Ken Bertka, MD, FAAFP

Candidate for AAFP President-Elect

Right Payment, Right Care, Right Reform...Right Now!

Right Now!

Right Payment

- Replace the SGR formula
- Support PCMH blended payment model with real dollars
- Expand the 10% Medicare bonus to all family physicians
- Increase Medicare payments (beyond 10% bonus) to cover true cost of providing comprehensive care
- Make the increase in Medicaid payment rates to Medicare levels for primary care in 2013-2014 permanent
- Make payments reflect true value of family medicine to the health care system

Contact Information:

Ken Bertka, MD, FAAFP
8533 Castle Oaks Place
Holland, OH 43528
Home: 419-867-0588
Office: 419-251-3483
Cell: 419-346-8719
Fax: 419-867-0588
E-mail: bertka@mindspring.com

The Right Payment

A patient once told me that being a stay-at-home mom is one of the highest paid jobs in the world as payment is pure love. A hospital mission director recently reminded me that the mission is only as strong as the bottom line. The reality of both statements applies to family physicians. Most of us went into family medicine because we love serving patients, families and communities. Yet, love alone can't sustain us, our staff or our practices.

In the United States, family physicians earn 55% of what their non-primary care specialist colleagues do. For this, the typical FP not only manages the clinical care of 2,000 - 2,500 patients but also coordinates their care with 229 other physicians in 117 practices. Thirty-five minutes of each physician's day is spent on billing and insurance tasks. Non-clinical overhead adds $85,276 per physician annually to the cost of supporting patient care. Bottom line – family physicians suffer disproportionately because of overhead costs and uncompensated care coordination.

Patient-Centered Medical Home (PCMH) pilots demonstrate reductions in total care costs through lessened ED utilization, diminished hospital re-admissions, and better chronic disease management. Even with use of current payment models, PCMH pilots show improvement in the financial bottom line of practices; blended payment models further enhance that bottom line. Physician and practice team professional satisfaction is enhanced.

Family physician payment must change. And while change is slower and less than desired, change is happening:

- In Medicare, practice expense adjustments and funding shifts from consultation to E&M codes resulted in net payment increases for most FPs this year;
- Health reform gives a 10% Medicare bonus to some FPs (2011-2016). This bonus must be expanded to all family physicians and increased beyond 10% to cover true costs associated with providing comprehensive care;
- Medicaid payment rates for primary care will increase to Medicare levels in 2013-2014. While this is progress, increases are not permanent nor are they adequate payment for what we do.

Our "right" payment path likely leads to a blended payment model which rewards value through care management fees and payment for desired outcomes in addition to fee for service. Our recent steps have given us momentum, but the journey has just begun. "Right" payment must reflect the true value family medicine brings to the health care system.