



MANAGED CARE: Red Pill or Blue Pill?

The President of SMA mentioned last month that the SMA will be issuing some guide for SMA members to appraise managed care schemes and contracts. That will be very useful for the same folksy doctors who believe that managed care can be a force for good just like nuclear weapons and Paris Hilton.

The Hobbit will beat the SMA to this and issue you some advice on managed care in four words – “Managed Care Sucks”. Like managed care, The Hobbit’s advice shortchanges you.

But seriously, managed care is here to stay like genital warts and GST. But unlike GST and like genital warts, the question here is whether you want to choose to be part of it. To feed the great matrix of managed care, you need to be like those guys in the movie *Matrix* – hooked to the Managed Care Matrix while it sucks you dry. You lose sight of reality and find yourself in a parallel world whereby you think you are drinking fine wine and eating a great steak when all you get is less than what you pay your HDB shop-house barber (note: NOT hairdresser) – You take the blue pill. (Note: we are NOT talking about Viagra).

Maybe you should take the red pill and discover the truth – which is there is life without

managed care. Have you actually wondered the opportunity cost that you have put up to be part of the Managed Care matrix? How with each patient who comes in, your staff has to fill up a form, fax it to the managed care company which takes forever to come back? The time taken to get disapprovals (sorry, I meant approvals) for requests for simple procedures and investigations? All this holds up the normal operations of the clinic and creates disgruntled patients. Often these are disgruntled full fee-paying non-managed care patients. One GP recalled how he stopped servicing all managed care companies and his patient load dropped 25%. But his revenue went up by 10% in that same year. Not to mention the margins.

Speaking of margins. You really need to read the fine-print in the margins when you read managed care contracts, just like how some folks should have read the fine print in the margins when they pledged their gold to the pawnshops, borrowed money from *ah long sans* or professed their love to their spouses at marriage. Some of the fine print that The Hobbit has found include clauses that are rather interesting. One was “Should you decide to tell anyone about us not paying you on-time

or at all, we will terminate you, your spouse and children, your favourite KTV lounge hostess and your house pet lizard and/or cockroaches. You also cannot divulge such information after you terminate the managed care contract and neither can your descendents and friends after your timely death which would be scheduled by us should you terminate our managed care contract”; Another one – “You should seek approval from us for all procedures that require medical supplies that exceed two cotton swabs or three pieces of cotton gauze. For the avoidance of doubt, examples of such procedures requiring prior approval include haemostasis of spurting arterial bleed(s) from the aorta and pulmonary arteries and/or their branches. Use of a defibrillating device can be effected without our prior approval because we are not paying for the electricity used.”

Next, managed care contracts may also tell you that they are gracious and caring organisations by inserting humanistic clauses like “You will treat our managed care patients no differently from any other patient”. Unfortunately, other patients do not pay \$7 less deduction for administrative fees and GST. It is like a tour agency telling Budget Airlines that they must provide the same level of service as Singapore Airlines to their tourists while they are paying budget airline rates. If this happened in the airline industry, the tour agency will be laughed at and subject to ridicule. But in medicine, somehow, the managed care company comes out looking as caring and responsible. And the doctor actually takes all this in his stride. Maybe we should set up a budget terminal in each clinic and alter our practices accordingly?

What is worse, many managed care patients think they deserve the best. They think their managed care company has totally taken care of their medical needs and requests of stuff like Viagra, Propecia, Fosamax and so on, when all they are covered for is \$17, which is about the cost of one tablet of such stuff. You then kindly dish out one tablet, and waive your already worthless consultation time. Or there are also some managed care patients who innocuously presents in your consultation room with the whole kampong – their kids, siblings; kids etc and after they have consulted you for their problems, innocently asks you about the

accompanying persons’ problems. You offer to open a patient card for these accompanying persons and register them. The managed care patient jumps on you and snatches the card from you and tears it into shreds before you can say “Von Reclinghausen’s Disease”.

And then there is still this issue of bill itemisation which further compounds your problems. After you figure out who co-pays how much and what to put on the itemised bill, you discover that the two things have hung – your 8-year-old PC and the clinic management software has hanged as well as your 58-year-old clinic assistant, who has just hung herself on the beam of your shop in frustration. You decide to use something more reliable – call your 78-year-old mother down to the clinic to help out and use the abacus from here onwards. But that does not really address the issue of whether the managed care co-paying patient understands the itemised bill or not. But then again, we are talking about something very important here – managed care and bill itemisation and not something completely trite like patients.

Then finally, when you realise that the managed care company owes you enough money to bail out the top six banks in America, you decide to chase for payment from the company. You are conveniently put on hold for about the time it takes to clear immigration at Los Angeles Airport or CTE during peak hours, before the clerk on the opposite end tells you “We’ll look into it” and slams down the phone. This happens for the next two years everyday until you decide to call the Big Boss whom you happen to know who then tells you “Really? Sorry! I’ll look right into this immediately.” And then nothing happens for another two years until either of the following happens:

- a) The managed care company closes down and defaults on their payments or
- b) You decide to write off all the debts and go into aesthetic medicine.

But not before you take the red pill and rip off all those silly looking managed care scheme stickers in your clinic of course. Do this soon, because some managed care companies may even insert a “no red pill” clause into their contracts. ■