Quality Affordable Care
the leitmotif

President Obama sounded convincing when he promised that you could keep your doctor and your insurance plan, that access to care would be universal and that premiums would be slashed, but the truth has since come out. President Obama sounded less convincing when he promised quality care.

Affordability connotes cheapness, while value commands a high price. To sell the Affordable Care Act, its crafters had to dispel the self-evident. With the help of their sloganeers, devotees of big government and masters of solecism, they coined a clever catchphrase and tried to make it stick. Promoters of the law and the legislators who passed it-so they could find out what was in it-then faithfully adopted it as their new credo. In their operatic media campaign, "quality affordable care" became the leitmotif.

Government control

Compassion for the less fortunate and the natural impulse to protect the invalid constituted natural tools to cultivate the yearning for universal health care, but an artful strategy was needed to provide the subterfuge for government control. That strategy rested on two methods: tarnishing those currently in charge and maligning the opposition.

"If you get sick, Americans, the Republican healthcare plan is this: Die quickly", famously declared Rep. A. Grayson (D) on the floor of the House. President Obama would later refine that concept by divulging the bond between his adversaries: "The unifying principle of the GOP is to prevent 32 million Americans from having access to care".

The White House needed the cooperation of large hospitals, as well as insurance and pharmaceutical companies, to achieve its master plan, but the White House sought to discredit physicians in order to control their behavior. Dr. A. Gawande, former member of the Clinton Health Care task force, shouldered that effort in his caricature of medical practice "This can no longer be a profession of craftsmen individually brewing plans for whatever patient comes through the door". Lacking a credible defendant, physicians would succumb.

To legitimize its intrusion, the government had to show that physicians abused their patients' trust and compromised the public welfare, that they were excessively compensated and motivated by greed. Physicians, the most highly educated members of society, painfully watched as they became the target of a campaign aimed at degrading their profession. President Obama accused pediatricians of performing unnecessary tonsillectomies for financial gain, when pediatricians are not even paid for the tonsillectomies they recommend. President Obama impugned orthopedic surgeons for making up to fifty thousand dollars on a foot amputation, when their actual compensation is between seven hundred and twelve hundred dollars. The rhetoric was alarming, the message disturbing.

Many fell prey to this well orchestrated puffery, aided by a complicit mainstream press, desirous of exposing abuse. A number of physicians actually joined the movement. A few were gifted a white coat, others found larger rewards. Initially, salaried physicians did not think the law would affect them but most have since changed their minds. The vast majority, however, remained silent. In 2011, a survey regarding their attitudes toward the Health Care Law was sent by the Deloitte Center for Health Solutions to 16,537 physicians. Only 3% responded.

Since President Obama took office, physicians have been audited and their clinics surveyed in massive numbers. They have been doled out warnings and fines as they never had before, by government agencies and contractors immune from prosecution. Physicians have been rebuked and intimidated. Their silence remains deafening.

Quality in Health Care

To sell the public on a healthcare overhaul, supporters of the law pushed the narrative that healthcare quality in the U.S. was poor, defying the commonly held belief that we had the world's best. How else would our hospitals and physicians attract more statesmen, celebrities and people of wealth than any other country, perhaps all other countries combined?

Many praised the British and the Canadian models, ignoring the extensive delays in the provision of care, which betray the lack of a vibrant workforce, and the absence of many services we consider routine in America. CNN reporter Fareed Zakaria paid tribute to Taiwan, focusing on organization but sidestepping content.

While self-criticism is constructive, self-hate is ruinous. Trying to emulate others, while failing to recognize the rich and dynamic environment we enjoy, is simply suicidal.

Obamacare advocates often cite a 2000 World Health Organization report on healthcare systems, which ranks the U.S. thirty seventh among one hundred and ninety one member states. Along with other measures, the WHO study rates quality as a function of equal distribution of healthcare services and healthcare spending as a percentage of income. To meet the WHO's definition of quality, medical services must be uniformly delivered in society and funded by proportional taxation. Accordingly, ranking improves when mediocrity is universal, rather than sporadic, and when each member of society contributes the same percentage of their income. That expansion of socialist ideals places healthcare in the United States behind Morocco and Costa Rica, a rather amusing conclusion.

When the measure of height is equal distribution, every country cottage towers over the Empire State building. When fruit juice is not available to all, everyone must drink the Kool-Aid.

The New Order

Obamacare decrees the new order of medical practice and lays down rules which promise superior care at a lower cost. Far from the truth. Besides creating a clumsy and expensive bureaucracy, those rules have saddled physicians with a slew of burdensome tasks, which detract from their clinical duties and leave them unable to give their patients their full attention. For most, the rules are onerous, even oppressive. For many, they are demeaning and demoralizing, often in defiance of the very standards which shaped their education and their career.

Touted as pay-for-performance directives, they purport to reward physicians for the distinction of the care they give, not its quantity. Lest the public be duped, some examination of those rules is in order.

CAHPS

Originally conceived as a tool for enhancing patient experience, a satisfaction survey termed CAHPS (Consumer Assessment of Health Care

Providers and Systems) is used by the Affordable Care Act to fine hospitals-and soon group practices and ambulatory surgery centers-with poorer scores.

While heeding the feelings of patients is laudable, oversight by a higher authority legitimizes unreasonable expectations and opens the way for punitive action. Patients are already disaffected, and for many valid reasons. Deductibles and co-payments have sharply escalated since enactment of the law, frequently exceeding their ability to settle. Sadly, the prevailing perception, perpetrated by the media and bolstered by the president's own distortions, is that doctors are overpaid, inviting the conclusion that they should give up claim to their collections. Coverage for drugs and treatments is shrinking, and procedures once available are now deemed unnecessary. The curtailment of medical services will continue to grow with the expansion of Accountable Care Organizations and the ominously anticipated Independent Payment Advisory Board. Physicians increasingly find themselves in the untenable position of defending policies and decisions with which they disagree and become the victims of discontent, while responsible parties and institutions remain shielded from public ire. Furthermore, knowing that poor scores will dock a doctor's earnings gives patients a weapon they can brandish to ensure their demands are met. Imagine the insistence on narcotic drugs!

Though surveys contain specific questions, frustration knows no bounds. No survey captures the motives of dissatisfaction, no answer ever requires justification, and no responder is held accountable.

The CAHPS program must be dropped, not because it is misleading and unfairly penalizes honest work; and not because it inexorably raises the expectations of a mistrusting public; but because it pushes a generation of physicians to suborn their decisions to foolish demands and vitiate their judgment.

In 2005, Dr. Donald Berwick, recess Obama appointee as Administrator of CMS (Center for Medicare and Medicaid Services), wrote: "Pay for performance is as toxic to true organizational performance as any of the perfidious tactics of outdated control-based management". Tragically, his tenure in the "control-based" Obama administration would lead him to change his mind.

PQRS

In their quest to sell Obamacare as an engine for quality, the architects of the law proclaimed they would monitor physicians' performance by requiring them to report on certain "quality measures" and penalize them if they don't. They resorted to a program known as PQRS (Physician Quality Reporting System), whose parameters they promulgated as standards of quality. The sad truth is that those parameters have little to do with the successful management of disease. Perniciously, they instill in their users, as well as their administrators, a false sense of preeminence.

Quality in clinical medicine rests on numerous factors, whose combination is paramount to the fulfillment of the tasks each encounter requires. In surgery, neither clinical judgment nor manual dexterity, the critical elements of success, are reflected by the PQRS. Instead, merit rests on the time of administration of preoperative antibiotics. The PQRS allows gastroenterologists to achieve a perfect score in inflammatory bowel disease, even when the diagnosis is wrong in the first place!

Easily achieved, the so-called quality measures blur the differences between physicians, making them essentially interchangeable. "If you like your doctor" well maybe another "health care provider" will be just as qualified.

That value in medical care can be computed from a compilation of parameters is ludicrous. That such parameters should constitute grounds for reward or penalty is fallacious. That they be equated with quality is fraudulent.

The PQRS must be abandoned, not because it is feckless and misleading; and not because it trivializes clinical excellence, but because it legitimizes mediocrity.

Quality and Cost Control

With CAHPS promising customer satisfaction, thus allaying public fears of cut-rate operations; and with PQRS auguring excellence, by falsifying quality, a powerful scheme was still needed that would force cost reduction. A rationing plan already existed, though its application had floundered. The Affordable Care Act rekindled it with subtle warnings and inducements.

Dr. Donald Berwick is famous for his quote: "The decision is not whether or not we will ration care-the decision is whether we will ration with our eyes open." Rationing certainly seems wise when resources are limited, but the question is: who does the rationing. According to Dr. Berwick, "The government, unlike many private health insurance plans, is working in the daylight". Dr. Berwick, we are not so sure.

Accountable Care Organizations

An Accountable Care Organization (ACO) is a network of physicians and other providers who, in conjunction with a hospital system, brings care to a designated group of patients. Its professed objective is to improve quality, its actual purpose to cut cost. If the ACO achieves significant savings over the projected cost, itself based on previous spending, it returns a portion of the savings to its members.

The ACO is touted as an archetype of efficiency and the elimination of waste. Coordination of services among providers and the integration of data, through shared information networks, would improve communication and eliminate duplicate testing. However, reports already portend a different course and many pioneer organizations are opting out. The Congressional Budget Office (CBO) estimates that implementation of ACO's will only bring 1% savings to the Medicare program in the next ten years.

Only the gullible would believe that significant savings can be realized by digitizing integration and coordination, which already exist within groups of physicians, as they do in medical institutions. The bitter reality is that swaths of medical services will need to be eliminated to effect tangible cost reduction. ACO's, we are told, will ensure that unnecessary procedures are avoided, but necessity in medicine, as in life, is relative. Necessity is as malleable as one's individual judgment in the complex task of medical decision-making. Dr. Ezekiel Emanuel, special advisor to the White House on healthcare reform, favors death at seventy five. He would decline curative and preventive care after that age, only accepting palliation.

When the success of an ACO is measured by the savings it brings, the desirability of a medical intervention is contaminated by the opportunity to cut cost. Of course, there are obligatory quality metrics but those are fragmentary and only address a small section of medical activities. Even as conscience commands integrity, and empathy obliges kindness, decisions are

subverted by financial imperatives and marred by the need to succeed. An inscrutable standard develops when medical professionals withhold care in exchange for a gratuity. The dour determination to achieve a cure, the doughty resolution to offer humanity, will give way to convolved cerebrations on the frivolity of treatment and the oscitancy of a workforce now sapless, defenseless, even brainwashed.

The practice of disallowance must inexorably grow, if the ACO is to perdure, leaving physicians trapped between the despair of an ailing patient and the torment of a Faustian pact. Moral obduracy on the part of some will be lamented as incompetence or reviled as effrontery. Indeed it may lead to their termination. Have patients been advised of that scheme? Is government working in the daylight?

The Affordable Care Act contains a provision, known as the Sunshine Act, which places physicians' remuneration and gifts from the pharmaceutical industry under public scrutiny. Money undoubtedly must taint their judgment! We propose an analogous provision in the law, one far more relevant to our patients, which discloses bonuses paid to members of ACO's. A few enrollees may decide to opt out.

The ACO initiative should be abrogated, not because it is unwieldy, specious and unworkable, but because it is immoral.

Poor Quality, High Costs

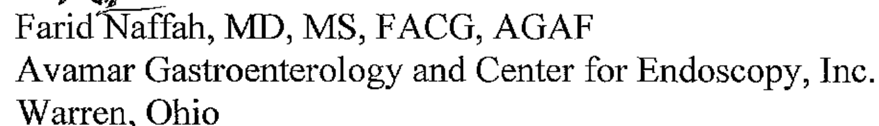
"Quality Affordable Care", that vibrant leitmotif, has gone from a vigorous chant to a whimsical vibration. The law has erected barriers to the realization of its alleged goals. The laceration of physicians' incomes, along with exploding regulations costumed in quality improvement, made for good propaganda in political campaigns, currying favor with a misinformed public, but has defeated its budgetary justification. Their practices becoming financially crippled, physicians are retiring prematurely, parting company with an unfriendly environment. Gradually, they are replaced by nurse practitioners and physicians' assistants. Others face the inevitable choice of employment by hospital corporations, causing the cost of care to soar, as payments to hospitals tower those of independent practices by a factor of two to four. Those who championed lower cost and improved quality will have achieved the exact opposite.

Providers now must work in teams, sharing responsibility, but lacking leadership. Ships set sail without captain, crews asunder, often dismasted by passing winds. Teams are beholden to a higher authority and the doctor is no longer the patient's advocate. In fact, the doctor has been marginalized. Once a commander, now a rifleman. Once emulous of quintessence, now working for baksheesh.

That quality is assured by reporting on "quality metrics" is pure fantasy. Metrics do not recognize, diagnose or decide anything. There is no metric for listening, no checklist for understanding, no algorithm for reflection. There is no blueprint for knowledge, no formula for experience and no gimmick for dexterity. There is no trickery for judgment. There is no contraption for the healing hand.

When doctors are disrespected, their education denigrated, their judgment corrupted; when they are brazenly replaced and allocated but a fardel of credibility, there is little reason to believe that they will break the tedium of their perfunctory obligations, and revive their extirpated talent and imagination, to offer more than a morsel of creativity.

The tragedy of the Affordable Care Act is not the individual mandate, the unending tariffs and taxes, the disastrous rollout, the litany of amendments, the infringement on privacy, or even the damage to the economy. The tragedy of the Affordable Care Act is the pitiable spectacle of medical excellence recast into mediocrity.



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