



Written by [Michael Tennant](#) on June 27, 2011

Feds Spy on Doctors: Equal Care to Those With Private & Govt Insurance?

The [New York Times](#) has obtained documents from Obama administration officials detailing a plan to have “‘mystery shoppers’ ... pose as patients, call doctors’ offices and request appointments to see how difficult it is for people to get care when they need it.” Unlike private-sector mystery shoppers, who are hired by businesses to help them improve their service, these phony patients will be working *against* the doctors they are calling, trying to catch them in the act of making a living and, possibly, of lying to the federal government. Moreover, if this “stealth survey” (as the *Times* headline describes it) is considered a success, it will pave the way for more such intrusions in the future.



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The alleged purpose of the survey is to address “the increasing shortage of primary care doctors, including specialists in internal medicine and family practice,” writes the *Times*. The possibility that government regulations may be a prime cause of the shortage is, of course, not being considered. The administration is convinced that the root cause is greedy doctors who, according to the paper, “are accepting patients with private insurance while turning away those in government health programs that pay lower reimbursement rates” — in other words, doing what makes good economic sense given that doctors have limited time and are already in short supply. The story notes that while “most doctors accept Medicare,” “they do not regard the government as a reliable business partner because it has repeatedly threatened to cut the fees paid to doctors treating such patients.” Medicaid, it adds, “pays so little that many doctors refuse to accept Medicaid patients.”

These problems are expected to be exacerbated by the onset of ObamaCare. First, by seeing to it that more Americans have health insurance — at least that’s what the law’s backers claim — ObamaCare will increase the number of persons seeking physicians’ services. Second, by [interfering with the doctor-patient relationship and otherwise burdening doctors with red tape](#), the healthcare overhaul will tend to reduce, rather than increase, the supply of doctors. Third, by making millions more Americans, [including many in the middle class](#), eligible for Medicaid, the demands on those doctors who accept Medicaid patients will increase even as the fees they collect decrease. Put them all together and you have a recipe for fewer, more selective doctors and longer waits, which is to say that ObamaCare will have the same pernicious results as out-and-out government-run healthcare as found in Canada and Great Britain.

In fact, RomneyCare, the Massachusetts prototype for ObamaCare, has already resulted in similar problems in the Bay State, according to the *Times*:



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In a recent study, the Massachusetts Medical Society found that 53 percent of family physicians and 51 percent of internal medicine physicians were not accepting new patients. When new patients could get appointments, they faced long waits, averaging 36 days to see family doctors and 48 days for internists.

The government's pretend patients will be calling the offices of 4,185 doctors across nine states. "Each office," the Gray Lady reports, "will be called at least twice — by a person who supposedly has private insurance and by someone who supposedly has public insurance." Some of these callers will describe symptoms requiring urgent treatment, while others will merely try to schedule appointments for checkups and other routine care.

The callers, by the way, will block caller ID information so that a doctor's office in, say, Orlando won't get suspicious when a person calls from Chicago to schedule an appointment. This and other deceptive practices in the survey led Turnersville, New Jersey, physician Dr. George J. Petruncio to tell the *Times*: "This is not a way to build trust in government. Why should I trust someone who does not correctly identify himself?"

Having gathered information as prospective patients on the first two calls, the great pretenders will telephone the doctors' offices a third time, this time being honest enough to say they're calling "on behalf of the U.S. Department of Health and Human Services." (Eleven percent of the offices will get a third call.) "They will ask whether the doctors accept private insurance, Medicaid or Medicare, and whether they take 'self-pay patients,'" the newspaper writes. "The study will note any discrepancies between those answers and the ones given to mystery shoppers." One wonders just what the consequences will be for doctors who are as honest with the feds as the feds have been with doctors.

Naturally, the administration insists doctors have nothing whatsoever to fear from this sneaky survey. Says the *Times*: "A federal health official said doctors did not need to worry because the data would be kept confidential. 'Reports will present aggregate data, and individuals will not be identified,' said the official, who requested anonymity to discuss the plan before its final approval by the White House." Tell that to the Japanese-Americans whose supposedly confidential U.S. census records were [turned over](#) to the Secret Service in 1943 so that they could be whisked off without due process to federal internment camps.

Oh, yes. "Administration officials said the survey would yield an enormous benefit to the government while imposing an extremely limited burden on doctors," the Newspaper of Record reports. Name one government initiative that *hasn't* been sold as a great benefit at little cost.

If the government decides the survey has been a success, American citizens can expect to see more such deceptions in the days to come. Jennifer Benz of the National Opinion Research Center at the University of Chicago, which is going to help conduct the survey, told the *Times* that "one purpose of the study was to determine whether the use of mystery shoppers would be a feasible way to track access to primary care in the future" — a matter in which the federal government now has a vested interest. Not for nothing did many Americans fear that ObamaCare would lead to such "Big Brother tactics," as Washington internist Dr. Raymond Scalettar accurately labeled them.

History shows that any government program intended to accomplish a given objective will tend to accomplish precisely the opposite. One can safely predict, then, that the government's attempt to tackle the problem of a physician shortage by deceiving doctors and potentially trying to entrap them will end up making the shortage more acute. What doctor, after all, wants to put his practice on the line every



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time his receptionist answers the phone?



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