RICHARD P. MILLS, MD, MPH

Opinion

Recession in Your Practice: How Will You Respond?

EyeNet's readership is increasing these days. Some of our colleagues who were planning to retire this year are hanging in there, even as more young graduates continue to enter practice. Ophthalmologists who timed their retirement at the peak of the investment bubble are finding that working a few more years in the office might not be such a bad idea. It's less alarming to watch your investments decline when you have a paying job. And, collectively, during this economic downturn, with a few holes in our office schedules, there will be more time for all of us to catch up on our reading.

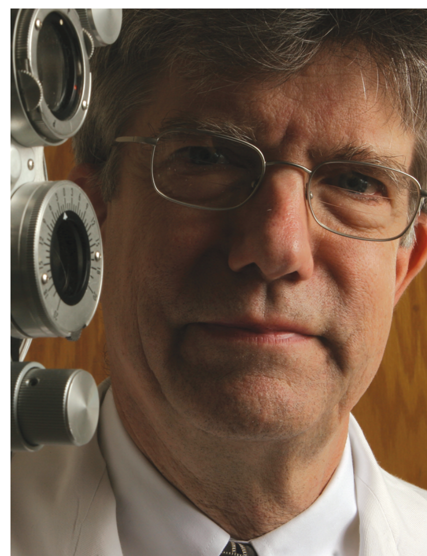
Health Care Economics was a required course for my MPH degree back in the '90s, and I learned the conventional wisdom that medical care in general, and eye care in particular, were relatively recession-proof. During a recession, except for the comparatively small percentage of folks who lost their health insurance because they were laid off, patients would continue to keep their doctor appointments and refill their medications because they didn't want to go blind, after all.

Well, my thesis is that all of this has changed, surprisingly rapidly. Most patients are faced with copays every time they see a doctor or get an expensive test or fill a prescription. They seem harmless enough, often only $20 for the generic drug or the vanilla physician, ramping up steeply if you should have the temerity to want a brand-name drug or to see a "nonpreferred provider." (Both "preferred" and "provider" are euphemisms that mask the true motives of the insurance company, but don't get me started on that . . .) If you happen to be taking several medications, the aggregate monthly copays actually cost more than a tank of gas, even if you drive a Hummer. We learned during the managed care stampede a decade ago that patients would switch doctors for a $5 difference in copay, so it should come as no surprise that patients will simply put off refilling medications or seeing the doctor because they have a better use in mind for that $20 bill. The bottom line for the ophthalmologist is that patients will cancel or fail to show for appointments more frequently, say they will reschedule "later" when offered the chance for a replacement appointment, and eventually foil even the most diligent of follow-up systems and drop out of sight, literally.

What can we do to help our patients avoid doing themselves harm in times of need? Tighten up the office recall systems, but carry them out with tactics of empathy and not fear. Help patients enroll in the medication assistance programs of major pharma companies.[1] And certainly not least, be sure that you are a volunteer for EyeCare America programs. Aimed specifically at patients who have never been involved or have dropped out of the medical care system, EyeCare America removes the financial barrier for seeking care. Led by the flagship Seniors EyeCare Program, there are also programs in glaucoma, macular degeneration and diabetes. Because EyeCare America has 7,000 volunteer ophthalmologists, the workload can be spread evenly over many, with a limit of 15 referrals per year. Under this program, it's legal to forgive the Medicare copay and deductible because of a specific waiver from the Inspector General. Volunteering for EyeCare America[1] is a good way to give back without going away.

1 See www.eyecareamerica.org for details.

Dr. Mills is chairman of EyeCare America and declares a conflict of passion.



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