

TRUST. How did we lose it and how do we get it back?

By Miriam K. Anand, MD



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As 2014 draws to a close, so too does my term as President of the Maricopa County Medical Society (MCMS). As predicted, 2014 was a year of change for medicine both on a national and local level and, since “nothing is as constant as change,” we can expect that things will not remain static for long. As I have tried to emphasize through my editorials this year, physician unity is a necessary factor in seeing to it that changes are made for the better. Unfortunately, however, physicians are often painted out to be the bad guy and are perceived by some as being greedy and selfish. Our concerns about declining reimbursements are seen as coming from people who, “make too much money,” and are complaining about losing some of it. There is a stereotype that physicians have so much time on their hands, that they spend the bulk of their time golfing. As someone who doesn't even know how to golf (despite growing up here), I find that interesting.

Last month [*Round-up*, November 2014] I gave some examples of how I fear that the changes imposed upon medicine are resulting in the declining quality of care. Since then, I only continue to learn of more experiences that would support this, including those outlined in the letter from **Dr. Frank J. Fara** published in the October edition of *Round-up*. I won't outline each and every legislative change, insurance change, or change in who controls how medicine is practiced that have led us to where we are now, as I believe that most are familiar with them. Suffice it to say, most physicians are trying to practice in a system that has been forced upon us. This is not an excuse for not providing quality care, however, but just a statement on why it is becoming more difficult to do so. Some may argue that the lack of physician unity allowed this to happen and that we therefore share in the responsibility for the current state of medicine. Either way, most of the changes have not been physician-driven, yet we are the ones who are most likely to be concerned about what is in the best interest of our patients. I often wonder what the ratio of law or business students that choose their career path “to help people” is compared to medical students. It seems to me that most of us chose medicine to be able to make a positive difference in people's lives, yet we seem to have less and less influence in being able to do this.

We are often still the ones perceived as the bad guy when we don't have time to spend with a patient or are forced to look at our computer screen instead of the patient. Patients perceive these as examples of lack of caring on the part of the physician, not realizing that factors such as decreased reimbursement, bundling, and Meaningful Use are some of the real culprits. Our staff often takes the brunt

of patient frustrations when trying to collect higher co-payments and deductibles despite the fact that the amount a patient owes is determined by the insurance companies, not physicians. Healthcare consumers, unaware of the costs of keeping up with the ever increasing bureaucracy of practicing medicine today, seem to have the impression that each dollar collected goes directly into the physician's pocket. Furthermore, there are commercials and billboards inviting patients to sue us if they have experienced side effects from medications we prescribed or devices used in surgery that were later found to be defective.

“~~Write to anyone~~ ~~to participate~~ on a suggestions for further ways in which we can better meet your needs. It is time for most of us to renew our MCMS membership. If you have not already done so, I urge you to renew yours and also to encourage colleagues who are not members to join.”

– Miriam Anand, MD

The media also does not help bolster the public's impression of physicians. Earlier this year, a local news station ran stories every day for a week about “healthcare nightmares.” Promotions for the series included the announcer saying something like, “When going to the doctor becomes a nightmare...” Interestingly, however, of the stories that they ran, the vast majority involved health insurance or billing “nightmares,” yet the tagline suggested that the bad experience had something to do with the physicians.

In the meantime, most patients are unaware of the origins of the changes in the healthcare system and many younger physicians and those in training do not have an appreciation for the outside influences on medicine. Unlike Dr. Fara, most patients would not know that a physical exam should be an integral part of most physician visits, especially when establishing care with a primary care physician. They would also not have the medical expertise to know when decisions are being made based on coverage or other factors rather than the specific medical issues at hand.

So what can be done to improve how the public views physicians? We need to start by re-establishing the fact that we are the best advocates for our patients and their care. Not

legislators. Not insurance companies. And not those who treat medicine as a business whose sole purpose is generating income. We also need to make the public aware of where the obstacles in their care are really coming from. While a unified physician voice is important, real positive change in our current healthcare system will likely not be seen until the American people wake up and realize that the changes occurring in medicine are not driven by those motivated by helping them and are not in their best interest. One wonders how far the pendulum will have to swing until the public sees what we have been seeing for years. Until that time, we must continue to strengthen our voice by participating in organizations such as ours, so that physician influence can play a strong role for positive change in the future. It would certainly be refreshing if changes could start occurring to assist us in providing hassle free quality care to our patients.

There have been some positive changes for the MCMS this year. During his first year as our Executive Director, **Jay Conyers, PhD** has made a number of improvements. Many of you have seen and have commented on the changes in *Round-up* over the past year. We also recently upgraded our website and have made some much needed renovations to the Society building. We look forward to holding membership and social events there in the future. Less glamorous, but still important, was the hard work by our by-laws committee to prepare by-laws that are up to date and more relevant. We also developed and implemented a Policy Committee to help us address issues that are important to our members and the community. There are other changes in the works that will allow us to move forward to be that strong, collective physician voice and to have an impact on improving the practice of medicine in our community.

We look forward to continuing to build upon these changes and to enhancing the work of all of our committees in the coming year. We invite you to participate on a committee and also invite your suggestions for further ways in which we can better meet your needs. It is time for most of us to renew our MCMS membership. If you have not already done so, I urge you to renew yours and also to encourage colleagues who are not members to join.

Thank you for allowing me to serve as your President in 2014. I look forward to further positive changes for our Society in 2015 and know that we will be in good hands under the leadership of **Ryan Stratford, MD.** [ru](#)