

THE REST OF YOUR LIFE

Medicine's Best-Kept Secret

Dr. Marc F. Stern says he feels safer as an internist working in correctional settings than he did in his previous career working for the Veterans Affairs health system.

In that setting, he said, one patient pulled a machete on him in the emergency department. Another tried to open the emergency department door with a chain saw.

"I've never had any of those experiences in prison," said Dr. Stern, an internist who is health services director of the Washington State Department of Corrections. "Health care professionals in prison are very safe ... possibly because patients view the health care folks as there to help them."

Working in correctional settings is the best-kept secret for physicians with an interest in public health, he said, because the pathology of inmates is wide ranging and the ability to impact their health and well-being is significant.

"We have an opportunity to affect their health, their health care behaviors, and ... their social behaviors. This is a population that has a high prevalence of diseases like HIV and hepatitis C. So we have an opportunity to control the disease and teach them low-risk behavior, so when they come back into our communities, they are less likely to spread disease."

He acknowledged challenges to practicing in correctional settings, including a reliance on tight government budgets and a certain level of animosity from the general public for providing health care to prisoners when so many civilians in the United



Dr. John May, pictured at Haiti's National Penitentiary in Port-au-Prince, founded a not-for-profit group that provides health care to prisoners in underserved countries.

States lack adequate access to health care.

"What they don't understand is that prisoners have a constitutional right to access to basic health care. That's something the citizens of the United States have said they want through the constitution," he said.

Dr. John May finds the field of correctional medicine so rewarding that he founded the Florida-based Health Through Walls, a not-for-profit group of volunteers providing sustainable health care in jails and prisoners located in underserved countries.

"Being conscientious in correctional medicine is one of the most important components of delivering good care," said Dr. May, whose program assists inmates in

States lack adequate access to health care. "I saw [dedicated] people who had the same values and satisfaction out of medicine that I was seeking."

Those values include the chance to practice effective preventive medicine such as violence prevention counseling and viewing the provision of health care in correctional settings as a community responsibility.

"If we can provide good quality care while they're incarcerated, it can have a positive impact on the whole community health system," said Dr. May, an internist who is chief medical officer of Miami-based Armor Correctional Health Services Inc., a physician-owned company

Haiti, the Dominican Republic, Jamaica, Tanzania, and other countries. "Following through and trying to understand the issues a patient presents with are more important than the medicine you prescribe or the work-up you order."

Dr. May started working in correctional medicine during his internal medicine residency at Cook County Hospital in Chicago, where he accepted an opportunity to moonlight at the Cook County Jail.

that provides health care in jails and prisons in the United States. "If we fail in the jails, they're going to be worse in the community or use more episodic care. It's more costly that way. There's a lot of preventive health you can do in jails and prisons, such as vaccination programs, counseling, and education."

He remembers an inmate whose complaint was nasal congestion so bad that he had no sense of smell. "He said, 'I couldn't even smell a dead body if it was in front of me.' That statement represented his hopelessness. So I said, 'Why couldn't you say I couldn't smell a beautiful flower?' He said, 'I guess this place is getting to me.' I encouraged him to consider more positive ways of living. There's a lot of hopelessness and resignation in jails and prisons. Once they're incarcerated, they've lost their job, maybe their home. It's very difficult to get back on their feet." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Does everyone flock to your house for holiday meals? After a stressful day, do you restore your spirits by rolling out perfect pasta dough? Have you had a recipe included in a cookbook? If you love to cook or bake for friends and relatives, please send your story and favorite recipes to d.brunk@elsevier.com.

THE OFFICE

Three A's of Managed Care Contracting

The key to successful managed care contracting can be summed up in three words: attitude, analysis, and action. Adjust your attitude, analyze your practice, and take action to make sure you're getting paid for what you bring to the table.

To quote a renowned negotiation trainer, Chester L. Karrass, "In business, you don't get what you deserve; you get what you negotiate." In the managed care arena, this translates to: "The payer will give you as little as you are willing to accept." Unfortunately, many of us are accepting far too little.

With the demand for medical services at an all-time high and a diminishing supply of physicians to meet that demand, providers have a strong negotiating position. It is not your responsibility to ensure the profitability of private insurers by selling your services for less than their value. At the very least, you should expect payment that covers your overhead and allows you to take money home to feed and shelter your family; pay off your educational debt; educate your

children; and save for your retirement.

Before undertaking a contract negotiation, a careful practice analysis should determine if you are being underpaid. It should help you to answer four fundamental questions:

1. Is the time you spend with patients who are covered by a given payer proportionate to the revenue you receive from that payer? If 25% of your visits come from a specific commercial payer, determine if that payer is providing a similar proportion of your income.
2. What is the effect on your revenue of ancillary carve-outs? If you normally provide laboratory services for your patients, but your contract with the payer prohibits you from doing them, determine the lost revenue from those carve-outs.
3. What are the hassle factors? Does the payer often downgrade your level 4 visits to level 3? Do they require a prepayment audit before paying higher levels of evaluation and management (E&M) services?
4. How long is your wait list? If you have

a long wait list, consider this to be capital in the negotiation process.

A thorough business analysis also requires such considerations as the effect your practice's withdrawal would have on your competition, how dependent your practice is on a given payer, and how dependent that payer is on your practice.

When a business analysis reveals that a given managed care contract is more trouble than it's worth, be prepared to take action. A few years ago, an analysis of our practice revealed that our largest HMO was responsible for more than 13% of patient visits but only 4% of revenues. We realized that we had to see three of these HMO patients to earn what we received from one patient with an insurance company that carried its weight. We discontinued participation with that plan and saw a 20% increase in physician income the following year.

If a company is unwilling to negotiate, be prepared to pull out from that plan. Withdrawal—or a credible threat to withdraw—is the single most effective tool in improving reimbursement. But the primary purpose of withdrawal is to get out of a bad contract. If a company shows interest in negotiating once you have advised them of your withdrawal, they must offer

you something that is substantially better.

The prospect of negotiating a managed care contract can seem daunting, but don't let it frighten you. You may be a stranger to managed care negotiations, but you negotiate all the time. You negotiate with your spouse, your children, your patients, vendors, and your staff. You can apply these same negotiating skills to this arena.

Remember that complex negotiations need to be paced, and they do take time. But don't lose momentum. One of the games negotiators play in the managed care business is to delay their responses. Time is money. The longer it takes them to get back to you to approve an increase, the more money they save.

The value of successful contract negotiations between physicians and managed care organizations extends beyond individuals to the profession as a whole. Medicine is at a crossroads right now. Our success can be measured by our ability to attract new physicians. Financial solvency and profitability are critical to this goal. ■



BY HERBERT S.B. BARAF, M.D.

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