



## Change Like Never Before

Miriam K. Anand, MD

So, here we are in February, one month into the Affordable Care Act's Grand Premiere. If the last few months of 2013 are any indicator, it doesn't bode well for the future. The ACA is surely the biggest change that our profession has faced in decades, but there have already been so many changes and delays to parts of the law that one almost has whiplash trying to keep up. The cautious optimism for 2014 that I expressed last month is becoming more cautious and less optimistic.

I'll make no secret of it. I was not a fan of this bill prior to its passing. This is not the same as saying that I didn't see the need for healthcare reform. Nobody would dispute that our system is broken and needs changes. Rather than a massive 900 plus page bill, however, I would have preferred to see smaller, more incremental changes to improving our flawed system. Admittedly, there are a number of positives in this law. Many preventive healthcare services are now covered, patients up to 26 years old can stay on their parents' plan, and coverage can no longer be denied for pre-existing conditions. In addition to allowing more patients to have access to care, the latter provides a sense of personal relief as I always felt like a traitor to my patients when I was required to fill out forms regarding potential pre-existing conditions. More patients will have health insurance, although it's not clear now to what extent with the flawed Healthcare.gov website rollout. I initially hoped that the positives would outweigh the negatives in the bill, however, this may not turn out to be the case.

Many people are frustrated by what some perceive as lies that were told to get the law passed. Examples include, "If you like your plan, you can keep it. If you like your doctor you can keep your doctor." One statement that seems to be proving true, however, is Nancy Pelosi's comment that, "We have to pass the bill so that you can find out what's in it." I don't claim to be familiar with the entire 906 pages of the bill (and I suspect I'm not in the minority), but for those of us who knew much of what was in it, none of this really comes as a great surprise. After all, it was pretty clear to me that plans that did not meet the ACA requirements would be discontinued. Similarly, with the push towards ACO's, it didn't make sense to claim that you would be able to keep all of your physicians, since there was no guarantee that they would all be part of your specific ACO. As you know, primary care providers can only participate in one ACO, but the patient's specialist physicians may or may not be participating in the same plan. Specialists can participate in multiple ACO's, but it's been reported that fewer specialists have signed up for ACO's, meaning that patients will either pay higher out of pocket costs to see them or drive longer distances to see someone on their plan. Finally, was it really surprising that companies with more

than 50 employees would start to transition employees to part time to avoid having to pay for their health insurance or the tax penalty if they didn't pay? I know that some feel that most of these companies have bottomless pits of money and are just too greedy to offer better benefits to their employees, but it's the smaller to mid-sized companies that constitute the majority of businesses that will be affected by the mandate when it goes into effect. As a business owner I know that increased costs have to be made up somewhere so as not to force jobs to be cut altogether.

So, what does the future of this law hold? Well, it's discouraging that by the end of 2013 the sign up for health insurance was much lower than anticipated and needed. We know that younger, healthier participants are needed to offset the costs of care for sicker, older patients. Without them, the system will struggle at best and the fear is that premiums could sky rocket if we don't make up for the shortfall by the end of March. With respect to the ACO's, there have been small successes for some ACO's currently in existence, but overall, I believe that they will ultimately meet

the same fate of capitation in the 1990's. What about the Independent Payment Advisory Board who will be charged with proposals to cut Medicare costs? They can't cut payments to clinical laboratories until 2016 and to hospitals/hospices until 2020, so where will that leave physicians and smaller, non-hospital based practices? To add to that, insurance companies still have to list patients as eligible for coverage even if they haven't paid their premiums for 90 days for the exchange plans. That means that, despite verifying eligibility, many practices could get stuck holding the bag if patients subsequently default on their insurance payments and get kicked off the plan.

As I mentioned, I would have preferred that we would have implemented needed changes in smaller steps. It seems that, in the end, we may be taking small steps, but to chip away at the ACA as a reaction to ever presenting problems, rather than having made positive changes proactively and incrementally. We will continue working our way backwards, creating small fixes and delays, resulting in a cobblestone, patchwork system that is an afterthought, rather than

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The Maricopa County Medical Society Board of Directors has a vacancy that it needs to fill with an Active Member in good standing. The By-Laws for the Society mandate a distribution of Directors by geographical region, whereby for every 8 1/3% of the total membership represented by the active physicians in a District, the District shall be entitled to one membership on the Board of Directors.

Currently, the Board, excluding the Executive Committee, is comprised of two members from the East Valley District, two members from the West Valley District, two members from the Scottsdale District, and six members from the Central District.

The Board is currently one member short of the allocation for the Central District, and thus needs to fill a Board seat per by-Laws.

Board terms are three years in duration and commence on January 1st of each year.

**If you or someone you know is interested in representing their fellow members, please contact Jay Conyers at 602-251-2361 or by email at [jconyers@mcmsonline.com](mailto:jconyers@mcmsonline.com).**



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"I don't get any pleasure from 'I told you so's', especially if the outcome is negative, so I hope that I'm wrong. I would gladly accept being wrong, if it means a good outcome for us and our patients. What do you think? Do you agree or disagree? What has your experience been thus far? **We would like to hear from you.**" — Miriam K. Anand, MD

a well-planned out solution. This will be a costly endeavor in many ways to us, our patients, and our country. Calls to repeal the entire law may be heard, either in anticipation of or resulting from the 2014 elections, but this would also repeal the few things that all can agree are good about the law.

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think? Do you agree or disagree? What has your experience been thus far? We would like to hear from you.

I know that many lost faith in organized medicine due to the AMA's support of the ACA and, unfortunately, this may have trickled down to organizations such as MCMS. These types of issues, however, provide evidence that physicians need to stand together for the benefit of our patients. While your membership in MCMS will not reverse any potential negatives that may result from the ACA, it does help

to provide a sounding board for your experiences and concerns. We can then act as a collective voice for our members and physicians in Maricopa County to make sure that those matters are known. If you have colleagues who are not members, but want their concerns heard outside of the physician lounge and away from the dinner table, encourage them to join. It is the strength of numbers that makes our collective voice more potent. Furthermore, we will be a resource to help guide our members through these changes.

Your membership also allows MCMS to take our own incremental steps for the betterment of our profession and in the interest of our patients. We can help you get back to the root of why most of us wanted to go into medicine...to help people. If you haven't already volunteered for one of your committees, please consider it. You can help us make a difference to our patients and our community by participating in one of the committees to continue to change the things we can change through philanthropy, mentorship, education, and our public health committee.



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