Health Care Reform or Bust

Howard J. Bennett, MD
Washington, DC

It's impossible to go anywhere these days without getting into a discussion about health care reform. It happens at conferences. It happens at PTA meetings. It even happens when you're standing in line at the men's room. Not that health care reform isn't an important issue. It's just that sometimes the burning desire to cure the nation's ills takes a backseat to the burning desire to empty one's bladder.

Ironically, while I am not active in health care policy, I recently found out about a key element in the administration's revised health care plan. I caught wind of this information when my wife and I had dinner at a night spot that's popular with the White House crowd. When we sat down at our table, I noticed a cocktail napkin that one of the busboys had neglected to pick up. Some overworked staffers had obviously been taking notes during dinner, and the idea was sketched out in detail on the napkin. I should probably mention that from the smell of things, it looked like they had been drinking screwdrivers.

Evidently, the central idea goes something like this: From now on all doctor's visits will be identified by *Deficit Incentive Points* instead of diagnostic codes. The DIP score is supposed to measure how a medical visit will affect the federal deficit. Each medical encounter that helps reduce the deficit will be given a negative DIP score. Conversely, each visit that adds to the deficit will be given a positive DIP score. For example, if you order a CBC, sed rate, SMA 200, and a sinus series on a patient with a simple URI, you're looking at a hefty DIP score. On the other hand, if you pick up a case of tularemia during its earliest manifestations, your superb diagnostic skills will result in a savings of health care dollars and a negative DIP score.

According to the napkin, the White House ordered time-motion studies of at least four or five medical practices to determine the most cost-effective way to take care of patients. DIP scores will be generated at the time of the visit so doctors will know immediately how their actions affect the country. Patients will receive copies of this statement as well so they can select the most patriotic doctors in their area.

On the back of the napkin, someone sketched an example of the superbill of the future, which I've included, in its entirety, with this communication.

DIP Statement for Longfinger & Stubbs, PC

Provider: Patrick Longfinger, MD
Patient: Judy Thompson
Encounter: Routine gyn exam

Itemized Part of Visit	DIP Score
Old-fashioned bedside manner	0
Medical history	−49
Pap smear	−55
Office Equipment	
Designer gowns and slippers	+15
Fur-lined stirrups	+19
Miscellaneous	
Oriental rug in waiting room	+12
Valet parking	+13
Lunch	
Pizza with extra cheese	+21

Congratulations Dr. Longfinger. Your DIP score for this encounter is −24. You saved the economy a substantial amount of money. Your country and your president thank you.

Although a less favorable example was not printed on the napkin, you can imagine what they'd write to someone who taxed the system: "You just cost the country a lot of money, Dr Longfinger. Don't think for a minute that defensive medicine will keep you out of court. Remember that the president and most of his staff are lawyers. So be careful out there and watch what you order, especially on Republicans."

One thing that was notably absent from my peek into

From the Department of Health Care Sciences and Pediatrics, The George Washington University Medical Center, Washington, DC. Requests for reprints should be addressed to Howard J. Bennett, MD, 2820 McKinley Place, NW, Washington, DC 20015.

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the administration's reform efforts was any mention of DIP credits for night call. While most doctors support universal access, there is growing concern that this would also mean universal sleep deprivation. And, since most physicians don't bill for telephone advice, it's unclear how additional call would improve one's deficit standing. Maybe the Republicans have something to offer after all.

In the end, it's safe to say that health care reform is no longer a figment of someone's imagination. Nevertheless, given that Congress is such a fractious bunch, it's hard to tell what the final package will look like. If the changes are as big as the politicians suggest, all of us will have to adjust the way we practice. No longer will brain stapling be an acceptable treatment for obesity. No longer will obstetricians be allowed to admit patients for routine deliveries. And finally, *primum non nocere* will no longer be taught to medical students. From now on, the first rule of medicine will be *primum no dinero.*