Surgeon probes forces of big business on health care in new book

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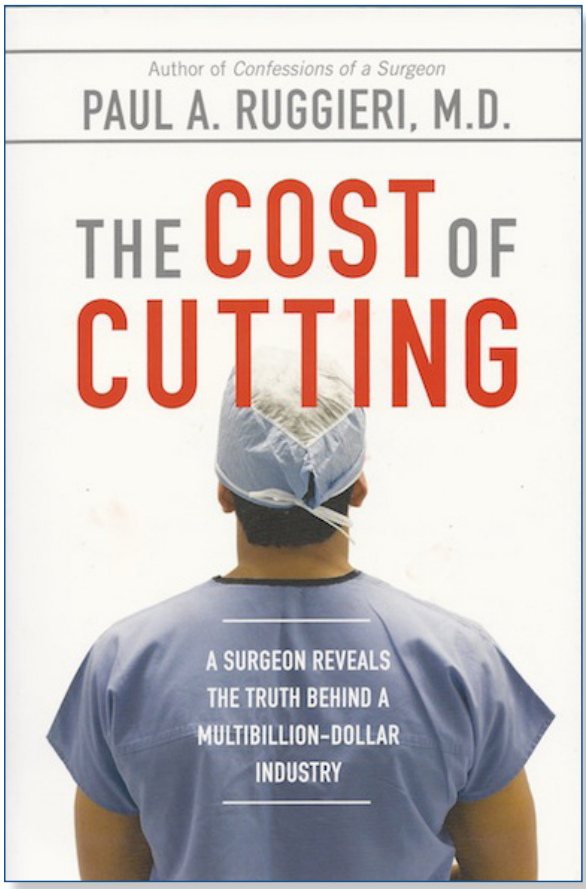

"The Cost of Cutting: A Surgeon Reveals the Truth Behind a Multibillion-Dollar Industry." Publisher: Berkley Trade Publication. Date: Sept. 2, 2014. Pages:320. Available in paperback, e-book.

His Barrington High School English teachers should be proud. Paul A. Ruggieri, MD, (BHS '77), in his latest book, "The Cost of Cutting: A Surgeon Reveals the Truth Behind a Multibillion-Dollar Industry," presents a complex topic – the rising costs of medical care and its impact on patients, physician practices, and hospitals – in a highly readable and candid narrative. It follows his earlier book, "Confessions of a Surgeon," published in 2012.

The book is leavened with humor – especially when Dr. Ruggieri looks 'back-in-the-day' when he was in training, and you could tell which cars belonged to surgeons and which were the lot of primary care docs.

A 1987 graduate of Georgetown University School of Medicine, Dr. Ruggieri did his surgical residency at Barnes Hospital, Washington University School of

Q & A with Paul A. Ruggieri, MD

COURTESY OF PAUL A. RUGGIERI, MD

Author and general surgeon Paul A. Ruggieri, MD

Q. Why did you write about the business side of medicine and who is the primary audience for your new book?

A. I wanted to write about the business side of surgery for several reasons. I had included a chapter on this topic in my last book "Confessions of a Surgeon," but realized there was just too much to say in one chapter so I put the topic on the shelf for a second book. However, the main reason was to inform the public of the business pressures/changes their own physicians were being exposed to. There has been no other time in our health care history than now where business decisions are affecting the delivery of our health care. Business decisions made on federal, state, and community levels involving hospitals and physicians are directly affecting who your primary care physician will be, what surgeon you will be referred to, where you will have your operation, and how much it will cost you. The public needs more transparency on this entire process in order to, I believe, to make informed choices about their health care. My audience for this book is all-inclusive, from the general public to health care professionals.

Q. One of your chapters is called "A Dying Breed," which describes the independent practitioner as a "dinosaur." Do you think consolidation of practices, or practices being bought up by hospitals, is good for patient care?

A. In my opinion, the employed physician is not good for patient care in the end. I also believe it is not good for the physician as well.

Q. If hospitals/health care systems continue the trend of buying up practices, do you think that these burgeoning systems themselves will then become attractive commodities to larger health care systems from out of state or region?

A. Absolutely. Some of these burgeoning hospital systems will become too big, too financially stretched for their own good in the quest to become dominant in their markets. Thus selling to a larger, nationwide hospital chain will be their only salvation in the end.

Q. I have a cousin in New York City who is a retired ophthalmologist. He needed back surgery but it took him months to find a surgeon who would accept Medicare. Have you seen this in New England and do you think it will become a trend – which is bad news for the growing cohort of Baby Boomers?

Medicine, St. Louis, Mo., 1988–1992. He has worked at Truesdale Surgical Associates in Fall River, MA, since 1999. A group of independent practitioners, he acknowledges the breed as "dinosaurs."

"Rest in peace," he advises his fellow dinosaurs in Chapter 3, and notes a 2013 survey in *JAMA* which reported 68% of surgeons are employed and no longer working for themselves.

He questions if an employee is salaried, does it decrease productivity? Or, now that residents by law can work no more than 80 hours a week, does it foster a time-clock mentality? And, do surgeons and other highly-paid subspecialists labor for love or money, or a little bit of both?

With more than 50 million operations performed annually in this country, surgery is big business, the economic lifeblood of hospitals, he reports. "Nowadays, surgeons are more pressured by 'business' factors than ever before – they feel compelled to keep hospital operating rooms busy, to keep their practices going, and to maintain a living," he writes.

Yet in dealing with the demands of modern 'corporate' medicine, ie, relative value units (RVUs), prior authorizations, electronic medical records, etc., he maintains the optimistic view that, frustrations aside, doctors practice for the right reasons.

"For most practicing physicians and surgeons, I believe patient-focused care (not money-focused care) *is* the norm. That should not preclude surgeons from being paid a fair wage for their services."

In the following excerpt, he offers a personal reflection in an OR conversation with co-workers:

> "Hey, I knew I'd make a good living eventually – draining pus, repairing hernias, and taking out diseased organs." I could tell Maria had stopped listening, but I kept going. "Once I finished four years of college, four years of medical school, five years of surgical training, and three years of military obligation – I knew the money would be there at the end if I worked hard enough.
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> "…At the time of my decision to become a surgeon, what wasn't obvious to me was how hard I would have to work to get there. It also wasn't obvious how hard I would need to work to stay there."

His refuge seems to be in the OR, and something that hasn't changed in his 25 years as a surgeon. "The work itself is truly the reward – as is the gratitude of our patients," he writes. ❖

A. I am not surprised. Yes, this is a national trend and it is occurring everywhere. This refusing to take a patient's insurance for elective surgery is even more pronounced when the insurance is Medicaid. Many practices, especially surgical, are closing their doors to new Medicaid patients. Unfortunately, it is bad news for patient choice overall. Patients will have to work harder to find an experienced surgeon and travel farther in the process.

Q. Are medical students prepared for the business of medicine?

A. Very interesting and appropriate question. I am not sure if medical students need to be inundated with the business side of medicine. They already have enough to learn. Yes, it would be nice to have some introduction to this topic while in medical school. However, I think residents (as part of their training) absolutely need to be aware of the business environment they are about to enter before signing contracts and committing to employment. Many residents today are coming out of training with the intent of working for a hospital system. Like any employee, residents need to be aware of the market for their skills and how they can take advantage of that market. ❖

Excerpt

From Chapter 8: "The Robot Will See You Now"

In a chapter on medical technology in the operating room, Dr. Ruggieri shares a conversation he had with a fellow surgeon in the locker room at the end of the day.

> "How does it feel to be sitting at a television console in the corner of the operating room, manipulating robotic arms in a patient's abdomen?"
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> He looked at me, half a smile on his face. "Paul, let me be frank. When I tell a patient I can remove her fibroid uterus using robotic arms and small incisions, she's pretty taken with it. Sounds fabulously state of the art.…From an operative standpoint, it is a surgical tour de force. The robotic hand movements are more precise; they have more rotational flexibility. No doubt about it. And the three-dimensional depth perception is better. You can operate with more confidence in small spaces.…Plus, I have to tell you, sitting on a console is much easier on my back."