

WE HAVE NOTHING TO FEAR BUT FEAR ITSELF....

AND dwindling numbers of patients that are willing to come in and pay a co-pay, AND insurance carriers who seem intent on reducing the amount they pay, AND retirement accounts that are reducing, AND...

That seems to be the general consensus of some of the physicians that we saw at the last convention we attended. Interestingly, for every 2 physicians that had remarks like that, we talked to 1 that was positive about their income potential for 2009 and sought out new ways to help their patients by looking to expand their practice. Is the glass half empty or half full? We think full!

Ok – some people are frightened of the economy. Yet – instead of looking at withdrawing like a turtle and plan on living off of savings in hopes of surviving, many physicians are taking this opportunity to re-think previous decisions and many are restructuring their practices. No, we're not talking about cutting staff, cutting hours, reducing services, etc... Many have looked at what Medicare and the private insurance industry have done over the past few years and changed their practices into evidenced based medicine and they are taking advantage of the healthcare stimulus (not to be confused with the one Congress is debating so that everyone saves \$8 to \$13 a week). Since 2000, Medicare has slowly – but deliberately moved money from procedures and therapy into evidenced based medicine such as diagnostics, clinical lab and some imaging (not all).

Yet – many physicians today are trying to see more patients, do more procedures and they're wondering why they are having to delve into their savings every other month to cover payroll. It's because Medicare moved the money (the same way private and managed care have). Since 2000, Removal of Impacted Cerumen has taken a 28% reduction. In that same amount of time, administration of joint injection took a 29% reduction. Some OMT codes took a 5.2% reduction. Yet – in that same amount of time, ABIs jumped in Medicare allowed from \$52 to \$109. Autonomic system testing jumped up 31.4% and other diagnostics increased as well. More and more physicians are starting to learn that Medicare and the other carriers want them to do diagnostic testing to capture things earlier rather than waiting until the patient's condition deteriorates to where it is catastrophic care. That is one of the reasons that the PQRI has so many standards of testing, which we'll be discussing in the next issue.

So, instead of pulling back – look at using that equipment you have in your office a little more. Have your staff go to www.cms.hhs.gov and look at the Local Coverage Determinations. If you're not using that pulmonary test (spirometer or PFT) daily – then look at the 84 codes that Medicare says justifies a pulmonary test in your primary care office. With COPD being the 4th largest cause of death in our country – you may decide that Medicare is correct in wanting PFTs more often. You may decide that it's time to use one of those 8 companies in the country providing holters to your office free when you consider that 22% of ASYMPTOMATIC diabetics have silent ischemia. You may decide to use one of the 7 companies providing 30 day CEMs when you remember that 40% of the women having a heart attack do not feel it in the chest. You may decide that you should be doing A1Cs on every controlled diabetic every quarter (and every visit on uncontrolled) to meet Medicare's guidelines – but at the same time – you may start questioning why you're letting one of the 2 large labs make all of the money instead of you doing those in your office either waived or non waived.

It's time to start questioning why you're doing what you're doing – or maybe more importantly – why you're NOT doing some things you should be. Just because you've always done things a certain way – that is not a good reason to continue doing it that way. That way may lead to bankruptcy, so you need to revisit your GPS or map and see what direction you really want to go in. Visit our website at www.donself.com and tell us what you're doing to improve your practice.

Don Self

www.donself.com

donself@donself.com

903 882-4023