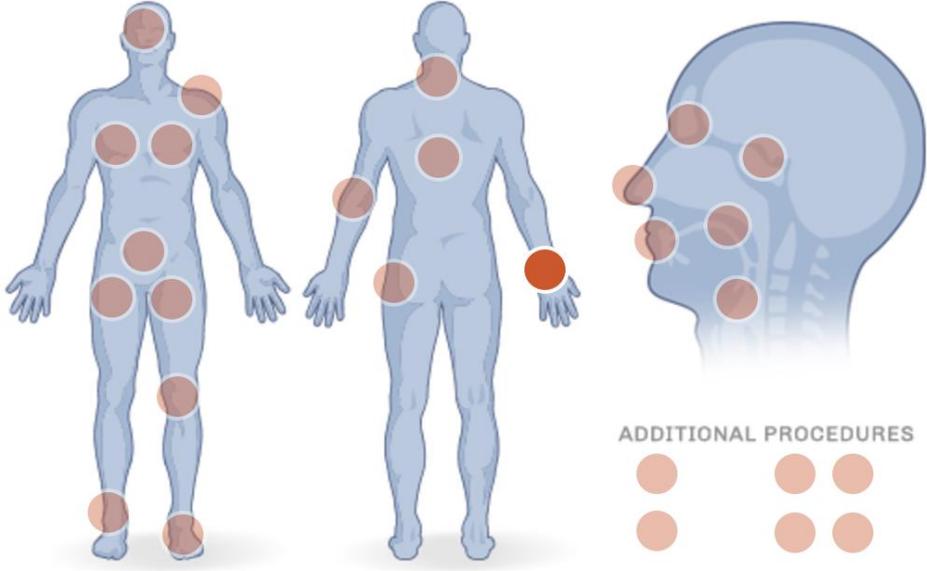
Choose Procedure or Surgery
Carpal Tunnel Release

Learn More. Not finding what you need? Here is a complete list.

Price will be: **\$2,750.00***

REQUEST A SPECIALIST

*Read the pricing Disclaimer



61%

Do not, cannot, afford health
insurance

39%

Do, have in my practice

As of Nov 2017 stats.

Need to remember,
Insurance does not provide actual care.

Providers provide care.

We need a root cause analysis to fix our health care
system problems, & physician burnout.

Maybe decades to fix this?
Most everything else is false hope.

But we have to start. Now.

I believe it's ethical to want to:

a) Create a model that **people** WANT to **participate** it:

- Cost transparency

- Improved access

- More personal approach to healthcare (autonomy)

b) Create a model that **doctors** WANT to **provide care** in:

- Decrease red tape

- Have longevity in our careers.

-The burden of care is less, when there are more clinicians.

*****DECREASE/AVOID BURN OUT.*****

Thank you Benjamin Rush Institute
Leadership Conference 2018!

The Ohio State University
Columbus, OH

