



ObamaCare: More Government, Fewer Doctors

After asking 501 practicing physicians about the future of health care in the United States, The Deloitte Center for Health Solutions' conclusions were hardly surprising: under ObamaCare:



- More people will demand medical care.
- There will be fewer doctors to handle them.
- Those who do will get paid less.
- Those who do will be subject to increasingly onerous regulations.

In its heavy-handed attempt to provide medical coverage to some 34 million Americans, ObamaCare is going to provide it to them for free. But those “free” services are predictably going to increase the demand for medical care while simultaneously reducing the number of doctors available to supply it.

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According to the Deloitte study, only one out of four doctors think ObamaCare will reduce healthcare costs, while half of them expect access to such care to be increasingly restricted. Those surveyed think there will be fewer hospitals and fewer physicians. And many of those remaining are likely to take administrative positions in the healthcare industry rather than continuing to provide hands-on primary care of patients.

Three-quarters think that as primary care doctors get busier, patients needing immediate attention will increasingly be sent to emergency rooms, which is likely to extend waiting times there as well. Four out of five are certain that it will be increasingly difficult for their patients to obtain appointments on a timely basis, and those patients will increasingly be forced to seek the services of “mid-level” health care from nurse practitioners and para-medical providers.

The doctors surveyed also are persuaded that because of ObamaCare the “best and brightest” coming into the workforce will likely avoid the healthcare industry. The survey also showed that the older doctors are increasingly looking forward to retiring rather than having to deal with the mass of new regulations and restrictions that are coming from ObamaCare.

This study reflects doctors' attitudes shown in [similar recent studies](#). For instance, the Fairfield County Medical Association in Connecticut looked at the pending cut in physicians' reimbursements. In May of 2010 doctors were anticipating a pay cut of 21 percent. If they were implemented at the time, Fairfield estimated that 41 percent of county doctors would stop taking new Medicare patients, and one out of every four would drop Medicare altogether.

Those cuts weren't implemented at the time, but delayed until January 1, 2012, and the reduction in Medicare reimbursement isn't 21 percent but 29 percent. [Physicians Practice](#) estimated that a physician grossing \$1 million from Medicare with 60 percent overhead would see his net income drop by almost 75 percent. As noted, “All medical practices are impacted by Medicare cuts, as most [doctors]



Written by [Bob Adelman](#) on January 2, 2012

tie their fee schedules to Medicare...Cuts to reimbursement will reduce your net income...and the quality of patient care your practice can provide.”

ObamaCare’s regulations are stifling those who are determined to stay in the health care industry. There’s the “Patient-Centered Outcomes Research Institute” which will examine the “clinical effectiveness of medical treatments, procedures, drugs, and medical devices [resulting in] incentives [or] penalties [or more] regulatory requirements.”

There’s the Independent Payment Advisory Board that’s tasked with reducing “the per capital growth rate in Medicare spending [which] would doubtless reduce Medicare physician payment[s]” even further.

And there’s the Physician Quality Reporting Initiative which will require that physicians be “burdened with [additional] time-consuming compliance and reporting requirements.”

Another study, this one done by Athena Health, showed that 79 percent of physicians are “less optimistic about the future of medicine [while] 66 percent indicated that they would consider dropping out of government health programs, and 53 percent would consider opting out of insurance altogether.”

As Robert E. Moffit, Ph.D., Director of the Center for Health Policy at The Heritage Foundation, put it: “ObamaCare...entrenches the worst parts of today’s third-party payment system.”

ObamaCare, if it is enacted in all of its grotesque manifestations, will guarantee higher health care costs (direct and indirect), reduce incentives for physicians to practice medicine, reduce the supply of health care services, and increase the demand for that dwindling supply. None of it makes financial sense, either, as it is not driven by market incentives (profits) but by political expediency and social policy. The best thing that can be said about ObamaCare, if implemented, is that it won’t last long. Using the politically correct term, ObamaCare won’t be “sustainable.” In the meantime, don’t get sick.



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