

3/18/2009

Attachment HH

I am Rochelle Dworet, MD, member of the Colorado and Arapahoe Medical Societies. At the end of 1999, my primary care pediatric practice near Swedish Hospital was closed by its owner, Phycor, a physician management company out of Nashville, TN.

Market forces have a powerful impact every single day on health care structure, delivery, and performance in Colorado. We get exactly what we pay for; we just pay for the wrong stuff.

Phycor's job was to manage the "business" of medicine, deciphering the 9000 billing codes for individual health care services. Unfortunately, primary care services don't fit into lucrative procedure codes like diagnostic tests and specialty care. A specialist can do a procedure, plug in a code for the "product," and be well compensated. The primary care doctor's product is not captured so easily. Despite a check list of 9000 coded services, there is no code or reimbursement for a good history; for discussing a patient's concerns; for working out a comprehensive, coordinated plan individually modified for each soul that comes through the door. The reimbursement codes that do exist don't pay nearly as well as a procedure: from a reimbursement point of view, talk, in medicine, is truly cheap. Phycor could not justify sustaining our practice because it did not make a profit.

Market forces are at work in our system, but they work against us. They do not reward improved outcomes, they reward easily defined specialty care and diagnostic procedures.

Phycor, hospitals and other entities operating in the business of medicine naturally are driven by these financial rewards: the result is a skewing of medicine towards profitability not what will best benefit not only the specific patient but the health of society in general.

Time spent by the patient with the primary care physician, where equal time and effort on the patient's behalf does not have the same "value" in our health care marketplace, is not rewarded. Thus cost effective interventions such as tobacco cessation, cholesterol and blood pressure control are shortchanged in favor of expensive cardiac interventions that could have been prevented!

Finally, specialists earn so much more than primary care providers is it any wonder that our medical system has seen a 50% decline in the number of doctors entering primary care in the last decade? Who will be our primary care doctors when American medical students face hundreds of thousands of dollars of debt in our current health care system?

In an ideal health care marketplace, the best caregivers would be recognized for their skill and achievements and be rewarded both financially and professionally for their accomplishments. House Bill 09-1273 would allow Colorado to establish this type of marketplace. I urge your support.

Rochelle Dworet, MD