Physicians Advocating for Our Patients' Rights: What We Need To Do

A Few Words About Advocacy

- US doctors, as opposed to others, are traditionally POOR at advocating for our rights with the government and payers
- Reasons
  - Fragmentation: minimal unity
  - Regulatory Complexity: limited flexibility and negotiating power
  - Public Perception: perception of doctors as well-compensated
  - Insurers and Large Health Systems: significant lobbying power; outspend physician organizations
  - Weak Collective Bargaining Rights: organized medicine has limited ability to effect change; don't understand adversarial legal system
  - Apathy; competing interests; burnout

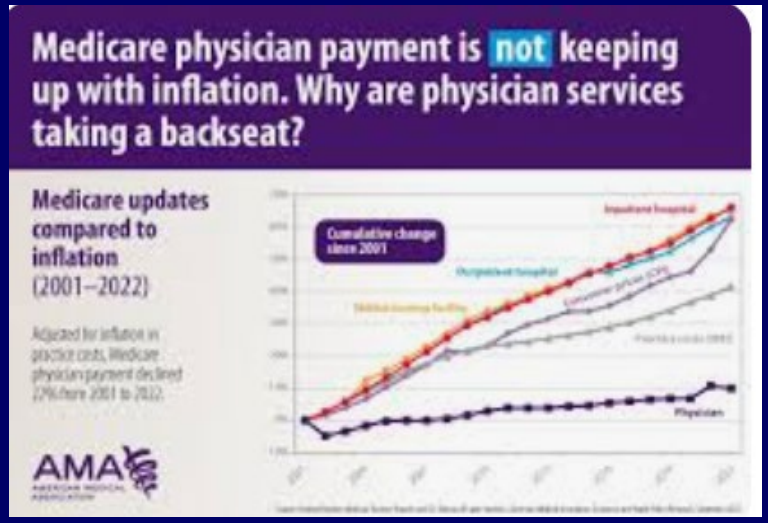
A Cautionary Tale: Why We Are Where We Are Today

- The following slide depicts an event that happened at the Southern Medical Association Meeting in Kansas City, Missouri in the early 1990's
- There was a food court like in a mall for the meal break. Instead of going to the individual stations, the doctors lined up like prisoners in a cafeteria line
- I saw the configuration was like a food court and went straight to the type of cuisine I was interested in
- Several "dutiful" doctors scolded me for cutting in line! I told them that it was not designed like a cafeteria line and that they were doing it all wrong
- This shows how doctors are like sheep and follow rules without questioning and don't want to "rock the boat"
- It is why we have been taken advantage of for many years. We need to be more like military commandos than sheep in order to deal with the government's legal adversarial approach rather than being "appropriate"
- My law school dean said on a phone call that you are either at the table or on the menu. And doctors, she said, are definitely on the menu!!!


EXIT
BAN MIAN • FISH SOUP

Continued Reimbursement Cuts Are an Existential Threat to Medicine

- **NO** industry other than Medicine has experienced 20-year flat revenues without ability to pass costs to customers (patients)
  - We have limited ways to offset shrinking margins
- While this was “tolerable” in setting of minimal inflation, with 7% or more inflation it is no longer sustainable
- We are moving to the LEFT side of the graph BENEATH the break even point which is INSOLVENCY



Threats of Generalized Insolvency if Cuts and Inflation Continue as Currently

- Short-Term (1-3 Years): practices with thin margins and high costs face insolvency NOW; **particularly true for small, independent practices** without financial buffers of larger healthcare organizations
- Medium-Term (3-5 Years): a **significant** number will face insolvency; compounding effects of financial strain, practices exhaust reserves and credit lines, operational inefficiencies become unsustainable
- Long-Term (5+ Years): a **considerable** proportion of practices will face insolvency; NOT limited to independent practices; includes larger health systems, private equity companies

Threats to Medicine In General

- Impact on patient care
  - Reduction in services: practices cut back on services, reduce staff, limit the number of Medicare patients accepted leading to decreased access to care with resultant harm
  - Quality of Care: Financial pressures force practices to spend less on new technologies, training, other resources essential for maintaining high-quality care; negatively impacts patient care

Threats to Medicine in General

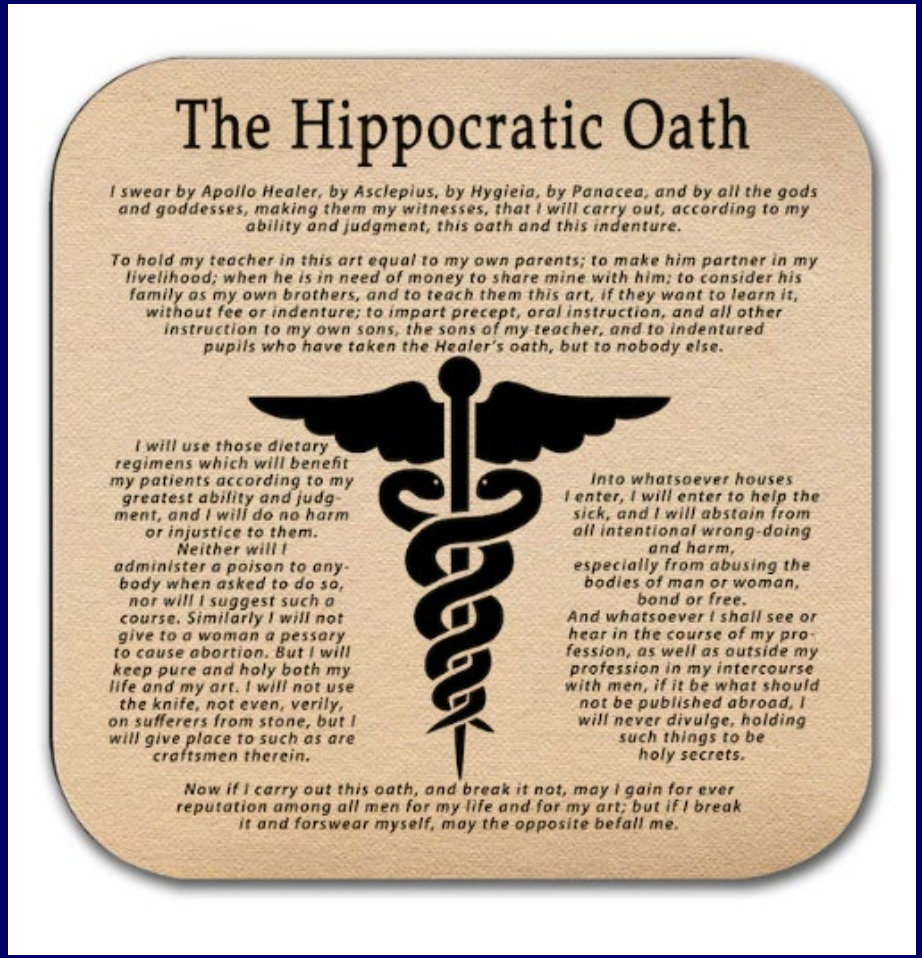
- Workforce Challenges
  - Staffing Issues: practices struggle to offer competitive wages, difficulties in attracting and retaining staff resulting in increased workloads for existing staff, burnout, reduced quality of care
  - Investment in Workforce: challenges in investing in continuing education, professional development further impacting quality of care

Threats to Medicine in General

- Long-Term Viability
  - Practice closures: medical practices, especially smaller ones, cannot sustain operations under continued financial strain; closures reduce availability of healthcare services, especially in underserved areas
  - Consolidation: financial pressures drive smaller practices to merge with larger healthcare systems; may help mitigate some financial issues but reduces competition and potentially drives up healthcare costs in the long term
- Good article summarizing this: https://www.ama-assn.org/practice-management/medicare-medicaid/medicare-cut-after-cut-even-big-medical-groups-risk

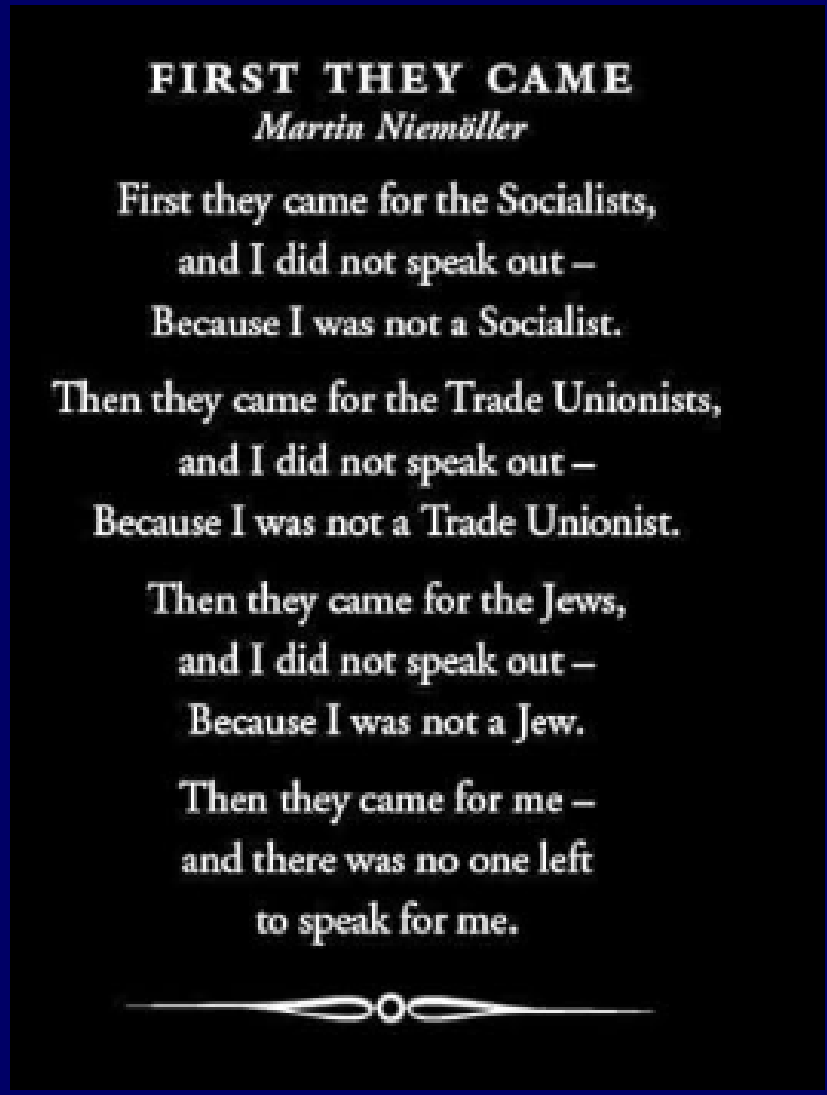
We Have an ETHICAL DUTY to Demand Fair Reimbursement to Avert This Crisis!!

- Physicians think what is in the best interests of patients is offering the best individual care to relieve suffering
- When third parties exert control over us that interferes with our ability to act as healers, this causes us to fail to practice in the best interests of our patients
- We have a sworn duty to rebel against this. By failing to do this, we are in violation of our sacred oath to place our patients' interests first and are indirectly harming patients
- This is not about "money" but about our duty to be able to continue to care for patients
- ***While we may feel disempowered, we are not being ethical by failing to take a stand against these issues! We need to recruit our patients also!***



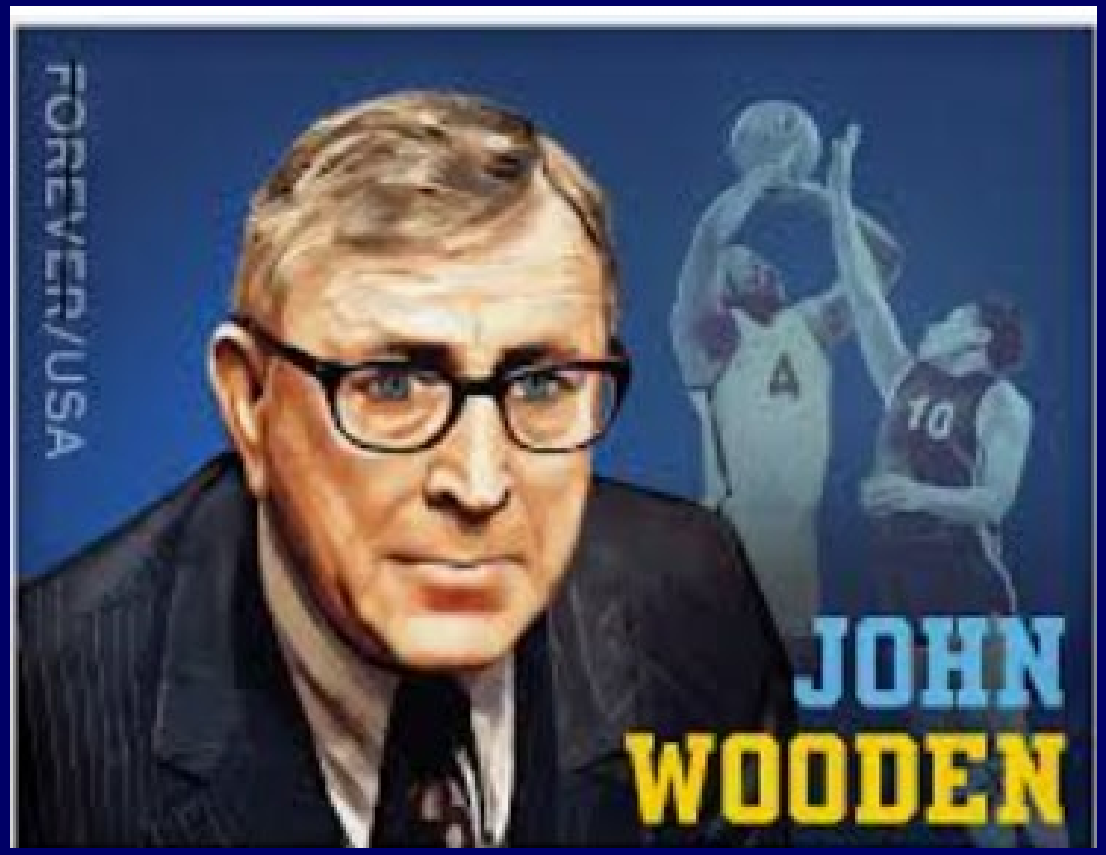
But Isn't Derm Doing Fairly Well Compared to Other Specialties?

- We have been reasonably successful in the RUC process
- We have options to offload low-reimbursement visits to extenders
- We can add cosmetic procedures, etc.
- Why shouldn't we just keep looking out for our best interests?
- ***BECAUSE we have an obligation to leave our specialty and medicine in a better position than it was when we came into it!***



What's Next?

- "The greatest failure of all is failure to act when action is needed."
- We cannot sit idly by and allow this to continue, lest we be complicit!
- The time to take action is NOW!



Opportunities for Improvement

- Greater Unity: more unified front across specialties strengthens physicians' collective voice
- Grassroots Advocacy: physicians engaging directly with policymakers, patients, and media to build public support
  - We have formed the Alliance To Protect Patients (“ATP”) to begin to execute on this
  - We have had 2 town hall meetings since late 2024; website in progress; 350 members already!
- Alliances with Other Stakeholders: partnering with patients, nurses, and healthcare
- Emphasizing Quality: Advocating for value-based payment models that reward quality care

A+PP
ALLIANCE TO PROTECT PATIENTS

The Alliance to Protect Patients is a social welfare organization committed to promoting policies that support accessible and equitable healthcare. We engage in advocacy and legislative efforts to protect patients and healthcare providers from harmful Medicare reimbursement cuts and other threats.

What We Are Committed to Doing

- Partner with other grassroots groups
  - Physician Community: 82K members
- Draft petition: 2.3–3.3 million outpatient office visits daily; signatures of 20% of these ONE DAY ONLY Congress could not ignore
- Form 501c4 entity; get volunteers, social media and other media events, fundraising, engage patient advocacy groups, other plans in progress
- If you want to get involved, contact me! We need you!

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