

Talking to Patients About Health-care Reform

WITH TREXLER M. TOPPING, MD

Given the complexity of the Affordable Care Act (ACA) and the delays in its implementation, a large portion of the American public is uninformed or uncertain about health care reform and how it will affect them. A recent poll conducted by the Kaiser Family Foundation found that the most trusted sources of information on the ACA are doctors and nurses (44% of survey respondents said they would trust them “a lot” for information about the law); however, among the individuals surveyed, the primary source for information on the ACA is the media (81%).

In an interview with *Retina Today*, Trexler Topping, MD, of Ophthalmic Consultants of Boston, shared his perspective on how to talk to patients who may seek the advice of a health professional regarding the ACA and changes to the health-care system.

Retina Today: Before discussing health-care reform with patients, it is essential that physicians are properly informed. How do you suggest they familiarize themselves with the ACA?

Trexler M. Topping, MD: I think it would be useful for us to read what is written in the medical literature. Personally, I like the coverage in the *New England Journal of Medicine*. Also, the weekly emails from the American Academy of Ophthalmology (AAO) offer occasional insights, as do comments from David Parke, MD, AAO Executive Vice President, which appear both in AAO magazines and in the other magazines we get every week or 2.

To get a balanced view, one may wish to read *The New York Times* and *The Wall Street Journal*, as each has a very different political bent. It is also useful to read anything by Atul Gawande, MD, MPH—a super author and excellent surgeon with a fine understanding of the health care system.

At the 2013 AAO Annual Meeting in New Orleans, LA, there will be a number of AAO-sponsored talks, presentations, and discussions about the ACA. In addition, there will be a Learning Lounge adjacent to the Academy Resource Center where these issues will be covered.

RT: In your opinion, what are some of the major

concerns patients will have regarding health-care reform?

Dr. Topping: I live in Massachusetts, where we have already had some of the reforms being discussed, such as universal health insurance. Nationally, I think people will wonder if they will have insurance plans available that they can afford. They will probably ask questions a bit simpler than we would guess, such as, “Will I still be able to see you, or will they demand that I see another physician?” That was the major question 20 years ago when so many people moved to health maintenance organizations and Medicare Advantage programs. Also, they may ask if it will influence our choice of drugs in treating conditions such as age-related macular degeneration, diabetic macular edema, or retinal vein occlusions.

Patients in general will be totally unaware of accountable care organizations and all the alphabet soup that is part of the ACA. Another issue that is part of health-care reform that they may notice is the transition to electronic health records, and they may ask about that. Patients have rapidly accepted e-prescribing and are happy that prescription refills are so easy. Patients really do not care about the physician payment side. As physicians, we make significantly more than most of our patients, so they will not be sympathetic if we do not get raises or if we get a 1% reduction. Be careful how you address payment issues with them, if at all.

RT: Some legal experts and physicians advocate taking a proactive approach in discussing health-care reform with patients; do you feel that a conversation is necessary with each patient, or should it be covered on a case-by-case basis?

Dr. Topping: I find this is definitely a case-by-case decision. Many of my patients are in government or are policy makers or involved in influencing decisions, and they get my take on health care reform. My postop patients recovering from recent surgery are concerned about the operated eye, not health care. Three months later, when all is going well, then they may be willing to listen and engage in that conversation. Other patients want to talk about the Boston Red Sox or Celtics, or their favorite pasta sauce, or the cost of tickets to the Lady Gaga concert; health-care reform seldom enters these conversations.

RT: The Sunshine Act has been a hot topic in the media, and some patients may be surprised to learn about physician-industry relationships. Do you feel it is advisable to discuss the meaning of these partnerships with patients?

Dr. Topping: I live in a city with major medical centers and a great emphasis on medical research, and in our office a large number of our patients are enrolled in clinical trials. Most of our patients are thus aware that some physicians are reimbursed for their roles in clinical research. It is interesting, though, that the dollar amounts that physicians gain from consulting or conducting research are listed, but stocks in a company with “zero value,” which are an equity interest, do not get reported.

RT: How do you suggest handling a situation in which a patient fears his or her quality of care will suffer as a result of health-care reform?

Dr. Topping: In the short run, it will not make a difference. In the long run, it is highly likely that the entire health-care system will undergo a major overhaul with changes in quality. Our country will soon be bankrupted by our health care system, and the major surgery the system will undergo will take a decade.

We will have to reduce health delivery costs, which will affect all of us—our salaries will go down, payments will become more bundled, and efficiency will be more and more needed. Cost-of-care delivery and cost of outcome will have to be added to our equations. We may not be able to select our drug of choice unless the first drug fails. Although currently the least costly alternative, or LCA, is not permitted in Medicare, we are seeing this in capitated programs in many regions.

RT: Is it advisable to provide patients with take-home materials on health-care reform? Where would you suggest they go for further information?

Dr. Topping: If you live in a state that will have health insurance exchanges, then it would be helpful to have some information on how to contact the exchange or sign up. Thus you are helping patients with navigating their future, without being “political.” Although health-care reform is a very political issue, try to discuss it with patients with the twist that you are most interested in their getting the best health care possible, and try to avoid partisan politics. ■

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1. Kaiser Health Tracking Poll: August 2013. Kaiser Family Foundation. August 28, 2013. Available at: <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-august-2013/>. Accessed August 30, 2013.