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A Final Cri de Coeur
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It's public knowledge that at the end of June I'll be tossing in the towel, and getting out of primary care medical practice. That's right. After 25 years in the trenches, tilting at bureaucratic windmills, dueling with insurance monsters, begging and cajoling high priced drug companies, and fighting a rearguard action against what I perceive to be medicine morphing into, I've finally had enough. People have asked me, why am I getting out while I'm still healthy and relatively young. Well, I want to live long enough to stay healthy and become relatively old.

There are three parallel, intertwined threads that finally drove me from the field: the rigid, government mandated adoption of computer systems that aren't ready for prime time, the ever changing, increasingly stringent insurance regulations and mandates that have placed a stranglehold on our ability to do what we, as highly trained educated practitioners see as doing the right thing for our individual patients, and, as a consequence of these changes, the industrialization of medical practice with its attendant one-size-fits-all model of medical care.

As I've explained several times in these pages, I'm not against EMR, per se, but I am against the premature adoption of a technology that is still quite unstable, user unfriendly, and seemingly designed for everybody BUT the practitioner. I'm bloody sick of an EMR that's unstable, clunky, nonuser friendly and just an all-around pain in the derriere to use, that also has a tendency to crash at the most inopportune times, leaving us stranded. I wouldn't mind a steep learning curve, if, at the end of the process, I could have it write orders and prescriptions the way I want them written, with minimal mouse clicks and a memory of previous orders; not according to some software engineer's idea of something cool.

However, as I used EMR more and more, I also began to also intuit a nefarious plot--on the part of the government, private insurance and anybody else that is involved in the financing of medical care--to industrialize medical care, to turn doctors into assembly line workers. And the computer was their primary means of hijacking our professionalism and individuality. Keep adding evermore alerts, reminders, and roadblocks to impede and confuse us. The insurance companies, sometimes with the token cooperation of a few physician-employees, create vast books of patient-care guidelines to which they believe their physicians must be "accountable." These guidelines might mean documented Pap smear and mammogram frequency, weight management and exercise, colonoscopies for patients over 50, and getting that evil LDL below 99 by any means possible. Although, there seems to be little evidence that performing a lot of this stuff actually improves health outcomes: witness the controversies over Mammograms, PSA testing etc.

Physicians are expected to spend a limited amount of time with each patient, and are encouraged to see as many patients as possible during a workday, yet we're also expected to address every one of those "flagged guidelines" with each patient visit. Compensation is usually linked at least in part to "productivity," which can be measured in various ways, all of which have a final common pathway: money. If the powers-that-be want, they can monitor our very keystrokes to keep tabs on our "productivity." I'm tired of being turned into some sort of automaton 'droid that just "cranks them out," every 10 or 15 minutes. I honestly think there is an underlying malign intelligence behind the EMR's currently in use; that they have been designed

to facilitate our descent into 'droidness and mechanization. (Just because I'm paranoid, doesn't mean people aren't out to get me.)

Add to this the stressor that we must meet these arbitrary benchmarks to determine whether or not we get paid, fired or fined, and one has the sure-fire recipe for burnout and cynicism. If the chart audit system discovers that a physician, for whatever reason, is an "outlier"—that she's either not following the guidelines exactly or not getting the results anticipated for her patient population—she'll be financially penalized, and possibly lose her job.

This doesn't even take into account that we need to fill this stuff out correctly on time, not only performing as physicians, but also to assume the tasks of some unpaid billing clerk, thereby freeing up the real billing clerk to the unemployment lines--a true cost containment measure. I'm tired of the damn paperwork, the endless signatures and appeals, just to satisfy the whim of some nameless, faceless bureaucrat or accountant. The controlling interests demand that we do more with fewer resources, just like every other profession in America that isn't directly tied to either Wall St or Silicon Valley. A system where the money flows into their coffers in ever greater quantities and we become varying degrees of ever more disenfranchised peasants and serfs.

I'm sick and tired of having every therapeutic decision I make second-guessed by some nameless, faceless, *untrained* cipher of a non-medical bureaucrat who makes decisions according to *some* script that was approved by *some* committee as a means to maximize the profits of *some* insurance company at my patients' expense (the clerk who can't spell "MRI" denying my ability to order one). I'm exhausted from fighting these soulless kleptocrats for the most meager scraps to take care of my patients.

The increasing pressure driving us toward unidimensional, interchangeable, clinical encounters, cybernetically precise and digital has become overwhelming. I feel like that scene in *Waiting for Guffman*, where they're making the stools for President McKinley, moving like automatons. Anything unique or awesome has been "effectively" eliminated in favor of corporate "productivity" efficiency. Our very humanity is now being dictated by an unending series of mouse clicks.

The final straw that drove me out was the changes in Medi-Cal. For the past six months we have been dealing with Medi-Cal Managed Care, and the cost saving measures imposed upon us by the State of California. We know what the definition of managed care is: denying care to patients so someone else can save money. For the past six months we've been having to struggle and fight for the health of our (my) patients against the arrayed powers of cost containment and one-size-fits-all medicine.

When I think about Partnership (Medi-Cal's new friendly incarnation), I get positively incoherent. You know what the definition of partnership is: "*A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal.*" (American Heritage Dictionary of the English Language, 3rd edition 1996). That does not, in any way, characterize our relationship; they have the power; we take the heat and lawsuits. They are just impossible to deal with. The implacable commitment they have to generic meds only, and their "*we don't give a damn if they failed the med five years ago, if you cannot provide the paper records (buried deep in a vault somewhere), you ain't gettin' the med that's been working for the past three years, and they gotta go back to square one*" attitude just drives me crazy. I can no longer watch my patients suffer as I'm forced to take them off treatments that had been working, so I can merely document that the approved treatments don't

work, before they allow me to do what I had been doing for the previous three years. That is just nuts. I have to spend an inordinate amount of time and energy for a measly *eight dollars per member per month!* That ain't "partnership"; it's wage slavery.

Their draconian adherence to medical monoculture, a policy that I feel has appreciably endangered the health of a significant minority of my patients--while I impotently stand by, frustrated and powerless--has finally, after twenty-five years, forced me to say good-bye.