



Outcomes Journal

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Is managed care dooming osteopathic manipulative treatment?



Managed Care Organizations (MCOs) certainly find themselves in the midst of controversy. Are the MCOs going to change the landscape in which physicians practice? What procedures and treatments will be reimbursed?

This month we have borrowed an excerpt from Physician's Weekly in which two respected Osteopaths consider different view points with regard to these MCOs and whether they will ultimately deteriorate the ability of D.O.s to be reimbursed for physical manipulation treatments. Please refer to page 2 for Point/Counter Point and some interesting points regarding these MCOs.

Doctors are burning out under the burden of red tape and a loss of independence ac-

ording to the Rocky Mountain News. On page 3 we will offer a review of an article published in the RMN April 7, 2001, in which News Staff Writer, Michael Perrault reported on a group of physicians who express their frustration with being over burdened by the present state of our health care system.

As always, please see our sponsors on page 4 and remember to view the WSSG website at

www.wssgco.com for journal club dates and notice of other events. While on the website, you might consider making comments on our Discussion Board. Let us know what you think.

Also, remember to tune in to KAFM 88.1, our local community radio station, where on every 3rd Thursday of the month Dr. Michael Dohm and Britt Smith, Pt discuss issues in the medical industry, particularly evidence-based practice and

clinical outcomes. We would also like to especially thank Community Hospital and Wayne Deschambeau, Vice President of Marketing and Business Development, for supporting KAFM and Dr. Dohm by sponsoring Dr. Dohm's program, "Let's talk medical outcomes!"

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Happy Spring for real! Yes, if you've been too busy to notice, our temperature has jumped into the high 70s. We at WSSG hope that everyone is enjoying the season change!

Excerpted from Physician's Weekly Point/Counter Point
April 14, 2001



Judith O'Connell, D.O., FAAO
Private Practitioner, Dayton, Ohio; Trustee and Past President, American Academy of Osteopathy

YES Managed-care entities consider me a specialist because my practice is entirely osteopathic manipulative treatment. As long as I have prior authorization, they generally are happy to reimburse for my services. But managed-care organizations are less enthusiastic about OMT as an integrated service in family practice. HMOs like a profession that does only one thing, or a specialist who does only one thing, because it makes it easier for them to restrict services and to predict expenditures. So HMOs look askance at GPs and OMT. As a result, practitioners are inhibited from using these techniques that have served osteopathic medicine well. At best, OMT is being forced into being a back-room procedure, or one for which osteopathic FPs are afraid to bill managed care. At worst, OMT is being abandoned. Insurance carriers are telling DOs that OMT is just an extra procedure done to earn extra money. Sadly, one cannot stay in business by providing a service and not charging for it. FPs are phasing out OMT for their managed-care patients in fear of being singled out as "overutilizers." HMOs are prejudiced against preventive medicine as well as continuing maintenance care. And, indeed, some practitioners of manual medicine have overused it, which has tainted the procedure. But there is mounting evidence from workers' compensation that osteopathic care, even when medical and surgical care is factored in, is the most cost-effective manual medicine compared with practices by allopathic physicians, chiropractors, and physical therapists. Managed care is penny-wise and pound-foolish when it comes to OMT.



Ray Stowers, D.O., FACOFP
FP, Medford, Okla.; Consultant, American Osteopathic Association Payer Relations Department; Commissioner, Physician Payment Review Commission

NO Some osteopathic physicians have run up against the obstacle of a single capitation rate for FPs, be they DO or MD. These managed-care firms don't take into account the additional time and service OMT represents. Some managed-care groups won't pay for an office visit and OMT on the same day. But osteopathic physicians across the country are winning most of the battles to have OMT-already recognized in CPT and by HCFA as a freestanding and separate procedure-approved by managed care as a covered service. Managed-care groups in general are starting to become aware that OMT and other aspects of osteopathic medicine are not only excellent care, but cost-effective. Over the past year, AOA payer relations has seen a dramatic reduction in physician complaints about managed-care reimbursement or access to managed-care panels. I am not a fan of managed care. But its basic philosophy is usually in step with osteopathic medicine in paying for services uniquely provided by DOs. Managed care can build OMT and other special osteopathic medical services into the capitation rate. The osteopathic profession only rarely has difficulty resolving problems with managed-care organizations once we bring them up to speed on the cost-effectiveness of osteopathic medicine and OMT. Mature managed-care plans appreciate this. DOs practicing where there are newer managed-care plans-mainly interested in discounting and restricting services-will face more difficulties. But even though there may be some up-front reimbursement problems, the future of osteopathic medicine and OMT is bright.

Code Blue for M.D.s an editorial review from WSSG

In the interest of saving space in our fledgling journal we will offer an abbreviated editor's review of an excellent article published in the Denver Rocky Mountain News on April 7, 2001. The article was entitled, "*Medical practice blues. Doctors burn out under burden of red tape, loss of independence.*" By Michael Perrault, News Staff Writer.

For the full story we urge you to refer to the internet and go to: http://www.rockymountainnews.com/drmn/business/article/0,1299,DRMN_4_243042,00.html.

Anyone presently engaged in the medical industry will find this an interesting read. Staff writer Michael Perrault finds Dr. Rob Gleser, a general practitioner. On the front range, and explores the day to day frustrations which most of our readers will appreciate. Perrault begins with the picture:

Dr. Rob Gleser starts work each day at 8 a.m. When he quits 11 hours later, with no break for lunch, he's seen 30 patients.

That's a little more than 20 minutes for each -- including the time spent plodding through increasingly complex medical and insurance paperwork.

Dr. Gleser says, "I basically jump on a roller coaster."

Perrault continues by describing some of the factors that are causing the problems:

The fallout from managed health care, along with Medicare cost-cutting, insurance company intransigence and stacks of new government regulations are taking a toll on physicians as well as patients.

Doctors are leaving the profession in droves. Some are taking early retirement or finding new careers. Others are refusing to contract with insurance companies.

And still others, such as Gleser and his partners, are turning to Eastern holistic health techniques, which often require patients to pay up front, avoiding insurance altogether.

Another physician and president of the Denver Medical Society, Dr. James Regen, is concerned for the loss of seasoned physicians in the field,

"A serious problem and a tragedy is that a lot of physicians at the height of their prowess -- well-educated doctors now in their mid-50s and certainly at the pinnacle of their judgment and skills -- are, unfortunately, retiring early,"

Regen went on to say,

"We're losing a brain trust in

medicine of capable physicians who otherwise would continue to practice."

Perrault tells that the Colorado Medical Society has fielded more than 8,700 complaints from doctors about insurance companies in the past three years. Outside Colorado, some 50 lawsuits seeking class-action status against managed-care companies have been filed since 1999.

According to Perrault's report,

Gleser's bout with cancer 30 years ago was a wakeup call.

"I began changing the way I was practicing medicine, changing my whole lifestyle," he said.

As Gleser delved into preventing disease and the notion of healing -- rather than merely reacting to patients' symptoms and prescribing drugs -- he began envisioning a practice that would take a holistic approach to medicine.

He wanted to incorporate healing for the mind and spirit. He wanted to spend more time with his patients.

The article states further that

The doctors are earning 30 percent less than they were five years ago. These are not your BMW-driving, country club physicians -- their salaries are on par with other primary care physicians at about \$100,000.

Heart surgeons, who are typically paid in the \$300,000 range, make more than the three HealthMark doctors combined.

Perrault refers to "Mind over Bills" The rising costs and the delays and rejection of claims from the insurance companies is resulting in major reductions in physician's income and funds available to pay the day to day bills incurred by the practice. Many of our readers will find the next excerpt quite familiar.

HealthMark bills \$25,000 to \$30,000 a week in medical services, but often collects less than half that.

"I've got to sit in meetings on Thursdays telling the doctors why the money isn't coming in," said office manager Laurie Totten as she rattles off a list of mounting costs -- heating bills, medical supplies, employee pay, malpractice insurance.

Insurers owe HealthMark \$300,000 in outstanding claims. These delayed payments stifle cash flow and force the doctors to sometimes forfeit paychecks.

Perrault's article points out that many physicians are turning toward eastern medicine as they hope to increase cash flow by offering message therapy, yoga, herbal treatments, etc.

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Much of the problem with rejections and delays it seems, stem from mistakes made on the claims when submitted. Social Security numbers missing and proper names or birthdays not included are some of the most common reasons for rejection. Mr. Perrault includes detailed statistics in the article and we recommend you refer to it on the web.

The personal cost to physicians in the form of stress and burnout are discussed at some length. We have included a small example to give our readers a feel for what other physicians are experiencing.

Many of HealthMark's patients come from health plans, and HealthMark charges those plans about 70 percent of their going rate. So one of the few ways HealthMark can increase revenue is to schedule more patients. Gershten sees 20 to 25 patients a day, nearly twice as many as when he was training as an internist. He typically limits patient visits to about 15 minutes. Sometimes that isn't enough time.

"When you're dealing with a psychological problem or social problem, you can barely get a person comfortable enough to talk to you by the time the appointment is over," he said. "They sometimes have to feel me out, too. Are they going to trust me?"

Dr. Peters isn't comfortable seeing patients every 10 or 15 minutes, so he has drawn the line on the number of patients he'll see.

"I find it too stressful and ethically difficult," he said. "So I stay within my own abilities and practice what I feel is good medicine. We try not to make this cattle-car medicine."

Denver Medical Society's Regan said limiting patient time could hurt trust, understanding and even friendship.

"The more harsh reality is that you're opening up the possibility of things being missed," he said.

The workloads are taking a toll among doctors nationwide.

In national surveys, 50 percent to 70 percent of doctors report burnout.

*Loss of empathy is one sign a doctor is burned out, said Dr. Peter S. Moskowitz, co-author of the book *Medical Practice Divorces*, written to help doctors make career transitions.*

Moskowitz said a survey last year by Merritt, Hawkins and Associates indicated that as many as 48 percent of doctors age 50 and over intend to leave clinical practice in the next three years.

It is significant to also point out before concluding this review that many of the human beings that work within the corporate system are diligently striving to heal the relationship between the insurers and physicians. Perrault quotes corporate managers as having a desire to alter the typical corporate process to include a more human way of dealing with physicians and the public. One wonders however, if large corporate organizations - who's fundamental duty is to increase dividends to the stock holder - can turn to a more human process. If present actions are any indication, it could be a good long wait.

'The guy saved my life'

Doctors don't always find it easy to walk away, despite the frustrations. Gleser finds his relationships with patients -- some extending 16 years -- key to keeping him devoted to his practice. He also finds refuge exploring alternative medicine treatments such as acupuncture.

"If not for that, I'd probably be flipping burgers someplace," he said. "It keeps me sane."

Gershten takes whatever time is required with a patient, often working on his own time and without reimbursement.

"If there's some complex thing going on with someone, I'm thinking about it," Gershten said.

"I'm checking the literature."

When patient Steve Alfors sought treatment at HealthMark, he was struck by Gershten's empathy.

"Mitch worried about me," said Alfors, a 55-year-old attorney.

Gershten analyzed Alfors' medical tests and weighed a variety of unusual symptoms and hereditary factors in time to head off a potentially deadly disease.

"I think the guy saved my life here," Alfors said.