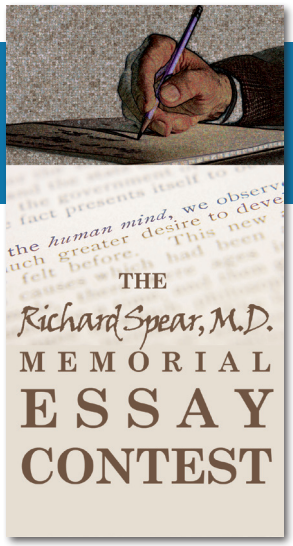

2013 Richard Spear, MD, Memorial Essay Contest

Practicing and Life Member Category Winner

CHALLENGES IN MEDICAL PRACTICE

Katherine A. Abbott, MD

Today was a good day. It is a Friday, and I just realized that I have not felt this way is a very long time ... at least not in relation to my workday as a pediatrician! As I gathered up my things to leave the office, I had some time to ponder what made today different and held out maybe just a little bit of hope that there was something that I could change so as to have more of these "good days" in the future.

In the morning, I had a reasonable patient load. Right before lunch I remember seeing a newborn and having the chance to hold him for a bit while the mom took the 22-month-old sibling to the restroom. (*On the good days*, I have time to spend one on one with my newest patients, and I do enjoy that.) When the mom returned, she inquired if she could ask a question about the sibling. She offered to make an appointment if necessary, but I decided to find out what the problem was first. It was almost noon, and I saw no reason to make this sleep-deprived, postpartum mother of two come back tomorrow unless I felt the concern was going to require a significant amount of time to address. My next patient wasn't until 1, so I went ahead and fielded the question. Turns out it was really more of a "normal development" type of issue and only really required my time and experience, so I didn't even pull the chart. Why bother, I thought, since I know that insurance companies do not see this as a "reimbursable service" anyway! (*On good days*, I have the time to educate my families and am able to provide them with the extra attention that they sometimes need ... just like my own family doctor did for me. Not necessarily a good "business practice," I know, but I signed on to practice *medicine*, not business, when I got my MD.)

The rest of the day was pretty routine, except for the fact that I did not have to write any letters nor fill out any forms to beg for prior authorization of medication for any of my patients. (That alone makes it a "good day!") It has become the norm for me to spend at least an extra 30–45 minutes per day (usually at "lunch") addressing this issue. Often it requires me to review the chart and then try to decide which of the "preferred formulary options" is the least offensive ... assuming there is one. I struggle to hold my temper when I have to argue that certain medications simply are *not* a reasonable option for a particular child ... maybe they have sensory issues, or can't swallow a tablet, or, my favorite ... we have already tried a particular medication, just not in the last 90 days. It didn't work then, and there is no reason to believe that something has changed in the interim 90 days either. Why should the family have to pick up a prescription for something that they know doesn't work, only to have to go back two to four weeks later to get the one that does? Come on now, is this *really* "cost-effective?" I think not!

Anxious not to ruin my "good day," I decided to move on with my review. Around 5:45 p.m., I answered an after-hours call about one of our patients. (Yes, I answered it myself, because we still do that around here, and yes, I was still at my office because I was finishing up with my 5:00 appointment!) A very tearful mom was calling about her 2-year-old who, based on mom's description, had incurred a nursemaid's elbow 15 minutes prior. She was calling to let me know that she was taking her to the ER, because the ICC she called didn't open until 6 p.m., and she simply was too upset to really think straight at the moment. (Yet she still thought to call me because, *on the good days*, my role is that of the trusted MD who has the answers and is available when a patient needs me.)

Because I was at my office and was speaking to the mom directly, I could ask the questions that I felt were pertinent, and then, without consulting a decision tree or someone in management, was free to give mom the option of bringing her daughter to be seen at our office first. (Because, *on the good days*, I am the gatekeeper, who still prefers to see the patient myself and recognizes that this is something that can be taken care of *without* an X-ray or visit to the ER.) The mom replies, in a much calmer manner, "I could be there in 10 to 15 minutes, would that *really* be OK?" I say yes, but also tell her to please not rush, as I can finish up with my current patient in the interim, and I prefer that they arrive safely. (Because, you see, *on the good days*, I am not rushing to see a specific number of patients, in a set amount of hours, just to pay the overhead. I can vary my schedule and see patients when I deem it to be necessary, not just when there is "sufficient ancillary staff" available to access the parts of an EMR for which I am not trained.)

So, at 6 p.m., mother and daughter are at my front door. I am saying goodbye to my 5:00 patient, so I am there to hold the door open for them to come in. Both look distressed, but since nobody is actively crying I am feeling pretty good. To minimize the child's discomfort, we bypass signing in and collecting a co-payment, and I thankfully don't need a weight because they were just here two weeks ago for a well checkup. (Again, *on the good days*, my patient's chart is not only up to date, but she has actually been seen for all of her well checkups too.) I usher them into an exam room, since the staff are long gone, and talk with mom a bit about what happened. I make my notes in the chart, but at the same time, I am monitoring the child's behavior and arm position, since that tells me almost as much as a direct exam, particularly in this situation. She is huddled on mom's lap, her right arm around mom's neck, her left held flexed and unmoving at her side. (*On the good days*, I don't have to worry about logging into an EMR or asking "enough questions" to justify the coding of this visit. I KNOW this child, her medical history and her family, and it is already documented for me in the chart too. So, instead of frantically typing and clicking on a computer, facing away from my patient, my time is spent letting the child and mom relax and planning which method of reduction to use, since it is her left arm and I am right-handed.)

At 6:06 p.m., I begin my exam. The child is a bit tentative and is watching me closely, but, since she is familiar with me, she allows me to poke and prod at will. At 6:08, I attempt to reduce the elbow, and I get it on the first try. I feel the "pop" and hear a brief tiny whimper from my young patient. Seconds later, she turns to hug her mom for comfort ... wrapping BOTH arms around her mom's neck. Yes, a few tears are shed (mainly by mom), but then I mention that it is time to choose some stickers, and suddenly the girl's cautious look is gone, replaced with a full-on grin. Actually, I see two grins, since mom has recovered nicely too. I whisper that I would like to monitor the child for at least five minutes, just to be certain all is well, and mom is fine with that plan. I give her a handout about nursemaid's elbow, and when she asks about payment, I tell her that one of the staff will contact her about that tomorrow. Right now, getting her daughter home and back to her normal activities seems so much more important. (*On those good days*, my job is to help and heal, not collect money and scan credit cards. My reward is the hug from the mom, thanking me for seeing her daughter tonight and saving them an expensive visit to the ER. I have no doubt that she will happily pay the co-pay ... but I also recognize that the insurance company will only pay me for a "single diagnosis visit" ... without consideration of the time spent for the after-hours call and definitely without any "bonus points" for my being a cost-effective primary MD. Ah, there are so many "services" in health care that don't have a "recognized code" ... but does that make them any less worthy of reimbursement? (I would bet that this mom would argue that some services are *definitely* "worth it.")

By this time I have made it home and am still in a pretty good mood. It doesn't take a genius to know why. *Today was a good day because I was able to practice medicine without excessive intrusion by third parties that have interests other than what is truly "best" for my patient, and I still had the freedom to make decisions without worrying about not meeting someone else's number-driven yet still often arbitrary "standards."* That is when it finally hits me. These "good days" will soon become a thing of the past, as I lose more and more control over how I practice medicine ... and it seems that there isn't much that I can do about it. As our society has become accustomed to "fast food medicine" (aka medical care the way they want it, when they want it, even if it isn't good for them), my medical degree is no longer all that valuable. Patients are being told that a cheaper visit to the local "grocery clinic" or ICC is just as good as coming to see me. They have access to the Internet where they can "self-diagnose" their condition and, based on their "research," can simply skip over me and go directly to a "specialist," often for what I could have taken care of in the office, *if* I had known about it. Wow, I didn't realize that I was old enough to feel "obsolete," but I do. I guess I should really try to enjoy this "good day" feeling while I still can.

Settling in for the evening, I start to go through my mail. I flip through the GLMS magazine and happen to see the topic for the essay contest, "Challenges in Medical Practice." Ha! After reviewing my day, the biggest challenge, at least in my opinion, is to convince myself that there are still plenty of good reasons to remain in medical practice ... and I bet I am not the only one. I just hope that there are enough "good days" ahead for me to be mentally and emotionally fit for this challenge. **LM**

Note: Dr. Abbott practices Pediatrics with Louisville Area Pediatrics.