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August 30, 2006
Op-Ed Contributor

Care by the Hour

By ROBIN COOK

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A PRIMARY care doctor I've known since we were residents 30 years ago recently described for me his typical day as foisted on him by current economic realities. He rises at 4 a.m. to make a dent in his avalanche of paperwork before dashing off to make rounds at the hospital and arrive at his office before 8. For the next 10 to 11 hours, he races through a series of patients so long, he cannot talk to any one of them as much as he believes he should, and he constantly worries he'll miss something. Worst of all, he admitted, he no longer enjoys practicing medicine.

Ten-plus years ago primary care was lauded as the potential rescuer of a health care system in chaos. Primary care doctors, it was hoped, would fix what had become an expensive, fragmented specialty system geared toward treating emergencies and episodes of acute illness. Thanks to new technologies and treatments, medicine had become a team effort, but the teams needed captains who would keep patients' overall health in mind, and that role was to be filled by the primary care doctors: internists, family physicians, general practitioners and pediatricians. We would all know our doctors, and they would know us.

But unfortunately, primary care has not flourished, and the ranks of primary care doctors are thinning. As reported in a series of articles in The Annals of Internal Medicine in 2003, medical students are shunning residencies in primary care, and primary care doctors are migrating to other careers or retiring early. Many who have remained in primary care are, like my friend, dispirited, disgruntled and disillusioned.

What is the solution? We must make primary care a more manageable business by changing the way we pay for it. Primary care doctors should be paid by the hour.

As it is now, insurance companies — following Medicare's lead — pay primary care doctors according to the number of patients they see. Each patient visit is generally reimbursed at a flat rate of slightly more than $50. The payment is the same whether the patient is a healthy, young person with a runny nose or an elderly person whose multiple chronic illnesses require many tests, referrals to specialists and

detailed explanations to both the patient and his or her family.

A lawyer in general practice is not expected to accept the same low fee he gets for writing a simple will when he writes one that involves complicated business circumstances. Nor does an accountant charge the same amount for a difficult tax return as for an easy one. Why should the work of doctors be assessed this way?

A typical primary care doctor spends slightly more than half of his or her day seeing patients; the other half is spent conferring with specialists, lab technicians and patients' families, or trying to persuade health insurance companies to cover some needed treatment. This other half of his work day must be considered pro bono. Factor in rising overhead costs (office space, employees and malpractice premiums), and the situation easily becomes untenable.

No wonder hundreds of primary care doctors have switched to concierge-style practices, in which patients are charged subscription fees in return for more personal service in markedly smaller practices. But this trend only adds to the problem of accessibility by reducing the pool of regular primary care doctors.

Ideally, the hourly rate would not be the same for all primary care physicians, but would be assessed on a sliding scale, predicated on a doctor's level of education. Internists and pediatricians — the primary care doctors who have had the most training — would receive a higher rate than general practitioners and family physicians would.

Reimbursement by the hour might not shorten my friend's day right away; his patient roster is already too large. But it would enable him to reduce his load over time. By making him feel that his sacrifices are valued, it might also help bring back the joy he used to find in practicing medicine. And by enhancing the prestige of primary care, it might reverse the exodus of doctors and encourage medical students to join the field.

Some people might fear that hourly payments for doctors would only add to the upward spiraling of health care costs. It's true that primary care physicians would stand to make more money — because work that is now pro bono would be paid.

But this expense can be balanced out by cutting the health care pie differently — as some large, multi-specialty medical groups already do. Recognizing that Medicare and health insurance companies pay disproportionately higher amounts for specialty procedures (angioplasties, for example, or colonoscopies or even freckle removal) than for consultations by primary care doctors, many practices redistribute their total income according to each doctor's contribution. Consequently, primary care doctors receive more than the amount the group is reimbursed for their services. Medicare should save them the trouble.

Medicare has made some adjustments to its reimbursement system to reflect the value of services provided, but it hasn't gone far enough. The pendulum must swing significantly farther toward primary

care.

In the long run, paying by the hour could save money. It would provide doctors the time they need to investigate symptoms themselves rather than reflexively refer patients to specialists. After all, every headache doesn't need to be evaluated by a neurologist; nor does every painful shoulder require an M.R.I.

It would also increase the pool of primary care doctors, so that more health problems could be handled in doctor's offices rather than in emergency rooms, where the cost of care is more expensive. And finally, better long-term doctor-patient relationships might reduce the number of malpractice lawsuits. Paying for primary care by the hour would be better for both doctors and patients, and it would return a measure of rationality to our health care system.

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