



Randy L. Flink, Principal ❖ Christopher M. Gregory, Principal  
Robert I. Kramer, M.D., Medical Advisor

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Against a background of mounting pressures faced by the global banking system and investment markets due to rising US residential real estate loan delinquencies, defaults and falling disposable incomes, we are faced with the challenge of navigating our wealth strategies in increasingly turbulent waters. Quite simply, some powerful currents have shifted and we must work much harder and intelligently to remain on course. We trust that our AARP buoys--accumulate, allocate, react and protect--will enable you to maintain your financial bearings.

It is not news that the medical professional is weathering its own separate storms. For the better part of two decades, favorable healthcare economics have drifted away from the practitioners into the nets and traps of the insurance companies, so much so that many fine doctors have become endangered species. In a sense, their native waters have been over-fished by unscrupulous commercial interests and we are left to ponder how this tragedy in the making can be stopped before it is too late.

For the ensuing *DocOnomics* commentary, we have decided to give up the ship's wheel to a physician who has first-hand experience in navigating storms. It is not so much that we need relief from our writing assignment. Rather, it is an opportunity for us to gain some useful insights of our own. In addition, we are hopeful that a thoughtful and hard-working politician will read the commentary and react in a manner that might bring about a change for the better.

The following words have been written by Ryan Ford, M.D., a family practice physician located in a rural community of West Texas.

## ***DESPERATE HOUSECALLS***

I am a physician like you. I could have sat next to you in medical school or we might have gone through residency together. When we received our M.D.s, they probably came attached with a ton of school loans to pay off. Most of us started there.

For my part, I answered an ad: **"Physician Wanted - Rural Texas community seeks board-certified family physician who is ready for life in the country."**

*"The salary is less than the national average. You'll be taking over a poorly equipped medical clinic without the basics in diagnostic equipment. Call is 24/7. No physician back-up available. Hospital rounds must be completed daily in the adjacent community with a scenic 50 mile round-trip. You must also be willing to assume the responsibilities of EMS director and county public health director. Patients will come to your home after hours and on weekends for your convenience. No CME, malpractice or equipment allowance is available".*

I know this sounds far-fetched, but this in a nutshell is my job description and that of many rural doctors. I practice in a rural community with a population around 1900. I returned to my home town to complete a practice obligation through the Office of Rural Community Affairs for financial support I received as a medical student.

To make a long story short, it has been a struggle to bring the medical community up to par here. Financially, if I had it to do over again, I would have paid back the money I owed and practiced elsewhere. But here's the conflict: I wouldn't take a million dollars to give up the experience of serving my community.

I think (I fear) that doctors like me are a vanishing breed. The reason: the job kills you. If things don't change, I couldn't recommend that any new doctor should go solo into rural medicine. I love my community, but if it weren't for that I'd have practiced elsewhere just to have a better quality of life. For new primary care physicians, my advice would be to find a good group practice that doesn't obligate you to shoulder the additional burdens of management. It's enough of a challenge to be a primary care provider today, without a lot of other distractions. We weren't trained to be businesspeople, we were trained to be *physicians*. Unfortunately, group practice doesn't work out here in small town Texas. Another physician in a small community is as much a competitor as an assistant. There is no "fine line" between too much and not enough manpower in your clinic, it is always one way or the other.

The net effect of rural medicine is that you work tirelessly for much less financial reward.

I have a "Federally Qualified Health Clinic" half a block from my clinic. I see Medicare, Medicaid and private pay patients just like they do, but I don't get \$625,000.00 from the government for the past two years like the FQHC does. I was here doing the job before the FQHC was. What went wrong here? What are the policy makers thinking? Why not take the money out of the wasteful programs and supplement physicians directly for being here in the first place? How did that FQHC help me? Does anyone realize that rural medicine is in crisis, and it doesn't help when federal dollars set up competitors down the street? Unless we do something to make practice life more bearable for rural physicians, there will be an exodus out of rural medicine without anyone to replace them. Rural physicians are collectively burned out and fed up. We need the right kind of help, and it's not a handout. It's just a fairer way of compensating us and making sure we have what is needed to care for our communities.

Doctors hold all the cards, but we are playing a poor hand. Collectively, we have been sleeping while a burglar snuck in and stole our livelihood. The time is now to band together. We are on the verge of completely socialized medicine. Imagine a vastly larger piece of the gross national product in the hands of government healthcare bureaucrats charged with operating a national health plan (not just Medicare/Medicaid). It must not happen and our voices must be heard in order to stop it.

I for one will do whatever it takes to reverse the effects of 30 plus years of bad policy and wasteful government spending. We must restore healthcare to a healthy private sector and trust our physicians and nurses. Healthcare professionals must be worthy of that trust and stop looking out for themselves individually. We must wrest the influence of insurance companies and bureaucrats away from the daily decision making of our physicians; it has and will continue to defile the art of medicine. If we are going to do this, we physicians are going to need to be up to the tasks associated with running a better healthcare system. Is there any doubt that there is enough fat in the system to pay for the right kind of administration and oversight? The first order of business should be a commitment to have enough physicians to adequately provide for the needs of our nation. Almost 50 million uninsured citizens without access to adequate healthcare is an abomination.

It challenges us to change and it will test our will and our professional beliefs. But with the terrible deterioration taking place, I would put the Hippocratic Oath on a shelf for just a while and strike if it meant that physicians (all physicians) could focus attention on the problems and effect meaningful change in healthcare. While our presence is vital and our voice can be strong, we are not united. There is too much self-interest and too much apathy about our wonderful profession. It is time now to stand for all that is right about healthcare and expunge the refuse that has accumulated in our system. For we physicians, there is no tomorrow for our place in an effective healthcare system, if we fail to make our voices heard today.

Thanks for reading,  
Ryan Ford MD