

INTRODUCTION

BY MERRILL MATHEWS, PHD

The U.S. healthcare system has experienced dramatic changes since the 1960s, and Dr. Lee Beecher has seen them all. He entered medical school in 1961 and continued practicing psychiatry until he retired in 2014. He has spent the past few years writing this insightful book, which highlights and explores the many changes—and challenges—in the system.

Throughout his professional life, from its early days when doctors and patients partnered to produce individual healthcare outcomes, to today, when large healthcare “provider” systems predominate and often predetermine practice procedures, Dr. Beecher has remained committed to one critical theme: For the best possible patient outcomes in any medical or mental health system, the patient ultimately must take responsibility for his or her own care – this is especially true with psychotherapy.

The physician’s role, Dr. Beecher contends, is to help a patient understand his or her medical or mental health needs and then guide them to activate a successful strategy to reduce their pain and suffering. This physician’s role has increasingly been commandeered by third party payers and government regulators, contends Dr. Beecher.

When Dr. Beecher began his medical career, neither the government nor health insurers actively controlled or limited healthcare delivery. Physicians provided care, and patients or health insurer companies paid for it.

Dr. Beecher’s medical career includes clinical care, military healthcare, emergency room care, group practice, and a medical school professorship. He was active in psychiatric trade associations and served as a medical director for a managed care company. But the part he’s most proud of is having maintained an independent psychiatric practice for 40 years.

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He hasn't just observed the changes in the healthcare system – he's lived them. Since the 1960s, there has been an explosion of medical advances. But medicine has experienced another explosion: government interference. While technology is allowing doctors to do more and more, the government is allowing them do less and less—raising the possibility that the day may come when technology would let doctors do anything, but the government will let them do nothing.

After Congress passed Medicare and Medicaid in 1965, the percentage of insured people increased to about 80 percent for both hospital and surgical insurance. But the passage of Medicare and Medicaid also opened the door to a massive increase in healthcare spending. That taxpayer-funded healthcare spending increase meant that both the federal and state governments felt increasingly justified in intervening in the healthcare system. The imposition of government healthcare administrators undermined the physician-patient relationship.

Today, one way the government imposes its will on physicians is the imposition of Electronic Health Records (EHR). President George W. Bush pushed the goal of interoperable health records—i.e., electronic health records that could be shared between various healthcare providers—but not much progress was made.

President Barack Obama also wanted to push EHRs and included about \$30 billion in his 2009 economic stimulus bill to encourage physicians and hospitals to embrace them. But the effort created several problems. EHRs impose significant financial costs to implement and maintain, even with federal subsidies. But more importantly, they impose “time costs” on physicians. Either the physician is typing away while the patient is speaking or an assistant is doing that chore.

“I am concerned that modern medical practice is moving from a physician-patient relationship to a patient-Electronic Health Record (EHR) relationship, from the tender hands of a physician touching the heart of an individual patient, to the calloused hands of a data entry clerk ensuring that all the boxes required by regulators and third party payers have been checked,” Dr. Beecher writes.

“My preference would be that a patient could carry his or her medical record on a portable storage device, perhaps a smartphone, or

access it through a smartcard, making it available to other medical professionals when an intervention is necessary.” I agree completely.

Dr. Beecher also addresses the other major changes driving the healthcare system. There’s managed care, which came about to control healthcare spending, a problem arising out of the fact that when the vast majority of us go to the doctor or hospital or pharmacy, someone else is paying the bill. Patients have very little incentive to seek value for their healthcare dollars.

There’s “big data,” which could be a boon to health research if used properly. But this is the government we’re talking about, and Dr. Beecher knows the track record isn’t good when it comes to the government protecting information or privacy. “When it comes to trusting Big Government with control of Big Data, however, my thoughts go to George Orwell’s classic, *1984*.”

There’s the effort of healthcare payers—health insurers, employers and especially the government—to increasingly insert themselves into the doctor-patient relationship, micromanaging care.

The overriding theme of the book is that the physician-patient relationship is under attack. “In short, Americans have a political medical care system that responds to political power, not to patient power. We need to find political and financial means to change this formula.”

For patients and physicians to have power over individual healthcare, each must have “skin in the game.” Dr. Beecher asserts that the financial interest of patients and physicians working in a partnership to produce better outcomes is an efficient and effective way to deliver healthcare.

“My goal and hope,” he writes, “is for our medical and mental healthcare systems to honor a place for independent practice, not because it sounds good, but because it is good—and some patients and physicians will prefer this.”

It won’t be easy. Numerous trends and forces have conspired to undermine the independent practice model, forcing more and more physicians to leave independent practice to work for a large group or directly for a hospital system.

But healthcare reform is in the air and, with the right changes, many of the problems Dr. Beecher identifies could be fixed—or at least

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mitigated. The book explores some reform options, generally referred to as consumer driven healthcare, and explains why they could fundamentally change the way healthcare works.

All of them have the potential to reinvigorate the doctor-patient relationship by empowering patients to make their own healthcare decisions. It could be a full-circle crown to Dr. Beecher's long career.

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