

What is it about health care policy...and politics?

*You Can Fight, or You Can Roll Over:
Making a Difference for Your Practice,
and Legislative Updates.*

Rick Madden, MD

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CUSTOMS

ARE YOU CARRYING ANY FOOD,
PLANTS OR DANGEROUS IDEAS
ABOUT A MORE EQUITABLE
HEALTH CARE SYSTEM?



Quote
“The American healthcare system is rigged against you. It’s a crapshoot and from day to day, no one knows if it will work well to address a particular ailment. Unless you’re part of the 1 percent, you’re only ever one unlucky step away from medical financial disaster.”

“Patients deal with the inefficiencies and absurd complexity of our medical system when they have an ailment. **Doctors deal with it 24/ 7.”**

Elisabeth Rosenthal, MD, *An American Sickness*. Penguin Books. 2016

Rosenthal, Elisabeth. *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (p. 258). Penguin Publishing Group. Kindle Edition.



***“I just spoke to your investment broker --
you can’t afford a longer, healthier life.”***

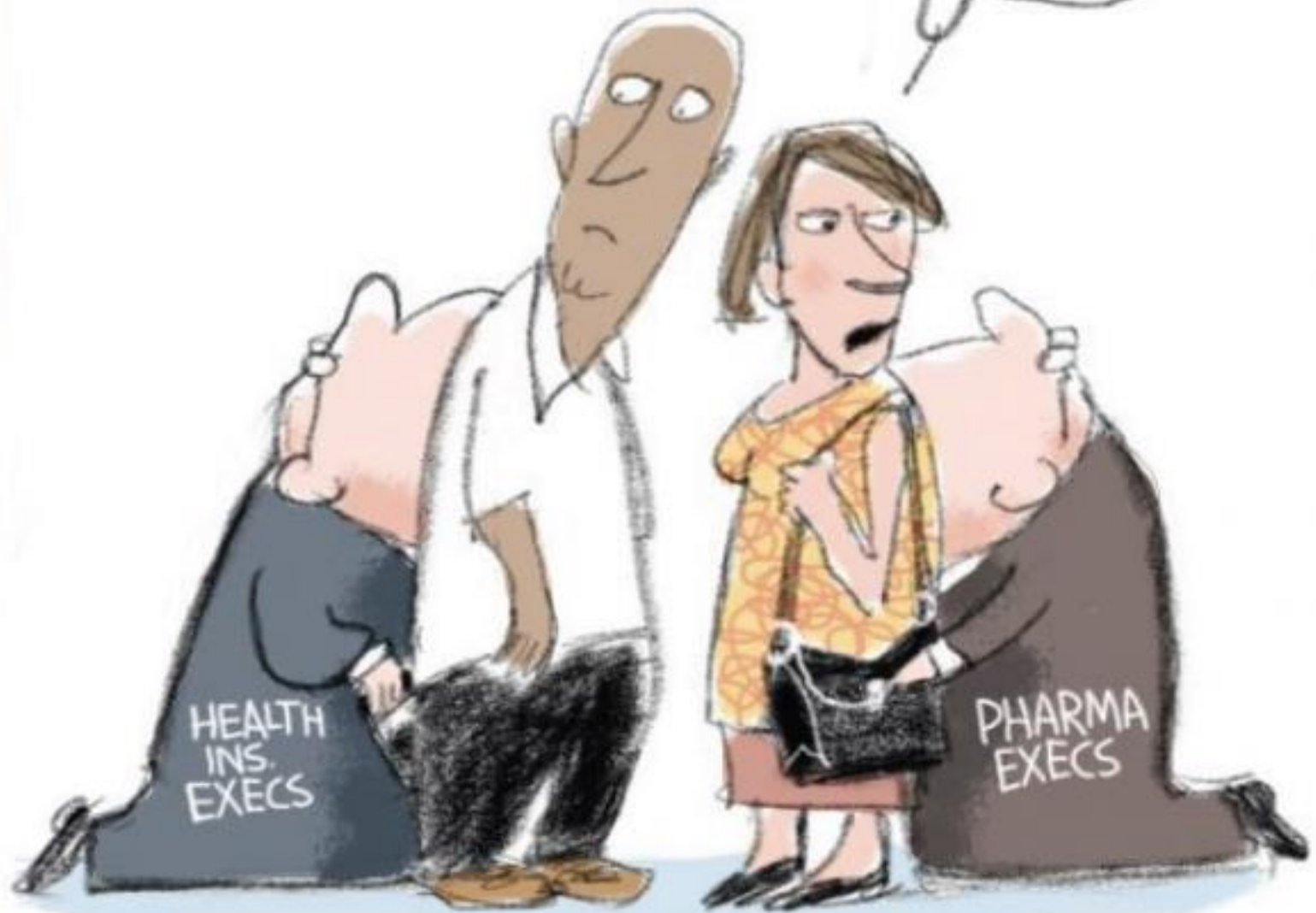
Examples of things that are not as they appear to be (aside from things that are incomprehensible).

1. Drug costs for patients are high, and don't correlate with R & D costs
2. Contrary to advertising claims, omeprazole is just as good as its next generation cousin esomeprazole.
3. Your patient's insurance coverage may look good until needed: it may be full of holes you didn't know about, such as what DME is covered and which doctors are covered within a hospital.
4. Family physicians earn much less than procedure-dominant specialists, despite their foundational importance to health care systems.
5. Burgeoning health measures that we have to report do not correlate with much of our real effort, but result in meddling by outside 'helpers'.
6. ICD 10 is not as clinically functional as ICD 9 was.
7. Observation Status in a hospital subjects the patient to copays and deductibles for outpatient care, usually far higher than inpatient care would.
8. An MRI may cost \$500 in one place and \$4000 in another.

YOU KNOW
HOW LEECHES
USED TO BE
COMMON IN
THE PRACTICE
OF MEDICINE?



USED
TO BE?



TEN ECONOMIC RULES OF THE DYSFUNCTIONAL MEDICAL MARKET

1. More treatment is always better. Default to the most expensive option.
2. A lifetime of treatment is preferable to a cure.
4. Amenities and marketing matter more than good care.
5. As technologies age, prices can rise rather than fall.
6. There is no free choice. Patients are stuck. And they're stuck buying
7. More competitors vying for business doesn't mean better prices; it can drive prices up, not down.
8. Economies of scale don't translate to lower prices. With their market power, big providers can simply demand more.
9. There is no such thing as a fixed price for a procedure or test. And the unin
10. There are no standards for billing. There's money to be made in billing for anything and everything. Prices will rise to whatever the market will bear.

E.Rosenthal, MD

A surprising place to
find this example of
health care policy:
3/12/2018 cover

“Treating Uninsured
Patients: Limiting Care vs
Living up to an Oath”

Medical Economics MARCH 12, 2018

TREATING UNINSURED PATIENTS

"I don't work for free."

"Our practice would not be able to survive if we didn't."

"They do not honor the payment arrangement plans they have agreed to and signed."

"Patients will take advantage of your generosity."

"Healthcare should be a right, not a privilege."

"They are quoted a self-pay rate and can choose to come or not."

"Everyone deserves to be treated medically and respectfully."

"I feel it is my moral responsibility."

"Many patients still cannot afford healthcare. We work with them to pay if needed. They deserve good healthcare too."

LIMITING CARE vs. LIVING UP TO AN OATH

Stories of the landscape of health care, and the people in it

- ◆ Local Family Physicians
- ◆ *The Dance of Legislation* by Eric Redmond
- ◆ Medicare and Medicaid, passed in 1965
- ◆ The Affordable Care Act, passed in 2010
- ◆ Other compelling stories



Lady Bird Johnson, former President Harry Truman, and Bess Truman look on as President Lyndon Johnson signs Medicare into law.

PHOTOGRAPH BY FRANCIS MILLER/THE LIFE PICTURE COLLECTION/GETTY

New Mexico Legislative Issues Likely to Come

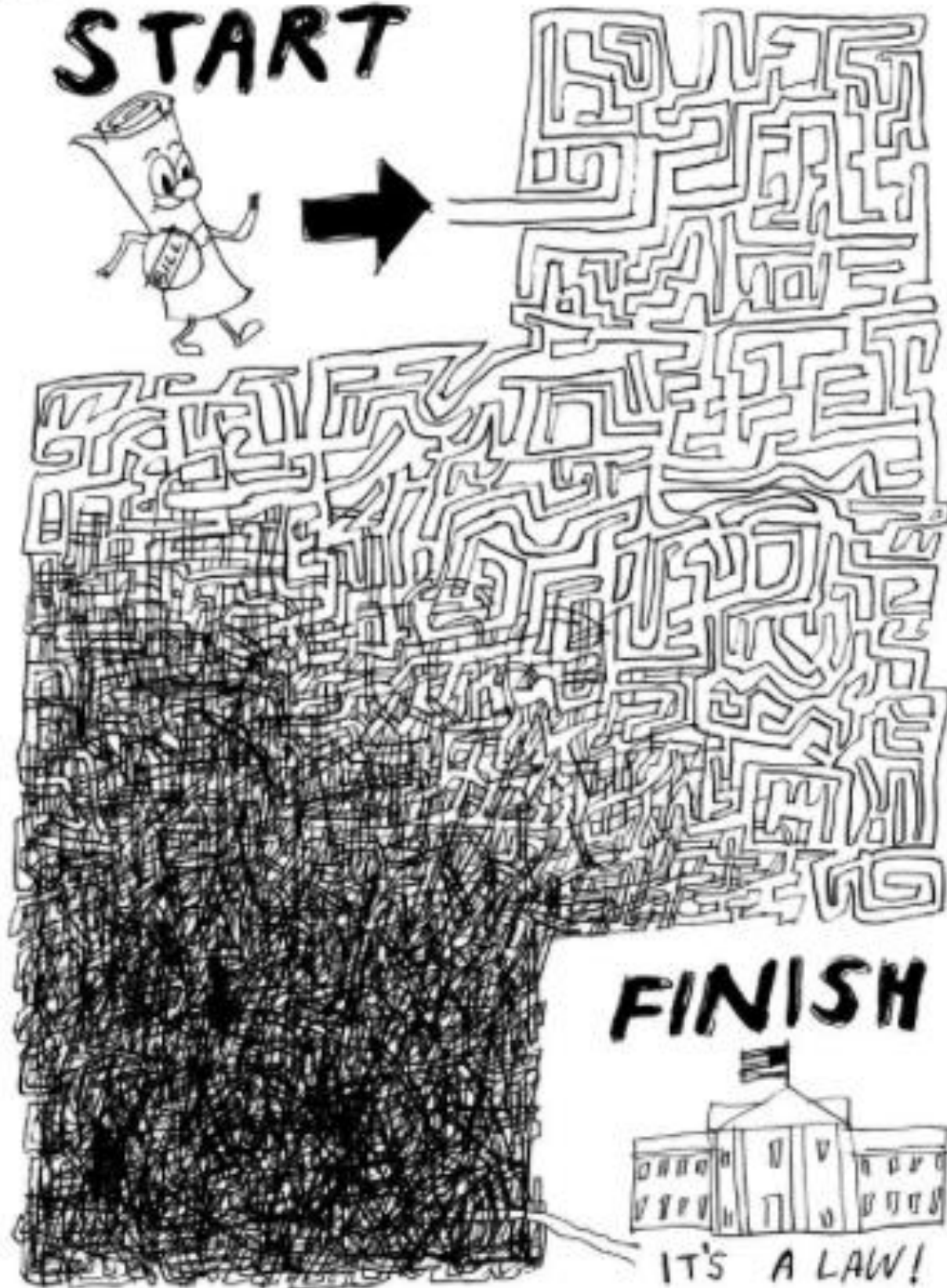
- ◆ Surprise Billing
- ◆ Prior Authorization
- ◆ Scope of Practice
- ◆ Recreational Marijuana
- ◆ Tax Reform
- ◆ Tobacco and Gasoline Tax Increases
- ◆ Early Childhood Education Funding

NM Legislative Issues Likely to Come, continued

- ◆ Guns: Safety and Sales
- ◆ Medicaid Buy-In
- ◆ Single-Payer: Health Security for New Mexicans
- ◆ Opioid Crisis
- ◆ Maintenance of Certification
- ◆ Prescription Drug Prices

HELP THE BILL FIND ITS WAY TO BECOMING A LAW

START



FINISH



IT'S A LAW!

STEED

Continuing Challenges

- ◆ Dismantling vs improving the Affordable Care Act
- ◆ Rural health care access
- ◆ Health care costs
- ◆ Social determinants of health
- ◆ Workforce issues

◆ Many others: (fill in your own)

◆ 1

◆ 2

◆ 3

◆ 4

◆ 5

◆ 6

◆ 7

◆ 8

◆ 9

◆ 10

◆ 11

“You have to be optimistic. If not, you will get lost in despair....You cannot give up.” Representative John Lewis

Advocacy is stewardship

Grand Canyon Photo by Bruce Thomson



Thank you for your work with our
patients and our communities.....
all of you.



*There are lots of things to work
on*

*There is a crying need for your help
in advocacy*

Useful reading & links to advocacy

- ◆ *The Healing of America*, TR Reid (2010) (health care coverage models, worldwide)
- ◆ *The Dance of Legislation*, Eric Redman (1973) (how it gets done)
- ◆ *An American Sickness*, Elisabeth Rosenthal (2017) (how we fall short and what to do)
- ◆ *Inside the New Mexico Senate*, DeDe Feldman (2014) (how politics works in NM)
- ◆ aafp.org (AAFP national website; many resources)
- ◆ Periodicals: *NEJM*; *JAMA*; *Health Affairs*, *Kaiser Health News* (khn.org)
- ◆ familydoctor@newmexico.com (email me through NMAFP)
- ◆ “Is Health Care a Right?” Atul Gawande in *The New Yorker* (10/2/2017)
- ◆ nmlegis.gov (the NM legislative website)

Additional Slides

Aphorisms about policy and politics (Like Alice in Wonderland, learning to navigate in a strange land):

- many people don't like politicians much, but they are all we have
- most people don't like change, including politicians; something familiar as a template helps soften resistance
- change often happens incrementally, slowly, in fits and starts
- legislation can be like turning a battleship... until the time is right
- but sometimes the time is just right
- the same is true with policy
- and it may take a lot of patience in negotiations
- relationships matter, and they take time to develop
- lots of stuff happens in the interim, between meetings
- back room dealings and trades are the norm in negotiations
- but so is careful preparation for negotiations
- someone who slows the process of legislation down for more hearings or debate usually signals opposition
- an old saying among legislators: when you have a losing argument, change the subject
- money not only talks, it speaks volumes
- but so do stories
- statistics are secondary to legislators
- one may feel shut out at times; find the reason and work around it
- relax a bit, wait for an opening, because things nearby almost invariably change, providing new opportunities
- just because it is hard is not a reason not to try, if it matters enough

Additional Slides

The Stockdale Paradox

“You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be.” as told to James Collins, and published in his book *Good to Great*

To paraphrase:

Never lose faith that you will prevail in the end.

But confront the most brutal facts of your current reality, however difficult they might be.

Additional Slides

“There is a tide in the affairs of men
Which, taken at the flood, leads to fortune;
Omitted, all the voyage of their life
Is bound in shallow and miseries.”

from *Julius Cesar*, by William Shakespeare