



# *The Doctor Is In*

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*Dr. Eric Agustin questions :*

## *Does HMO Work?*

**NEW YORK, N.Y., Nov. 24 (PinoyGlobal) -** As a doctor I am alarmed to know that 60% of 60,000 doctors surveyed by Fox News, are about ready to call it quits because they are not happy. This is disturbing because of the negative impact will be on the lives of people who need medical care all over the United States. According to the Fox News survey these doctors want to retire earlier or cut their working hours and they don't recommend it as a career for their children, friends or anybody because the practice of medicine is no longer as respectable and lucrative as it used to be.

That's how dissatisfied doctors have become in America. And yet if we go to the nitty gritty of it, health care is basic to human existence that should never be neglected or abandoned by either the government or the doctors themselves.

The problem of the health crisis begun when manage care was implemented 10-15 years ago. It started in California and followed by New York. The Medicaid of New York suffered a serious setback because of its huge deficit. This affected payments for doctors, hospitals and clinics by the manage care.

There are about 30 Health Management Organizations (HMO) that compete with each other for clients or patients. The Medicare and Medicaid give them money, which they in turn decide how much to pay the doctor or the hospital. However, HMO or the corporations handling the money are running it for profit and as a result the fees they pay doctors and hospitals are not commensurate to the service and medical attention they

give patients. HMO handlers also deny patients who are sick in order to save money.

To run a doctor's office the minimum amount for operation is about \$150 an hour. This does not include the doctors' professional fees. The 150 dollars pays for the office rent, malpractice insurance, salary of medical secretaries, office manager, office equipment, and sometimes nurses, etc. But manage care people only pays the doctor \$90 for an hour's visit of a patient. So the best way to look at it to have a clear picture of what is the real score is this way. Whenever a patient sees a doctor he (the doctor), figuratively speaking, would give him free medical care and money (\$60) for an hour's visit when the other way around should be the case, manage care should pay him the adequate amount to keep his office or clinic afloat and functioning.

In effect, he deprives himself his professional fees, which he should get from manage care or HMO. It is worst than a free clinic because in a free clinic the doctors do not give money to the patient.

That is why the Fox survey showing that 60% of the 60,000 doctors are unhappy is true. My suggestion is to discontinue the manage care system because it only creates dissatisfied doctors. Instead, it must have only one single payer for the doctors, rather than the organizations comprising the HMO getting cuts of the money when they do it themselves. If there is only one government that takes care of the nation, why can there not be single payer using Medicaid money to pay doctors and hospitals? This would be good for everybody.

This will simplify matters and there will be less disgruntled medical practitioners. It will surely cut down red tape to the barest and on billions of dollars being wasted going to manage care officials.

Hospitals spend to as much as \$500 a day to maintain a bed. But manage care pays only about half that amount. The result is that lots of hospitals suffer financial difficulties: they are always financially in distress. It seems manage care has the silly concept that a triangle has only 2 sides or that a circle has four corners. Running counter to the reality of things, it is not a good proposition. Not surprisingly the health care system is collapsing with the doctors and patients, including hospitals suffering the consequence of the failed system.

Unless this problematic disparity is solved post haste it will not be amiss to say that soon the meltdown will not only be on the economy but worse, the health of people. That means a national health crisis will rise and that is dangerous. No nation can be strong if the people are sick. Just imagine a vast and great country like the United States with hundreds of millions of people without medical benefits - the consequences can be disastrous for the nation.

President-elect Barack Obama is championing for a universal health care. This is a great idea. The government

cannot go wrong providing everybody with health care, which can be used to give them partial if not full medical benefits. The question is – can it be done? You see, most often, plans are good in the blueprint but the implementation is another story. Especially if HMO continues to handle the financial side of the health benefit the public gets from the government. With so many of them competing with each other what kind of manage care will they be able to provide sick people?

To illustrate imagine a restaurant business. A dish for example will cost the owner six dollars a plate, but he is forced to sell it for \$3 only, is that good business? In no time the restaurant owner will have to close because his capital will be drained by the losses.

If it has to stay, the system of paying should be put in hands of just one payer that will equitably use the money keeping in mind to protect the doctors who have to pay high malpractice insurance, sustain their clinics and earn the fees they deserve. Without these changes, nothing will happen with the Obama universal health care, which is a very good concept. #

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