An uncertain cure
Doctors worry about unintended consequences of federal health reform

By Tom Willemson
The Tennessean

The bronze plan on the health insurance marketplace poses more problems for cancer doctors than uninsured patients do.

That's the assessment of Dr. Jeff Patton, chief executive officer of Tennessee Oncology, who said pharmaceutical companies will donate chemotherapy drugs to treat the uninsured, while a bronze plan will cover only 60 percent of the $10,000 monthly cost for chemotherapy. Not many cancer patients have $4,000 a month to spare.

"Giving away your time for free is one thing," Patton said. "Giving away your money for free is a whole different thing."

The Affordable Care Act aims to make the nation's health system more efficient by promoting preventive care, streamlining medical record keeping and sponsoring initiatives to improve quality of care. But doctors, who will be at the front line of those efforts, worry about the unintended consequences of the federal health law.

Dr. Ruth Stewart, who works at Meharry Medical Group's Skyline Physicians Center, ponders the fate of the people who will continue to be left without coverage because Tennessee is not expanding its Medicaid program — a scenario that was not supposed to happen. She's tired of seeing patients die or end up disabled because they saw a doctor too late.

Dr. Yasmine Ali, who operates a stand-alone preventive cardiology practice, ques-

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The Tennessean is breaking down the Affordable Care Act to explain its consequences for consumers, businesses and the health care system.

See if you qualify for a subsidy at Tennessean.com/ACA.
Penalties for Not Buying Insurance

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Health Reform Reconsidered
Oct. 1: People without health insurance can shop for a policy through an independent broker, do it at marketplace.cms.gov or seek the assistance of a counselor or a navigator. Counselors are experts affiliated with health care providers, while navigators are federally trained workers assigned to do community outreach.

Jan. 1, 2014: Coverage begins for policies bought through the federal exchange.

March 31, 2014: Deadline to buy coverage on the federal exchange for 2014.

2015: People who can afford health insurance but don’t buy it face penalties for not buying policies that they might have and for fees on their taxes for the 2014 income year.

How to Sign Up
Website: www.healthcare.gov/MarketPlace/individual/kentucky/tennessee
or go to www.healthcare.gov and select Tennessee.
Telephone: 1-800-318-2596

Source: U.S. Department of Health and Human Services

Growth in Need for Doctors
2014: 362 primary-care physicians in 2011
2015: 693 due to aging population
21.2% due to population growth
7.1% due to Affordable Care Act
24,660 needed by 2015

Source: Annals of Family Medicine

Where Do I Fall?
Tennessee can be an online calculator to help people figure out whether they will benefit from subsidies to buy insurance.

Coverage gaps
Stewart, who works at a Meharry Medical Group clinic, wishes she could do more preventive care. "One of my patients is both uninsured and poor," Stewart said. "They benefit from Medicaid expansion would be huge. We do the best we can taking care of them, but we are always practicing medicine where it feels like having one hand behind our back." Stated expansion is an unintended consequence of the Affordable Care Act because the law as passed by Congress would have effectively forced states to expand coverage by cutting off Medicaid funding to those that refused. But the U.S. Supreme Court struck down that portion of the law.

Physician shortages
Health care workforce analysts are predicting doctor shortfalls. A study published in Annals of Family Medicine projected that almost 30,000 additional physicians above the 2010 level will be needed to meet patient demands by 2025 because of population growth, aging trends and the expansion of coverage under the federal health law.

Nurse practitioners are expected to help fill the void, but many doctors balk at this scenario. Results of a survey published this year in the New England Journal of Medicine revealed that only 21 percent of physicians agreed that an increased supply of nurse practitioners would make "better" the safety of primary care, while 43 percent answered "made worse." Powers is optimistic that doctors and nurse practitioners can work together without the turf wars that have digested much of the turf wars. "The physicians of the future will not be one-man armies anymore," he said.

All operators of Nashville Preventive Cardiology, a one-woman shop in the Hillsboro-Belltown area, does not have to bother with insurance or nurses at her practice. "I opened my own practice that actually didn’t take insurance," All said. "In my practice, I was able to cut overhead by at least 75 percent by not taking insurance. I can pass all of those savings on to my patients, and I get to spend more time with my patients."

“Doctors agree on law’s preventive measures”

Dr. Yasmine All, of Nashville Preventive Cardiology, says the keeps overhead low, and shares the savings with patients, by not accepting insurance. SANDER LIPERI / THE TENNESSEE

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What it is going to mean in terms of reimbursement for me," All said. “That’s an area of concern. Also, the idea of an accountable care organization—that is something that is also not well understood yet and how specialists like myself would end up playing a role in that.”

Doctor Independence
Stand-alone practices that are not under the umbrella of a hospital system are hard pressed to come with changes brought about by the law, such as converting to electronic health records or reimbursing for good patient outcomes. These initiatives work more easily for networks of providers working collectively.

Tennessee Oncology is a big specialty practice, a stand-alone operation with more than 30 locations throughout Middle Tennessee. It’s part of an accountable care organization formed by one hospital system and is working with two other hospital systems on similar initiatives.

Still, the head of the organization worries about how long operations like his can continue without being owned by a hospital. “Those are the things that keep me up at night,” Patton said. “There is a current trend that may accelerate—that is with oncology and many other specialties, independent practices are going away and these doctors are joining hospitals, big health systems.”