

Implications of the Affordable Care Act on the Practice of Medicine

[Editor's Note: This is a guest post from Bill Pacquin, who describes himself as a patient care advocate and the CEO of a healthcare publisher called Vertical Health which produces [Spine Universe](#) and [Diabetic Lifestyle](#). He supports the "creative destruction of our current healthcare system." We have no financial relationship.]

While surveys suggest that the Patient Protection and Affordable Care Act (PPACA), or "Obamacare," is generally unpopular among the American public, there is still uncertainty regarding its impact on the majority of our nation's physicians. The congressional proponents of the PPACA claim that the law will transform the American healthcare system to provide quality service for individuals who otherwise would have no access to medical care.

Although some of the effects of the PPACA are already apparent, physicians should educate themselves on how the law might affect their career. The information below outlines some of the most basic ways the PPACA intends to improve healthcare in the U.S., while also addressing some doctors' concerns that it could also transform the medical profession in a less than desirable way.

How does Obamacare affect New Physicians and New Patients alike?

In recent times, this nation has experienced what some may call a shortage of physicians, particularly in the primary care or internal medicine field. In fact, the Association of American Medical Colleges estimates that we will be short by

160,000 doctors by 2025.

At the same time, although there may be fewer doctors, there will most certainly be more patients. Congress claims the PPACA will provide healthcare to those who would otherwise go untreated.

The truth of the matter is that emergent care is, and always has been, available to any human being in this country: whether legal or illegal, if you are a person experiencing a medical emergency, you will be treated. *[And billed – ed]* However, you might not have previously qualified for ongoing treatment and routine care from a general practitioner – now you will.

What's the Deal with Electronic Medical Records?

The PPACA aims to create a uniform national system of maintaining electronic health records to allow different practitioners and medical facilities to track patients and their healthcare needs. Sounds great, right? While in theory the effort sounds commendable, the system is not without its flaws.

Creating this sort of system will require a tremendous financial investment on the part of doctors and hospitals who must convert to new technology. And some doctors feel that using a computer or a tablet to document information about a patient's health drastically reduces the quality of the information in the patient's file (but it does eliminate the issue of doctors with notoriously bad handwriting!).

Clicking various options on a list of symptoms may not tell the full story, whereas a physician's hand-written notes can capture details that aren't possible with computerized medical record keeping. Doctors are already consumed with complying with thousands of diagnosis and billing codes to please the insurance industry, and further regulation in this area can be an overwhelming burden to physicians.

Along the lines of insurance company difficulties, one concern is that by having one centralized repository for a person's entire medical history, insurance companies may have more fuel to avoid repayment for certain courses of treatment. Indeed, if an insurance company is facing an enormous bill for one patient, all it needs to do is sift through the patient's medical history, which is now conveniently located in one spot – online – to find the one doctor 15 years ago who didn't do something "by the book" which gives them the justification to avoid payment now. Clearly, there are still issues to work out. *[Life, health, and disability insurance companies would also love having access to this database when doing underwriting- ed]*

Increased Costs for Doctors and their Families

On a more personal level, like all Americans, physicians will join in paying the huge ticket to implement the PPACA through higher taxes. For example, in 2013, individual doctors earning \$200,000 or more and married doctors who, with their spouse, earn 250,000 or more must pay 2.35% toward Medicare (as compared to the previous 1.45% rate). In addition, the same target group (individuals earning \$200,000.00 or more and married couples earning \$250,000) must pay an additional 3.8% Medicare tax on either (1) their net investment income or (2) their modified adjusted gross income (less the \$200,000 for individuals or \$250,000 for married couples), whichever is less. Further, medical practices employing fifty or more employees will now be subject to a fine if they fail to adequately insure their employees.

Chief Concerns

Although many aspects of "Obamacare" are intended to benefit an oft-overlooked segment of the population, some doctors worry that the net effect may be that patient care on the whole falls into the background. As a result of efforts to

bridge the gap between the top and bottom of society, many in the middle could end up suffering.

There are only so many hours in a day, and that means that dealing with a whole host of new requirements, new regulations, and new forms could take doctors away from their patients. The bottom line? Doctors who haven't already started figuring out how to address these issues in their own practices should immediately educate themselves and start planning for the future.

So, what do you think? How has the PPACA impacted your practice and your lifestyle thus far? What do you worry about in the next few years as the implementation continues? Comment below!