Happy Holidays and Best Wishes for 2014

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Imagination is more important than knowledge.
Knowledge is limited, Imagination circles the world.

Albert Einstein

As the end of the year approaches, I would like to thank all of you for your help, counsel and support throughout 2013. It has been a distinct honor and a pleasure to represent you here, to lobby with the legislators in Austin and at the Texas Medical Association (TMA). In these challenging times for Medicine and with a frail economy the government continues to suffocate us with increasing regulations, electronic health records, meaningful use and red tape. Therefore, doctors must unite to protect Medicine and the patient physician relationship. The landscape for Medicine is changing and even though we have the knowledge and the know-how, we really have to use our imagination neurons to adapt to the explosion in biotechnology, artificial intelligence, informatics, robotics, nanotechnology, computational systems, networks and sensors. Innovation and imagination will let us to survive and excel in 2014 and beyond. Thus, I would like to update you of some facts that will impact us over the next few years.

Medicare Sustainable Growth Rate (SGR): The price to fix the SGR is $116 billion over 10 years. A bipartisan plan H.R. 2810 would scrap the SGR formula and freeze physician payments for the next decade. The main focus is to create a policy that rewards providers for delivering high quality, efficient health care, and give 0.5% payment increases for physicians throughout 2018. Currently, more than 650,000 physicians and 330,000 non-physicians practitioners participate in Medicare. The constant threat of SGR cuts destabilize our practices. We are facing a 24.4% SGR cut in 2014 unless Congress overrides it by the end of the year. The American Medical Association (AMA), Texas Medical Association (TMA) and eight other states in the Coalition of State Medical Societies which represents 158,500 physicians are supporting “the repeal of the flawed SGR, retain a fee-for-service program, pay for complex chronic care management, streamline current reporting programs and eliminate current penalties.” These societies have sent a letter to the chair and ranking members of the Senate Finance and House Ways and Means Committees. Another patch or fix, as has been done 15 times before is not longer acceptable! The AMA has a website: FixMedicareNow.org that serves as a resource for patients, physicians and policymakers.

We need to start talking about improving what we already have (fee-for-service) and not trying to reinvent a medical wheel using advantage programs, home health plans, accountable care organizations (ACO) or the like that have not been proven to be fair to doctors and patients that have participated in these pilot programs. The bottom line is that the medical/medicare pie is not getting any bigger; the slice we are receiving now is bound to get smaller, since there are more non-medical members that want to participate in the ACO’s and what is worst is that if the so called metrics are not met, at the end of the year, we will not get paid at all!

On my prior President’s comments, in the last issue of El Paso Physician, I proposed Plan C (credit) or a tax credit/deduction for us, at the end of the year, for uncompensated care that we provide and I have received positive feedback on this suggestion from many colleagues. To abolish the failed SGR is also fiscally responsible, specially when you consider that our nation is facing a 16.7 trillion debt ceiling and Congress will need to authorize the government to borrow more money to pay its bills. In case you want to know your share of the federal debt as a U.S. taxpayer is about $113,000. The projected cost of the ObamaCare tax increases over the next ten years is $1 trillion. If you would like to find out more on the impact of these tax increases, visit: myHeritage.org or call the Heritage Foundation at (800) 546-2843.

Obamacare or Accountable Care Act (ACA): The outlook in Texas for the ACA and Exchanges is uncertain, since Governor Perry continues to oppose the ACA expansion in Texas, despite a projected $100 billion contribution from the federal government over the next decade. We agree that Medicaid is inefficient and must be fixed before it is expanded; personal responsibility should be encouraged and the culture of dependence needs to be modified. Copays, deductibles, alternate programs with proper reimbursements rather than the costly emergency room care are all needed. Recently, Governor Perry sent instructions to Dr. K. Janek providing guidelines to apply for a block grant and ACA exemptions. The outcome is unpredictable.

A recent survey of 3,072 physicians on the ACA by Jackson & Coker, published on December 4, 2013 in Medical Economics, notes that about 30% of respondents will leave medicine as soon as it is feasible, 19% will practice medicine for a shorter time, 31% do not anticipate making any changes and 15% of physicians are worried they will be paid less on the ACA exchanges. Moreover, 60% said the quality of patient care would be negatively impacted and 65% said it would also have a negative impact on their practice.

2013 TMA Fall Conference: Our El Paso delegation attended

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the Austin Conference on October 18th and 19th entitled: Protect the Patient Physician Relationship. We also got an update from Dr. Stephen Brotherton, Sen. Ted Cruz, Rep. Susan King, Rep. Sarah Davis, Rep. Nicole Collier. Our team included: Dr. David Palafax, Dr. Gilberto Handal, Dr. Richard McCallum, Dr. Juan Escobar, Dr. Michael Romano, Dr. Bruce Applebaum, Dr. Angel Rios, Dr. Roxanne Tyroch, Ms. Patsy Slaughter (Executive Director) and the Paul L. Foster medical students that participated in the Border Health Conference ably chaired by our colleague Dr. Manuel Acosta in Laredo and Austin. Further plans are to bring the conference to El Paso in 2015. To all the members of our team our heartfelt thanks for their contributions.

El Paso Physician Magazine: I would like to recognize and thank the editorial efforts of Dr. Alison Days, all the editorial board contributing editors and the editorial staff noted in page 1 for the marked improvements of our quarterly journal, which is not only in full color but is also included in Google Scholar. We continue to encourage our colleagues and medical students to submit their contributions to EPCMS for editorial review.

EPCMS Roster 2014: We are in the process of updating the EPCMS roster which was last published in 2004. Please submit and update your e-mail (we shall keep it private), photo and practice information to: epmedsoc@aol.com, so that we can publish it next year.

KCOS-EPCMS TV Program: We would like to thank Mrs. Kathrin Berg Pettit, Dr. Raj Marwah, the medical students and all the participants and sponsors of our renown program. This TV program is a coproduction of KCOS-TV and EPCMS. It provides medical and surgical updates by our local leading specialists on important health care topics to our community.

EPCMS Plans for the 1115 Waiver: The EPCMS executive board approved two plans submitted by Dr. G. Handal et al. The plans were also approved by UMC board and is pending further review at the state level. Additional information will be forthcoming in the future.

Award and Installation Ceremony: On Jan 15th 2014 the new EPCMS officers will be installed. We would like to invite all of you to attend. It will include a newly designed award ceremony that recognizes major contributions of our local doctors. The installation ceremony will be done by our TMA President Dr. Stephen Brotherton. A formal invitation is in the mail. Please join me wishing Dr. Juan Escobar and other EPCMS officers the very best in their 2014 endeavours.

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2013 Border Health Caucus
San Antonio, Texas