Inbox: Physicians Lament Loss of Control

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In our recurring blog "Inbox" we share comments from physicians and practice administrators telling us what keeps them awake at night.

Source: Physicians Practice

Editor's note: We work hard to write about issues that will help physicians run their practices in a manner that is both prosperous and efficient, while still delivering quality patient care. And we are delighted when our readers let us know what they are thinking. This month we are excerpting an article by Laird Harrison on physician-manager partnerships and the annual physician compensation survey. The articles have been edited for space and are followed by comments made by readers at PhysiciansPractice.com.

Achieving Effective Physician-Manager Partnerships
Management of a medical practice often depends on the partnership of an administrator and a physician who share decision making and problem solving. "I've taken the words 'command and control' out of my vocabulary for many, many years," said Bruce Bagley, a physician who once led a family practice and is now senior advisor to the American Medical Association (AMA) for professional satisfaction and practice sustainability. "It's all about influence and education."

Bagley teamed up with Allison Winkler, MPH, and a senior practice development specialist at the AMA to present strategies for improving teamwork at this year's medical group management association (MGMA) annual conference in San Francisco, California on Monday (Oct. 31).

The balance of power is shifting in medical practices because physicians no longer control all the information, Bagley said. The advent of smartphones and other handheld computers have allowed administrators quick and easy access to clinical data.

But many practices have not caught up to the new reality, he said. "We're still operating on the 'hero model' where the doctor is the source of all information." In this model, the physician's authorization is required for most orders, and the staff works to optimize the physician's work flow and throughput.

Rebecca comments: Wow. This is spoken as a true hospital administrator. The doctors want to be team players, but, unfortunately, it is the administrators (both physicians and people who think that they know something) that make terrible decisions and don't allow enough input from the doctors they are trying to help. Ultimately, every decision weighs upon the physician running the team. You marginalize the physician's importance to the team and the role of the leader. I am disappointed in this line of thinking. But, I would expect nothing else from the AMA. Keep up the good work. Selling out doctors. Appreciate all you do to run doctors out of business.

Rebecca says: Unfortunately, I am typing this during a busy day at work. I need to make a correction — it is the administrators — both physicians and the non-medical or even [nurse] administrators that are getting input from money-making business models; either insurance companies or hospitals. This line of thinking is driving out the relationship that physicians build with patients and this is needed in medicine today. The team approach benefits big business. AMA helped push through the lovely ACA that has many doctors dreaming of retiring (causing burnout at dramatic levels; now called an epidemic) because of the bureaucracy involved. Not to mention all of the conflicts of interest that so many of the regulations forced upon us. The weight of the decisions "the team" makes fall only on the doctors. Dr. Bradley — this new model you propose for medicine is not the type of medicine many doctors or patients want. This is the type of medicine that would, however, benefit an ACO. Take out the middle men, please.

2016 Physician Compensation Survey Results
The cost of business is going up for physicians, according to this year's physicians practice physician compensation survey.
Last year, 32.4 percent of physicians estimated that overhead was 41 percent to 60 percent of their revenue. In this year's survey, which included 1,095 physician respondents across multiple specialties, that number shot up to 40.4 percent. The percent of those paying a low percentage of
overhead (1 percent to 20 percent) decreased from 24 percent last year to 16.6 percent this year. Furthermore, 32 percent said that the cost of overhead was greater for them than it was last year. This rising financial burden may be a problem for many physicians, whose income has stagnated. Nearly 40 percent of respondents said their income was the same as last year, while 28.7 said it went down, and 31.8 percent said it went up. This has, of course, left many physicians disappointed (44.7 percent of respondents).

**Robin writes:** Get rid of EHRs, and do not give state medical boards carte blanche to fine (steal from) doctors for simple mistakes. We are human, we make charting mistakes, we should not be written up for the purpose of embarrassment. The state medical boards should not able to take away a doctor's license until tried and proven guilty. The Texas board is the worst offender. The state medical boards should not be able to close down pain management clinics just because they don't like them. A lot of these patients have real legitimate pain and the only thing that works is a narcotic. ... Narcotics may take lives accidentally but so do automobiles, and we don't take away car dealerships from the owners and force public transportation. Insurance companies should not be able to refuse payment of certain radiological studies nor medications, they are not doctors, and they promote real suffering for the ones that pay them. ...

The EHR has cost us so much money, time and now knowledge. We used to spend our time reading articles and doing research but we have no time anymore. We are too busy tapping away our notes and trying to find the where the computer says what we know we want to say, but we are not allowed to free text. We should go back to paper t-sheets and if we can afford it hire transcriptions to enter it into an EHR, but the doctor should not be required to use it unless they want to, and they should not be required to buy an [EHR]. Once you buy one then they extort you with the maintenance fees — when in residency we bought our first EHR for $140,000.00. Now we could see only half the patients we saw before, the wait times went up to three and four hours ... ...

... These are just some of the things I know that have increased the cost of medicine and increased the wait times and expense. And it's not the doctors getting the money. It's all the middlemen with all of their requirements. How did they get in between us and the patient and then start making requirements for us to meet or we can't work? Anyway when the expense goes up then patients stop coming, they sit at home suffering and we sit in our office suffering.

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