

# Chicago

MEDICINE

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## Physicians as Politicians

Healthcare Reform  
and the House  
Doctors Caucus



Help for Medicaid  
MCO Providers

Talking to Patients  
About Medical  
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Following Federal  
Overtime Laws

Publication  
of the Chicago  
Medical Society  
THE MEDICAL  
SOCIETY OF  
COOK COUNTY



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Rohitkumar Vasa, MD, is one determined man. As the chair of pediatrics and the director of neonatology at Mercy Hospital and Medical Center, he is determined to improve healthcare for infants, especially those at high-risk. His other passion is distance running, having completed 59 marathons to date, which span across every continent including Antarctica.

# What Do Doctors Think?



**L**AST MONTH'S column touched on the Chicago Medical Society's physician-facing advocacy. While our efforts may not create splashy headlines, we labor behind the scenes, quietly working to reform the physician practice environment.

Continuing on that theme, I wanted to update you on a Chicago Medical Society physician survey that allows us to add our voices to the historic healthcare reform debates. As you know, the harshly criticized Affordable Care Act may be repealed and replaced or simply repealed without replacement. Or left in place but with improvement

attempts. There's much uncertainty—about the future of our delivery system, and the Affordable Care Act, in particular.

An all-important question to ask is this: what do doctors think of the different payment models? Our insight, based on direct experience in both policy and patient care should count in these debates. Yet there have been no large-scale physician surveys on this topic since 2014, and certainly not in the local area. That's why the Chicago Medical Society is asking you to participate in a questionnaire we sent you recently. Please take the time to respond. Our survey is being circulated among all physicians and trainees in Cook County to better understand where our members and non-members stand when it comes to existing and alternative payment models.

Your feedback will enable us to better represent your interests and reshape our policies and priorities on your behalf. We have a taskforce actively studying the challenges and changes in healthcare delivery. And the survey grew out of this taskforce I appointed and charged with reviewing not only ACA repeal and replacement but any and all conceivable payment models.

MACRA, which finally put an end to years of payment cut threats to physicians, is supposed to be a game-changer for the delivery and payment of healthcare services. Yet much work remains. Real reform means fewer mandates, administrative tasks, and less burnout and apathy. All of us want to spend more time with patients, not with desktop medicine.

Locally and nationally, we must be there when decisions impacting our profession are made no matter which party is in control.

Your Chicago Medical Society is working continuously to advocate and advise our elected leaders so they understand the impact of legislation on our physician members. Again, you won't hear about our physician-facing advocacy in the media, but such work is at the core of what the Chicago Medical Society does.

**Clarence W. Brown, Jr., MD**  
*President, Chicago Medical Society*

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# Benefits of Technology

Clinical and administrative tasks get a boost **By Robert James Cimasi, MHA, and Todd A. Zigrang, MBA, MHA**

**“Throughout human history, healthcare trends have been driven by advances in our medical capabilities, which are largely dependent on our technological progress.”**

**T**HE TERM “technology” has a broad meaning in the healthcare industry. It can range from the clinical and administrative tools, pharmaceuticals, and software, to the procedures that standardize the course of care. The word stems from the Greek word *tekhologia*, meaning systematic treatment. While the scope of technology has changed dramatically over the centuries, the concept is the same.

The growth in demand for healthcare services is spurring ever more sophisticated technologies. Improved patient access to care; the growth of the general population; the greater number of individuals over age 65; and the worsening physician manpower shortage are all fueling this demand. In particular, the influx of individuals—an estimated 20 million—who have gained insurance under the Affordable Care Act, is putting pressure on providers to implement methods of managing larger numbers of patients. Along with more sophisticated patient management technologies, the healthcare demand is a significant driver of infrastructure for gathering and interpreting quality and outcomes data. This data is used to support evidence-based medicine, the linchpin to value-based reimbursement.

Improvements in diagnostic and therapeutic medicine, paired with the efficient use of available resources in both management and clinical arenas, have the capacity to improve quality while minimizing the number of medical errors. The effective use of electronic health records (EHRs) and prescription management systems will allow providers and patients to save money.

Management technologies include the processes and procedures through which providers organize patient encounters, charge entry and billing and the software and devices that support the activities. While there are many methods through which a healthcare enterprise may approach management, the most publicized involve the interoperable exchange and consolidation of patient data and treatment standards. Most of the current management systems are implemented as a single package, and many contain EHRs, computerized physician order entry, and billing components.


Numerous studies on the adoption of management systems by physician practices have found a significant increase in the use of health information technology, particularly since the implementation of financial incentive programs such as the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. While the rate of EHR adoption has differed due to practice size, physician specialty; and practice ownership, studies indicate that such incentive programs have had

a positive effect overall on EHR implementation among physicians. These findings suggest that future financial incentive programs such as the Quality Payment Program under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) may encourage similar responses from physician practices.

In addition to the new healthcare management and process technologies, advances in clinical technology have led to treatment discoveries and innovations. Clinical technology encompasses any method or device used in patient treatment procedures. Notably, in an effective and efficiently operated healthcare enterprise, management and clinical technologies complement each other and may, in many cases, overlap.

One significant benefit of clinical technology has been the transition of more procedures to the outpatient setting. Advancements have resulted in less invasive procedures, shorter recovery times, and lower probability of complications. Outpatient growth is projected to increase by 17% from 2013 to 2023, while inpatient projections remain much more modest and even shrink in some service lines. The increased costs associated with inpatient care, as well as the overall increase in healthcare demand, have contributed to increased outpatient service use from 366 million visits in 1993 to over 677 million in 2013, a growth pattern that will likely continue in response to persistent cost containment pressures, and advancements in technology.

Throughout human history, healthcare trends have been driven by advances in our medical capabilities, which are largely dependent on our technological progress. Current total spending on healthcare is 17.8% of GDP and grew at a rate of 5.8% in 2015 to an estimated \$3.2 trillion. This growth is driven in part by perpetual technological advancement; dynamic availability of the most accelerated technologies; in some cases, fear of potential malpractice claims; and efforts to maintain sustained economic liquidity that supports the necessary supply factors to perpetuate this invincible expansion. As market demand grows for both chronic and acute care services, technological developments will continue to augment the cognitive elements of physician practices with the clinical and administrative tools necessary to pursue the “triple aim” of healthcare. Efficient, effective, affordable healthcare services, with quality outcomes.

*Robert James Cimasi, MHA, is chief executive officer of Health Capital Consultants, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO. Todd A. Zigrang, MBA, MHA, is president of HCC. *