

Changes Revisited

In the 1993 final issue of this Journal (JBO), I wrote an editorial about the changes that occurred during that year.¹ Looking back, it was the first year that significant reorganizations of our social, political and economic values and structures truly began to impact each of us, to one degree or another. I posed the question of how your practice mode and professional activities had changed over the then four years that JBO had been in existence. Now, a three-year span has elapsed, and the changes that gained impetus in 1993 have continued in ways that have had global, national and individual consequences.

Perhaps the most powerful side effect of the changes for the profession and individual optometrists was brought about by President and Mrs. Clinton's attempts to change the very fiber of the health care delivery system. Only the unreasonable would deny that this enterprise needed to be seriously re-examined. Although the particular model the Clintons proposed was defeated by virtue of their political naiveté, they did set in motion a scurrying of health care insurers, institutions and providers toward this thing called managed care. In that respect, significant change was brought about, albeit, not in the manner the Clintons had envisioned.

It would now appear that virtually everyone, willingly or with great reservations, has bought into the managed care concept. Because of the "bottom Line" mentality that is a tenet of managed care, hospitals have closed or formed alliances with managed care companies or other health care facilities. The same trend is evident in many solo and/or group practices. Over a period of several years even the Department of Veteran Af-

fairs (VA) has moved in this direction; in a number of instances, individual and networked VA facilities identify their various health care services as "product lines." And be the setting institutional or private practice, another tenet of managed care is to "maintain and enhance the patient base." In this quest, marketing and merchandising have gained a prominent place; in many parts of the country print media, television and radio ads bombard potential clients with the virtues and benefits of a particular health care plan or facility. Further, the recorded telephone messages at many of these entities, that are meant to inform patients, are often more suited to department stores than to health care providers. It's ironic that optometry, which not so long ago fought to rid itself of commercialism, is now returning to some of its favorite devices because "the other guys are doing it."

Some of the changes have been positive. In many venues patients are respected as individuals significantly more than previously. There is a courtesy and consideration of patient's privacy, time and right to be informed of treatment options that was not present in the recent past. And undoubtedly, the national expenditure on health care has been lessened, or at least has not escalated to the same degree as previously. But at what cost?

I have yet to find a health care practitioner, with the exceptions of those involved at the upper administrative levels of managed care, or whose practice mode is based in high volume, who is pleased with the current situation. There are complaints of "working harder for less money." An article in the New York Times describes the frustrations of a

number of physicians, and quotes one as stating that many doctors do not even read the contracts they sign because... "what's the point? They have no recourse and no bargaining power."² Recently, the Pennsylvania Podiatric Medicine Association initiated a movement to form a National union in order to gain more bargaining leverage.³ Should this come to fruition, how will patients' perceptions of podiatry be effected?

A key element in the success of all health care provision is that patients have trust and faith in the provider. Unfortunately, some of this has been lost because, in managed care, too often numbers take precedence over this aspect of patient satisfaction. Perhaps because of the "product line" approach, it is becoming apparent that the public's image of health care professionals is changing from provider of services to purveyor of goods.

Then there is the question of quality of care. This is frequently given more lip service than substance. Recent legislation forcing insurers to extend obstetric

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and mastectomy patients' hospital stays is an impressive governmental response to a lack of concern for quality of care. And there is something very wrong with a system that places a "gag order" on its employees, resulting in the inability of doctors, or other providers, to fully inform their patients.

So, where does this leave us in 1996? We are perhaps approaching the extent of one of the extremes of the pendulum's swing. The blind endorsement of managed care seems to be slowing down. Indeed, the current form is beginning to show its vulnerabilities. How can a health care reimbursement system that produces a significant number of dissatisfied providers and suspicious patients survive? I suggest that it will, because the previous system was out of control; while it suited practitioners, it often shortchanged patients and insurers. However, as the pendulum swings in the other direction, there will be moderations, so that the prominence of the "bean counters" will significantly lessen.

References

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2. Rosenthal E. Reduced HMO fees cause concern about patient care. *The New York Times.* Nov. 25, 1996;1:B4.
3. Podiatrists forming nationwide union. *Am Optom Assn News.* Nov. 11, 1996:4.