Physicians need to stand up to managed care

To the Editor:
Upon graduating from osteopathic medical school, we recited the osteopathic oath, anxious to join the most noble profession on earth where we would accept the responsibility of caring for our patients. No other profession is held accountable for outcomes beyond its control. No other profession carries the amount of malpractice insurance we carry to make our patients and their families whole if there is less than a perfect outcome.

We, as physicians, have allowed ourselves to be belittled, to be called the medical loss factor by those persons with MBAs and CPAs who look at the bottom line of a managed care company. For-profit insurance companies are only interested in providing a glowing profit picture at the end of each quarter for their shareholders. Insurance companies are experts at the risks-and-benefits formula. We physicians take all the risk and the insurers reap all the benefits.

The insurance companies are merging to control more lives so they can better negotiate fee concessions from hospitals and physicians. The error in this premise is that physicians—not insurance companies—manage the lives and well-being of patients.

There is no advantage for us as independent physicians to align ourselves with these managed care companies who reimburse us at unreasonably low rates. There is no advantage to have our names in their marketing brochures so they can sell their product to employers while they increase their premiums and decrease the reimbursements to broaden their profit margin.

Having our names in managed care organization brochures may increase patient volume, but, at the same time, we physicians will be increasing our exposure and liability and decreasing our income.

We must look at the big picture. If we continue to accept low fee schedules, insurers will continue to decrease our reimbursements. Of course, some physicians will accept these decreased reimbursements; that is their choice. However, they will go bankrupt with this downward spiral.

In this time of economic boom, ours is the only profession that is idly standing by while the worth of our services is being drastically undercut. I am not saying that healthcare costs should go unchecked. What we are witnessing is not healthcare control but a redistribution of the healthcare dollar to an entire industry of healthcare management.

It is time for all of us to stand up for the value of our services, to defend the oath we all took and to maintain the integrity of our profession.

Paul K. Rosenberg, DO
Bloomingdale, Ill

An ‘apples-to-apples’ comparison of training hours for DOs, PAs, NPs

To the Editor:
There is increasing pressure on state and federal legislators by nonphysician providers to increase their scope of practice and decrease physician oversight. These groups frequently argue that they “have as much training as physicians do in [whatever] area.” Well, this is simply not true. They usually compare their “years” of training to our “years” of training. The point that is continuously overlooked is that these persons are comparing their academic years (which are 45 quarter credits, or 24 semester credits) of training to our calendar years of training.

For example, to obtain a Bachelor of Science in Nursing degree, one must complete 120 semester credit hours; to obtain a Masters of Science in Nursing degree, an additional 30 hours are needed, with only an additional 10 to 12 semester hours required to become an advanced practice nurse. A nurse practitioner (NP) needs only 160 semester credits, or 6.7 academic years after high school. A physician assistant can obtain the PA degree in as few as 72 semester credits, or 3 academic years. A Master of Physician Assistant Studies degree is earned after completing 203 semester credits (or 8.5 academic years).

I recently polled 5 of the 19 colleges of osteopathic medicine (COMs) to determine the number of academic credit hours osteopathic medical students accrue in their 4 calendar years of medical school. Two COMs use the semester system, and three use the quarter system. The two-semester system COMs ranged from 215 to 224 semester credits accrued by students in order to obtain their Doctor of Osteopathy (DO) degree. This translates into 9 to 9.3 academic years, compressed into 4 calendar years. The three-quarter system COMs range from 375 to 392 quarter credits that students accrue to obtain a DO degree. This translates into 8.3 to 8.7 academic years compressed into 4 calendar years.

One semester COM awards 1.5 semester credits per clinical week. Using this formula, a 50-week internship would receive 75 semester credits (and we all know that this number is on the low side, as clinical clerks are not expected to perform at the same level and duration as interns or residents). This formula translates into 3.1 academic years compressed into 1 calendar year. Now add each year of residency at the same rate, and upon completion of PG-YIII, the equivalent of 9.3 academic years will have been completed in only 3 calendar years.

Further, physicians must first have a bachelor’s degree requiring approximately 120 semester credit hours (4 academic years). The bottom line is that an osteopathic physician must acquire 13 academic years of knowledge in only 8 calendar years, plus an additional 9.3 to 15.5 academic years of internship and residency training in 3 to 5 calendar years. I presume