Physician Satisfaction Reflects Changes in Health Care Landscape

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At the newsstand, at a friend's barbecue, in the locker room, certainly on *Oprah*—even in my meetings with the physicians who contract to serve PacifiCare's members in Colorado—the story is nearly always cast in this way: Doctors are the good guys and HMOs aren't.

Say it ain't so.

Finally, somebody has. The University of Wisconsin Medical School study of physician satisfaction comparing one community's experience with both health maintenance organizations and fee-for-service (FFS) payers comes as close as I have seen to an absolution for managed care *(Schultz R, Scheckler WE, Moberg DP, Johnson PR. Changing nature of physician satisfaction with health maintenance organization and fee-for-service practices. J Fam Pract 1997; 45:321-330)*. In fact, the study points to the increasing attractiveness of primary care practice within a managed care setting.

After years of volleying physician criticism with my own convictions about the delivery of health care through an HMO structure, it is gratifying to me that this study indicates that 83% of the primary care physicians who responded are supportive of HMOs.

Their support springs, I believe, from a number of factors—not least of which is the continuing maturation of managed care. We are better at it than we were, with a sharper focus on what helps and hinders doctors and patients. But the health care landscape has changed as well. Physicians have changed how they practice—more often in groups than alone, or in smaller, more autonomous offices. Those who specialize in primary care have adapted to and even thrived within the managed care framework.

And while managed care is moving away from the policing stance of its early days to more advanced means of aligning its goals with those of patients and doctors, fee-for-service (FFS) medicine is just discovering the clumsier tools of utilization review and referral systems. As a result, physician satisfaction with FFS is lagging, and for good reason.

I do not mean to hoist the managed care flag too high too soon. We can still improve in many ways how we work with physicians. The Wisconsin study certainly offers managed care some clear stepping stones toward meeting physicians' concerns: their satisfaction is based on a nexus of factors, including income level, their decision-making role within the managed care structure, and the degree to which they experience freedom in making patient care decisions. It is also clear that physicians practicing within larger groups are mitigating some of the demands of managed care and turning them to their advantage, while creating a dominant model for today's physician practices.

I want to address several issues reported in the Wisconsin study :

Integrated multispecialty practices. The "grouping up" of physicians in our community and around the country is indeed altering how medicine is delivered today. There is little doubt that multispecialty medical groups began as a means of coping with managed care. The data, administrative and reimbursement guidelines from organizations such as mine may have launched this trend, but ultimately its benefits will accrue not only to physicians, but also—I hope—to patients. This new structure facilitates integrated care. There is no better setting for helping patients with chronic illnesses who need access to specialty, ancillary, and community services, and inherent to the structure is the ability to track and monitor the progress of patients. With some 30% of our member families visiting their doctors to seek care for chronic concerns, I believe integrated practices offer us an important way to improve patients' experience and, potentially, their health status.

Physician autonomy and clinical freedom. Much is made of the supposed oversight of physician decisions by HMOs, and I am sure that in some cases it seems onerous. But for HMOs that recognize the physician's preeminent role in caring for members,

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I contend referral systems exist merely to sort out the reimbursement, and not as gatekeeping devices. My plan's referral program is a means of feeding our data warehouse and making sure checks get cut to the right providers. Period. Unfortunately, the views about clinical freedom gauged by the study reflect chiefly monetary issues, not those of patient care and patient outcomes.

The power of the primary care physician. If managed care put primary care physicians in the driver's seat, today it is clear that they enjoy being at the wheel. These physicians are trained to handle 85% of patient problems, and now they are. As a result, their incomes and their sense of satisfaction are on the rise. I would even wager that many family practice physicians enjoy coordinating patient care and the sense of efficacy they derive from being the fulcrum of a member's experience. It is gratifying to see what I have for so long believed about life as a primary care physician reflected in the Wisconsin data.

Managed care is moving away from managing. We are putting into practice more ways to help physicians take the reins, in concert with mutual goals of effective, appropriate patient care, aligned incentives and quality measures. And we are still learning. Costs, while always a concern, are no longer at the forefront of the HMO mindset. And, perhaps because we are thinking of physicians as partners, they are beginning to feel more empowered. In our community and in many others, HMOs are reaching out (often upon physician request) to share not only risk, but also medical management and quality responsibilities with physicians because larger groups can support such functions. This sharing of responsibility is a key factor in bettering physician satisfaction as well as the experience of their patients.

The Wisconsin results reflect, I believe, the turn of the wheel toward a new goal apart from peaceful coexistence between physician and HMO. Now that we are on more than speaking terms, the overriding challenge is: can HMOs and physicians work in mutually satisfying ways to improve health care delivery, affect disease progression, and heighten HEDIS performance? Then we will be able to point not only to new levels of physician satisfaction, but also to progress in how the public views the care and services we come together to provide.