



Medicine's Failing Heart

M. Tray Dunaway, MD, FACS

Heart disease is known as one of many "silent killers" in medicine. The disease often creeps up with minimal or no symptoms and continues to be the leading killer of men and women worldwide. Up to 40% of heart attack victims will die before they can receive treatment. In a similar fashion, if physicians are the "heart of medicine," there are equally lethal diseases, "silent killers", affecting physicians. One day, without warning, the public may find itself unexpectedly confronted by a sudden, agonizing loss of their physicians.

To be sure, there are symptoms of "the failing medical heart", but like physiologic heart disease, the victims are often unaware of the subtle changes. Physicians are suffering from a number of "diseases" ultimately affecting the future of healthcare. A variety of surveys have yielded different interpretations, but it is evident there is growing discontent among practicing physicians as well as prospective physicians. The symptoms have affected physician retirement age, change in practice styles, reduction of workload, choice of non-clinical medical career choices, and even consideration of medicine as a career choice by fewer college graduates.

According to Merritt, Hawkins & Associates, an Irving, Texas-based recruiting firm, a telephone survey of 300 doctors in the year 2000 and found 38% of doctors age 50 or older plan to retire within one to three years. Additionally, another 16% had plans to significantly reduce their practice or to not accept new patients. Managed care was identified to be the most frustrating aspect of practicing medicine for 56% of these physicians. The majority of those interviewed said they would not choose a medical career again.

In the course of my own physician education business, physician surveys from a national pool of 745 physicians presented disturbing data. When physicians were asked: "If you could make the same or better income with a different career tomorrow and could sell your practice and building, would you leave your practice?" 34% said yes, 28% said perhaps, and only 38% said no. *Less than 40% of the physicians were not sure they would stay in medicine if they financially could afford to change.* Of these physicians, a full 53% would not recommend a medical career to a bright college bound student. And an astounding 39% of these physicians *actively discouraged* their otherwise capable children from pursuing a career in medicine. Who would have ever thought this number would be so high from *physicians themselves*? Correlating with the Texas survey, dealing with third party payers was the leading cause of physician frustration, followed closely by diminished reimbursement and malpractice concerns. Governmental regulations and frustrations of medical coding/documentation issues were also cited as leading sources of frustration.

Once-upon-a-time in our country children dreamed of becoming doctors. This has apparently changed. Loss of physician autonomy has been blamed in part for a decline in medical school applications. According to data from the Association of American Medical Colleges, in 1996, 46,968 applications were received by medical schools, however, by 2002 those numbers dropped to an alarming 34,859, reflecting a steady decline of 1,000 to 4,000 student applications a year. In 1996, 36.1% of applicants gained admission, but by 2002, 48.5% gained admission. 2003 did show a 3.4 % increase in application, breaking the six year declining trend. Are the best and the brightest still applying to medical school? Or is the uncertainty of medicine as a lifelong profession making other career choices offering exciting and intellectually challenging professional opportunities more attractive? Will your future doctor be the doctor that would not have made the cut for admission in 1996?





Around the country, doctors are limiting their practices due to rising medical liability insurance rates. In some states, physicians simply close their practices to move to a more medical liability insurance friendly state, or choose to retire or transition to a non-clinical environment. As a result, more and more patients have to travel further for needed medical care. I had the opportunity to visit a single hospital town in Ohio that had become accustomed to having five general surgeons serving the community. Because of increased malpractice rates, three of the surgeons had departed. Of the two remaining surgeons, one was seventy years old and had hoped to retire but stayed on because of the shortage. One of the departing surgeon's malpractice rates had jumped from \$40,000.00 a year to \$119,000.00. He couldn't afford to lose this income and moved to a different state with lower malpractice premiums.

Economic pressures have already affected practices. The fastest growing segment of medicine has been hospitalists. Inpatient specialist physicians are becoming more and more common in hospitals. Office based primary care physicians make more money with office visits, not hospital rounds. By allowing hospital based physicians to take care of inpatients, office based physicians spend more time in the office and simplify their practices and improve their efficiency and profitability. The end result for a patient is that the physician they may choose to see in the office, (*as much as managed care allows the choice*), will not be seeing them in the hospital. In fact, as an inpatient the patient will have no physician choice because they simply get the hospitalist on call. This, in part, is in response to shrinking third party reimbursement. A recent survey from *Medical Economics* which samples office-based MDs and Dos in 24 specialties, demonstrated that mean total compensation to primary care doctors had not change from 2002 to 2003, (\$150,000), despite a 1.9% cost in living expense increase. Therefore, these physicians actually lost financial ground.

The heart of medicine is failing and physicians cannot treat themselves. They need support and therapy from their patients. What can patients do to help their physicians?

Support elected officials and legislature that addresses critical physician needs. Endorse passage of legislation that places reasonable caps on non-economic damages and that also ensure injured patients get fair compensation. Research and choose medical insurance options that allow more patient control of the healthcare dollar, such as medical savings accounts with high deductible plans. In healthcare, the entity that controls the dollar controls healthcare. When you and your doctor talk about *your* healthcare, do you need a third party limiting *your* options? Avoid and protest insurance plans that interfere with patient choice of any manner. Look beyond 15 second sound bites for real facts. The economics and politics of healthcare are *very* complicated and everyone, including this author, has a spin. There is usually an element of truth in all points of view, but the public needs to hear fully from all the points of view to draw their own conclusions. And *talk to your doctors*. Bedside manner isn't just for physicians. A patient who sympathizes and communicates their concern for the welfare of physicians is no longer simply a patient, they become a *friend*. Knowing that patients care about medicine's heart might very well make all the difference in the world in keeping your doctor available in your community for the times when you may need *your* doctor the very most.

M. Tray Dunaway, MD, FACS is the CEO and CSF, (Chief Strategic Futurist), of Healthcare Value, Inc. Dr. Dunaway was a surgeon with a 16 year every-other-night-on-call practice who's frustrations with loss of medical practice autonomy led him to become a healthcare pioneer and develop physician and hospital systems that has resulted in millions of dollars for increased revenue for client hospitals and medical practices. He now shares his thinking on "business of medicine" issues that affect healthcare and speaks at over 75 programs and meetings a year. Dr. Dunaway has been featured in over 30 top healthcare journals and may be contacted at tray@traydunaway.com or at (803) 425-8555.

