“The New Health Law: Bad for Doctors, Awful for Patients”
Jason Fodeman, Townhall.com, 4/16/2011

While much has been said about the recently passed health care overhaul law and a multitude of cogent arguments have been made as to why the legislation must be repealed, lengthy debates have failed to adequately address how the 2,800 pages will prevent patients from receiving the medical care that they need and want. In fact, in some ways the federal government already hinders the ability of doctors to provide their patients with good care. These trends will no doubt worsen under PPACA [Patient Protection and Affordable Care Act]. In addition, new regulations and mandates will place unaccountable regulators in between physicians and their patients.

Medicare’s physician reimbursement regimen is fraught with underpayments and perverse incentives. During the health care debate, supporters of PPACA praised Medicare’s ability to exploit its size to obtain lower fees with providers. While it is true that Medicare can bludgeon down physician fees, this is not one of the program’s greatest strengths, but actually one of its greatest weaknesses. These underpayments are ultimately shifted to patients in the form of shorter visits, less doctor face time, quick hospital discharges, and compromised care. Rather than reforming the government’s flawed reimbursement regimen, PPACA merely expands its scope to more people.

PPACA establishes the Patient-Centered Outcomes Research Institute to conduct research comparing the efficacy of medical and surgical interventions. The potential harm from this depends how it is used.

Federal regulators could easily use this research to ration care by financially punishing physicians prescribing these “less effective” treatments. This research coupled with the reimbursement changes could easily pave the way for the government dictating to patients the medicines, tests, and procedures that they can and cannot have, regardless of willingness to pay and personal preference. This would replace the professional judgement of physicians with rigid rules set by regulators in Washington DC. This one-size-fits-all approach will limit choice and result in poor quality care.

The soon-to-be established health insurance exchanges will also give the federal government vast new control over physician practices. PPACA states that starting January 1, 2015, a qualified health plan can contract with a provider “only if such provider implements such mechanisms to improve health care quality as the Secretary may by regulation require.” Depending on the guidelines, this gives the federal government unprecedented new authority over not just those physicians accepting Medicare and Medicaid, but any provider accepting any third party payer offered through the exchange. Of course quality care is a good thing, but who should determine the definition of “quality?” Who knows best? This regulation seems to be based on the notion that bureaucrats at HHS from afar know better than the doctor actually talking to and examining the patient. This will coerce physicians to practice medicine not the way they were taught, but the way the government tells them. Ultimately, this too will lead to poor quality, standardized care and restrict choice.
PPACA will strip away physician autonomy, drown doctors in bureaucracy, and drain job satisfaction. As the profession deteriorates, older doctors will retire while younger doctors will look to switch careers. Many young people considering a career in medicine will pursue other opportunities. The supply of providers will dwindle as demand for services reaches an all-time high. Ultimately, the consequences of the health overhaul law will be passed along to patients through restricted access, long wait for appointments, and rationed care.

The Untied States boasts the world’s premier health care system. With that said, of course there is room for improvement and efforts must be implemented to control spiraling costs. A better prescription for reform would be to build off the success of the current system while targeting its inevitable shortcomings.

Ultimately, there are only two ways to lower costs. One approach empowers bureaucrats to make tough decisions for doctors and patients. This has grave ramifications on quality of care and choice.

Unfortunately, the administration chose to pursue this route. Yet, patients would be better served if doctors were held more accountable by transparency and choice, rather than bureaucratic fiat. A more practical approach to lowering costs empowers and incentivizes patients to be smarter health care consumers. This entails solutions such as expanding health savings accounts, creating a national market for health insurance, and leveling the tax playing field. These could bend the cost curve down while simultaneously strengthening the patient-doctor relationship.

The time has come for a long-overdue, honest discussion on not just the impact that government will have on patients, doctors, and the practice of medicine, but the impact it already has had over the past forty-five years. The importance cannot be undersold as the Patient Protection and Affordable Care Act is indeed bad for doctors, but it is always the patient that suffers the most.