SECOND OPINIONS

Shot in the arm

Thank you for the excellent article you published in the December AAP News in support of the Centers for Disease Control and Prevention (CDC) National Immunization Survey (NIS), immunization registries, and for noting the crucial contribution of pediatricians in meeting the nation’s immunization goals. CDC could not accomplish its immunization goals without the support of your readership.

We would be happy to collaborate with you on additional articles concerning recently released NIS coverage results, immunization registries or Clinic Assessment Software Application (CASA) – a software to measure practice-based immunization coverage and generate reminder messages, available without charge from the CDC – in future issues of your publication.

We look forward to working with you.

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National Immunization Program
Centers for Disease Control and Prevention, Atlanta

Lookin’ good

The new look of AAP News looks great. The attractive colors and new layout make AAP News easily readable. As a former editor of our chapter newsletter and the past editor of the California Pediatrician, I fully appreciate all the time and effort that goes into producing AAP News. Keep up the good work.

Burton F. Willis, M.D., FAAP
Huntington Beach, Calif.

Apples and oranges?

It seems to me that both Dr. Adler and Dr. Copperman are guilty of lumping. Not all HMOs are equal. Certainly it is true that for-profit HMOs have become a serious problem, as we might expect, and political and citizen pressure are requiring them to make some changes. My question is this: Are legal and managerial changes enough?

If we look at the whole field, we find that Kaiser Permanente and Group Health Cooperative of Puget Sound – the former having given good service for over 50 years, and the latter just 50 years – have done very well and satisfied most of their members, but they are not-for-profit, service-oriented organizations. Problems arise when medical service is set up on a for-profit basis, and insurance companies are closely involved. Their concern is to keep the bottom line, and their executives get top dollar.

Medical services cannot be delivered equitably in a system controlled by the economist’s “market.” The clients (patients and their families) are rarely sufficiently knowledgeable to pick and choose services and service providers effectively. In the old fee-for-service model, the moral risk was toward the provision of too much service for those who could afford it, and too little for those who could not. In the for-profit HMO, the risk and pressure is toward control of costs by rules and exclusions.

I practiced pediatrics for 37 years in a multispecialty clinic in Olympia, Wash. I could see and feel the risks of the fee-for-service system. Since retiring (just at the right time) 12 years ago, I find it much easier to look objectively at the problems since I am now on the receiving rather than the delivering end of medical service.

Also, being married to a retired professor of nursing with many years of experience, I hear from another side of the health care delivery system which greatly improves my overall understanding. I also have the advantage of conversations with former patients who have grown up and moved to Canada, where they and their families are quite happy with Canadian medical service for themselves and their children.

Looking at the overall situation (which includes the malpractice problems), I think we doctors have fallen into the trap of becoming overpressed with our wisdom and power of control over the processes of disease and the problems of disability. This is not all we are doing: the advances of medical knowledge and technology in the past century have certainly been very impressive, and our training along with media hype have emphasized the “curative” powers of medicine.

So naturally, the public expects us to be always right and almost always able to heal. The truth is that we can only assist nature in achieving the healing that is possible within the limits set by nature and evolution over the millennia. To accomplish even this healing requires patient, family and community cooperation.

The poor who are undernourished will not heal well. Disrupted families do not support healing. Patients who do not trust us will not follow our advice. If we do not help our patients learn how to live healthy lives, or our society gives them little hope of achieving a safe and stable life, then health is certainly an elusive goal. All of us must work together to support a healthy society.

Philip R. Vandeman, M.D., FAAP
Retired and Happy
Olympa, Wash.

‘We have lost all control’

Beavo for the “Point of View” sent in by Dr. Stuart Copperman. He has crystallized almost everything that I have felt regarding the way my own practice has veered. I have not been at it quite as long as he has, but I have seen the changes that have come about since fee-for-service has turned into HMO medicine. We have lost all control.

I am especially dismayed that the Academy stands on the sidelines when nothing short of the “rape of American medicine” is being perpetrated by today’s medical conglomerates. My patients are decidedly not better off and the patient-physician relationship has suffered – an irreversible blow.

There is no such thing as loyalty, as parents and their employers continue to seek the elusive bottom line. We are PCPs and not physicians, and we come and go on a whim. We are by no means suffering economically, but it seems a sin that the patients’ costs are increasing, our reimbursements are decreasing and the high echelon functionaries of the insurance companies are making a killing.

Dr. Copperman was correct on all counts in expressing the frustration that my colleagues and I feel when we see how medicine has become turned into a business. One of my greatest pleasures was not charging a patient who could not afford to pay. Managed “care” has taken that pleasure away from me. My lawyer friends have told me that if I do not take a copayment from someone that it is considered fraud. Capitation is a joke; it covers less of our expenses as these very overhead costs keep increasing. We have become inundated in a sea of HMO-generated paperwork that has taken away time from our patients.

I see no benefit at all from the “revolution” in medicine and again, I am disappointed in my organization, the Academy, for doing nothing to lead the way. Managed care is not a controversial issue: it is a detriment, and the Academy should lead the charge in favor of a fair system that will insure the many who are uninsured and for whom the HMOs care not a bit.

Kenneth P. Carlson, M.D., FAAP
Arlington, Texas

Expert calls for change

Dr. Stuart Copperman (“Point of View: Seasoned practitioner sees HMOs as bad medicine for pediatrics,” AAP News, February) welcomes feedback from any pediatrician who is not a medical director of an HMO. I qualify — now.

After 12 years of traditional fee-for-service private pediatrics, I joined a prepaid group practice (previously defined as HMOs) in 1972. Until retirement a few years ago, I remained involved in HMOs. Initially, I was a strong proponent for them. As I saw the changes brought about by large insurance companies and as my involvement grew in areas other than health care, my enthusiasm waned, then died. I had enough; no longer could I stomach the work I was doing. Fortunately, I was able to retire.

During my growing disenchantment I came to the thoughtful conclusion that we need a change in how we finance health care.

I must say that as a practicing pediatrician in a staff model