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Practicing in Boca Raton and the Surrounding Community Since 1979

## **SPRING 2016 - NEWSLETTER**

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### **Changes Coming to Medicare Soon**

CMS (Center for Medicare Services) is determined to eliminate fee for service medicine. Fee for service medicine is the system where patients see a physician or "provider" for a visit or service and the "physician or provider" bills the patient or Medicare for each service provided. CMS argues that "providers" are seeing too much volume and providing too many services thus driving up the cost of health care and the percentage of the Gross National Product that healthcare consumes. To contain costs they have come up with the public relations mantra of the "Triple Aim." The triple aim includes improving the global health of the US population while improving quality and reducing overall costs. The true emphasis is on reducing overall costs!

To reach their goals, CMS is changing the way it pays for health care and services. By 2019, less than three years from now, CMS hopes to pay one flat fee per beneficiary to large health care organizations ( think HMOs) thus fixing their costs. That large organization will then be responsible for providing total care to a local population. Hospitals and large health care systems have been purchasing physician practices and employing the doctors in organizations known as Accountable Care Organizations (ACO's). These health systems believe that by employing the doctors they will control their ordering and spending habits and reduce costs to the overall system. They hope to drive an aging private community physician population into early retirement or at least to stop coming to the hospitals to care for their own patients. They still want these patients to come to their hospital for care but want their employed physicians to provide the care.

If you look around the community you will notice that the major hematologic and oncology groups are now owned by Boca Raton Regional Hospital, as is the major surgical group, several cardiology groups and a host of internists and family practitioners. The hospital has additionally partnered with its contracted emergency room physicians to open numerous walk in clinics in young population centers to capture that business. At the same time that our local regional hospital is purchasing practices and discouraging local private physicians from continuing to practice, they have introduced a residency training program in internal medicine and surgery. By the fall of 2017 we can expect 100 internal medicine physicians and up to 45 surgical physicians fresh out of medical school and beginning their training, to be serving as a cheap physician labor force for Boca Regional Hospital. The hope is that ultimately, the Charles Schmidt College of Medicine at FAU will attract and develop a clinical faculty worthy of a university and academic medical center that will enhance medical care in our area but until then we will always wonder, as anesthesia puts us to sleep, who actually is performing our surgical procedures? Additionally one wonders if you become ill with a serious illness, will you be permitted and covered to see the best physician at the best institution for your problem or will you be required to stay in a narrow insurance network of local providers?

If physicians choose not to join a large health system organization as an employee they will be required to be part of a merit based payment system. Government administrators, employers and private insurers are certain they can define and quantitate "quality care." It is unclear whether there is any meaningful evidence of what "quality care" really is. Quality care will include parameters like patient satisfaction ( if you are not given an antibiotic for your

viral illness or a narcotic pain medicine for your injury appropriately based on the illness or injury will the provider be given a low patient satisfaction grade?), did you counsel an obese patient to lose weight? Did you counsel a tobacco smoker to stop? Did you intervene to control a patient's blood pressure? All the data entry will require the physician to spend time in front of the computer screen checking more boxes and less time in face-to-face patient care. Computers will need to communicate with each other from the office to the hospital to the lab etc. but it is unclear who will pay for this? At the end of each year the doctors will be required to send all their patient care data electronically to CMS for review.

Many physicians will choose to just leave or "opt out" of the Medicare system. They will contract privately with patients and be able to order tests and studies at approved institutions but they will not be reimbursed by Medicare for their services nor will the patient be reimbursed by Medicare for the cost of those doctors' visits and services. In most areas of the country where the population is not overwhelmingly composed of senior citizens 65 years of age or older, doctors have stopped seeing Medicare patients for just this reason. This may become the norm rather than the exception in South Florida as well.

For the moment my concierge practice is not changing anything. We continue to participate in all the CMS quality programs such as Meaningful Use and PQRS, vaccine registry and Eforcse (a controlled substance prescribing data base) despite the cost and time involved just to leave our future options open. I remain committed to giving my patients longer quality visits and following them where possible into the hospital when they need hospital services. As patients and citizens it is urgent that you become familiar with what CMS and the Federal Government are doing with your taxes and health care options and hold them accountable to your wishes! If you have questions about this give me a call or set up a special time to discuss this face-to face.

### **Medical Records for Travel and Returning Home for the Summer**

With spring comes the packing up of winter residences and the trip back home for the spring, summer and early fall. At that time patients often forget to take their most current medical records with them. With a bit of advance notice we can provide you or your northern physicians with all the medical information that accumulated during your stay in Florida. We can either mail hard copies to the physician(s) of your choice or place the data on a USB Flash drive which you can provide to your doctors either by mail or in person. Just let us know which manner of transfer you prefer. We hope you have a wonderful summer and remind you to please bring your medical records from your summer encounters back with you next fall.

Patients often ask about the need for medical records when they travel. Once again with notice we can provide you with hard copies of your data in paper form or we can place the data on a USB Flash Drive that you can attach to a key chain. When plugged into a computer your medical records can be accessed. I recommend that you keep the data simple. Have a medication list, a list of medication allergies and adverse effects, a recent EKG, any recent lab work and any recent procedures, imaging studies or testing that is pertinent to your health care problem list. The records will contain an updated health problem list and contact numbers for my office.

To make arrangements for your records please call Judi at 561.368.0191 during business hours and she will gather the data for you. Have a safe and wonderful summer. If you have any questions while out of the area please feel free to call me and I will address any issues as best as one can from a distance. See you in the fall!

## Medicare Will Not Pay For Bone Marrow or Umbilical Cord Blood Transplants

Treatment of blood disorders, leukemia and lymphomas today includes the use of life saving transplants of bone marrow from genetically similar donors and use of newborn children's umbilical cord blood containing stem cells. The National Marrow Donor Program (NMDP), *Be the Match*, is the organization which operates the national match registry and has worked for the last 30 years to find 13.6 million adult bone marrow volunteer donors and 225,000 units of fetal cord blood for use. The NDMP's relationship with similar organizations across the globe creates a pool of 24.5 million potential marrow donors and 609,000 units of cord blood.

There are people who need these vital products and cannot find a match but, fortunately, that number is declining. The real problem in men and women 65+ years old is that outdated Medicare reimbursement policies do not pay for these products and services and the cost is too expensive for many individuals to bear. The Centers for Medicare & Medicaid Services (CMS) has created barriers to Medicare age recipients being covered for these products resulting in financial uncertainty for the patient. The cost is beyond the means of most working individuals.

While private insurers cover more than 70 diseases and conditions, Medicare covers less than a dozen. The US Department of Health and Human Services calculated that almost 20,000 people in the U.S. could benefit from life-saving marrow or cord blood transplant each year but do not receive them because CMS policy does not cover them. Where Medicare covers the conditions, the rate of reimbursement is often insufficient to cover the costs. As Baby Boomers become eligible for Medicare the problem will intensify.

Dr Fred LeMaistre, M.D., director of the Sarah Cannon Blood Cancer Network authored an editorial appeal to the physician community to lobby for better coverage of marrow and cord blood transplants as a life saving measure.

I for one was stunned to realize just how poor the coverage has remained for these services and find it disgraceful that Sarah Palin's predicted death panels have now materialized in the form of accepted lifesaving technology not being covered after age 65. If you are as surprised as I am write to your Congressional representatives and demand appropriate reimbursement for bone marrow and cord blood transplants to save lives!

## How and When to Reach Your Doctor – What 24/7 Means

One of the advantages of a concierge practice is that there is no answering service and there is a doctor available 24 hours a day, seven days a week to accept a patient phone call about a medical condition. Since 1987, Richard A Levine MD FACP has covered my practice every other weekend, when I am out of town or when I am ill and I do the same for him. Like me, Richard is board certified in internal medicine with added qualifications in Geriatric Medicine. We make rounds or see our hospitalized patients between 6:30 a.m. and 9:00 a.m. every day and weekend we are in town regardless of whether we are on call or not. Cell phone service within the four walls of the local hospitals is not very good. Unless you are fearful of being severely ill, calling between 7:00 a.m. and 8:30 a.m. is probably not the best time to call as we are most likely in the hospital trying to focus our attention on a patient's needs.

It is always best to call the office number 561.368.0191 to reach the doctor. During regular office hours the calls are answered by our office staff. If you call the 561.866.2379 cell phone directly during those hours it is most likely that I am with a patient in the office and you are interrupting that visit. Please think about how you would feel if you were with the doctor at an office visit and he stopped seeing you to take a non-emergency cell phone call? At 4:30 p.m. the office phone lines begin to use an automated message that tells you that if you press #1 the call is forwarded directly to Dr Levine's cell phone and if you press #2 it is forwarded to Dr Reznick's cell phone.

The implied understanding is that if you are calling after hours you are ill and need immediate attention. Sometimes patients find that they have lost their medication and or run out of a prescription. That is understandable as well. When we receive phone calls after hours to discuss an article in a periodical that discusses the Phase II trials of a new drug and the patient wants to know if they should invest in that company it is not always received well.

On the alternate weekends when I am not on call I probably do not have my iPad with me to retrieve your medical records to intelligently discuss your case. Dr. Levine and I do have remote access to each other's patient records to make your care more complete but if we are not the physician on call that weekend, we may not have computer equipment with us to access your medical chart and discuss your immediate concern. If you call the 561.368.0191 phone number in the evenings or on weekends the message clearly tells you who is on call and how to reach them. Even if I am not on call and you press 2 it forwards to my cell phone. I announce vacations and out of town trips on my website well in advance of the trip.

My practice provides 24 hour, 7 day a week coverage with a board certified physician who has access to your medical records. **I prefer you call the 561.368.0191 number to reach me.** If you call after hours I expect that you are ill or think you are ill and need to discuss something that is emergent.

If after hours is the only time you are free to discuss something please call the 561.368.0191 number during regular business hours and I will gladly schedule an after-hours session with you on the phone or in the office. **If you would like to discuss any of this please call the office and I will set up a time to discuss it with you.**

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