

The Crumbling Physician-Patient Relationship

By Richard Jackson

Fear of malpractice suits, decisions by third-party payers, and payment systems that encourage overuse have all degraded the relationship between doctors and their patients.



Richard Jackson

Despite ongoing health care reform efforts, one thing does not appear to be changing: the physician-patient relationship.

The unique relationship that physicians originally shared with their patients was severed when third-party entities took control of the transactions between parties. Today, we are attempting to "reform" a fragmented health care system that isn't designed to reward healthy lifestyles and high-quality, low-cost medical care.

Physicians don't have an incentive to cut costs and reduce patient utilization. In addition, they over-diagnose and either over- or under-treat to avoid lawsuits. Likewise, patients don't have an incentive to manage their health and utilization, expecting the latest and greatest in diagnostic and treatment technology. This overutilization of resources drives up costs.

I believe we could enjoy a health care system that is affordable, accessible, efficient, safe and continually improving if physicians were rewarded for patient outcomes and resource utilization. Unfortunately, three barriers prevent physicians from exercising the creativity and authority necessary to realize this objective.

Barrier #1: The Threat of Malpractice

My organization recently retained Gallup to survey a national sample of physicians across all specialties. Seventy-three percent of physicians reported practicing defensive medicine to protect themselves from lawsuits. These physicians estimated that 26 percent of overall health care costs can be attributed to defensive medicine.

In a parallel online study of over 3,000 physicians, we found that the consequences of defensive medicine ripple beyond the courtroom and national spending. They include limiting access to care for high-risk patients, inadequately treating patients with life-threatening illnesses, and fostering distrust among patients and their physicians, which affects physician morale and decreases manpower.

One of the physicians in the online survey wrote that because of our "American culture of litigation," the line is blurred between defensive medicine and standard practices. This same physician reported that resident physicians are trained to avoid lawsuits and are conditioned not to trust patients through litigation horror stories. Another physician wrote that patients and their families feel more like adversaries than partners.

This supports arguments that defensive medicine is a primary contributor to overutilization and cost inflation. At the same time, 89 percent of physicians we surveyed agreed that patients should be compensated in cases of true negligence.

We need a balanced, common sense approach to bridging the physician-patient divide, one that guarantees patients their rights without undermining their care. Likewise, we need to trust physicians again, and we need a system that incentivizes this trust. It's not fair to have a few opportunists handicap the majority of physicians who practice ethical medicine. Reform that addresses defensive medical practices is an important first step toward freeing physicians to practice high-quality, resource-efficient medicine and truly partner with their patients.

Barrier #2: Interference from Third-Party Payers

It is also inefficient to have legislation, government bureaucrats and insurance clerks second-guess every decision a physician makes regarding the care of his or her patients. Neither physician nor patient benefits from this game. It has little to do with the quality of care being administered, and everything to do with controlling costs.

What if we established national physician review panels to oversee medical practices? These panels would consist of independent medical peers who would monitor and promote standards of care and best practice protocols, define what's medically necessary, approve exceptions and review malpractice claims.

The obvious goal is to foster collaboration among physicians that create standards of care focused on patient outcomes *and* cost, not *only* cost.

Barrier #3: Misaligned Payment Incentives

Physicians are financially rewarded for overutilization. It protects them from lawsuits and, in some cases, earns

them revenue. At the same time, patients are not accountable for unhealthy lifestyle choices that lead to increased utilization of health care services. In essence, both physicians and patients benefit from using more health care services than are medically necessary. Physicians estimate that one in four health care dollars is spent on medically unnecessary care.

We need a health care system that incentivizes physicians to use evidence-based best practices—which reduce preventable readmissions and eliminate duplicate tests and treatments—and to choose safe, lower-cost treatment alternatives when available.

Systems already exist in which physicians successfully deliver low-cost, high-quality health care to their patients. For example, Dr. Atul Gawande's *New Yorker* article, "The Cost Conundrum," demonstrates that higher costs do not equal higher quality care. On the contrary, systems like Mayo Clinic and Cleveland Clinic show us how patient-first models can produce the highest quality, lowest cost medical care in the country.

On the patient side, research suggests that our choices, as patients, coupled with daily management of our health, can have profound effects on utilization, costs and outcomes. So how do we get people to live healthier lives?

The October 2008 research brief published by the Center for Studying Health System Change examines "patient activation," or a person's ability to manage his or her health. According to the research, three factors influence a patient's activation level: 1) cost sensitivity, 2) work and health care environment, and 3) physician support. No one factor will change patient behavior or a commitment to healthier lifestyles, nor will policy or policymakers. The goal appears to be a combination of efforts that make patients more personally and financially responsible, while providing them with support, educational resources and tools to better manage their health.

Put Physicians in Charge of the Solution

I believe the physician-patient relationship remains the foundation of our health care system. I also believe that within these three barriers lie the causes of our current inefficiencies and cost inflation.

It is time for physicians to quit being "professional victims" of the system and take back control of the practice of medicine. It is time to reward and protect physicians who demonstrate proven ways to increase quality while decreasing utilization and unnecessary costs.

My motivation in writing this is to stir debate on the physician-patient relationship. Why is it not a core consideration as we continue health care reform efforts? Why are we not addressing this obvious issue? What role should our hospitals play as employers of physicians?

I've presented what I consider to be the primary barriers between physicians and the best interests of their patients. Now it's up to all of us in the health care industry, physicians included, to explore ways to eliminate them.

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