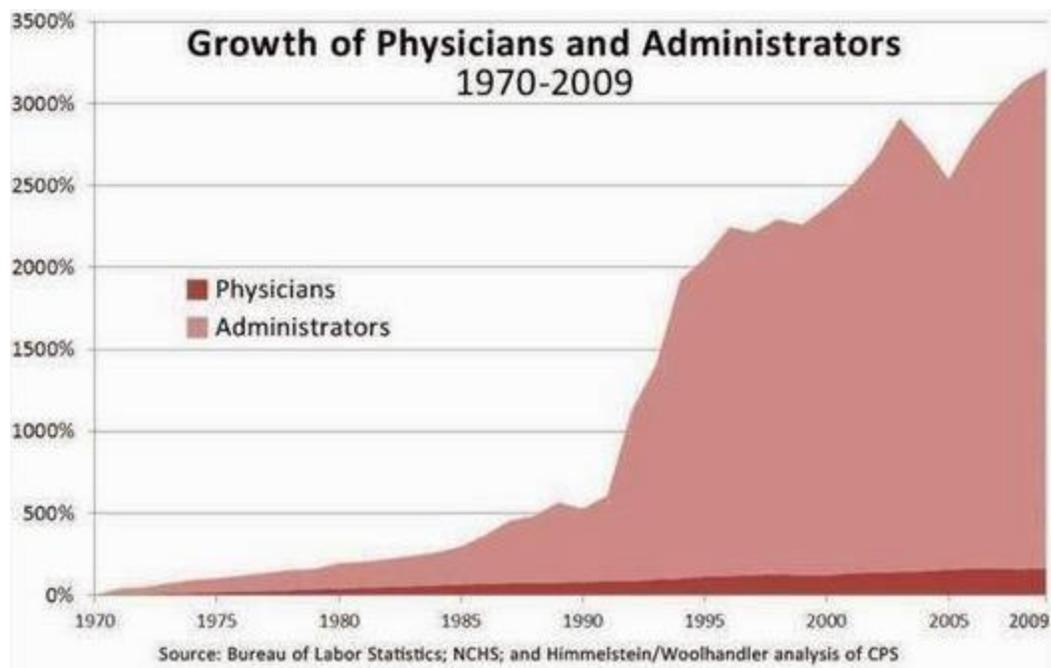




This is a total full newsletter. My advice...read it all, you won't regret it!

***The Aha Moment!***

Did you ever have an “aha” moment where things suddenly “clicked”. Take a look at the following single graph. Now you know why appropriate fees are being slashed which healthcare costs keep rising, don't you! It is just one picture, instead of a million words from a very boring apolitical source. If you have a moment, email me at [reed.wilson@privatepracticedoctors](mailto:reed.wilson@privatepracticedoctors) and tell me what you think.



If you did not notice, Its only up until 2009. Obamacare will now emerge on top of this monstrosity in the graphs next iteration. After all some administrators are going to have to act as intermediaries and bureaucrats to interpret and apply the

33,000 pages of regulations for the new law. Is there going to be a point high enough on the paper when 2016 is plotted?

### *The End Of Medicine As We Know It*

The medical school admissions test has finally been updated. Hooray, you say. But before the chanting gets to your head, let me tell you a few things that will blow you away. Did you know that over 25% of the test covers psychology, sociology and the biological foundations of behavior? That does not have a bad ring to it does it. **What if I told you that this means testing on such concepts such as social inequality, class consciousness, racial and ethnic identity, “institutionalized racism and discrimination” and “power, privilege and prestige”?** I kid you not, this is a direct quote from the Wall Street Journal.

<http://www.wsj.com/articles/medical-college-entrance-exam-gets-an-overhaul-1429092002>

We are turning our medical schools of into pits of political correctness. The purpose of the MCAT is to help educators decide which students are most likely to succeed in medical school and, therefore, become successful physicians.



I can just see it now. Someone comes in with a heart attack. According to these social morons, I must take into account their stressors and diet as they pertain to

white privilege. A broken wrist must be considered in light of institutionalized racism. Please, someone, stop the carousel of idiocy and let me get off.

I believe that Ronald Hansing, MD a pathologist in Columbia, Mo. summed it up best. "This is not science. [It's] agenda-driven garbage.

### *Hooray, We Are Mediocre*

All our hospitals, here in LA, appear pretty mediocre. At least if you are to believe the CMS rating system by patient satisfaction. In fact, of the 3500 hospitals rated, only 251 got a 5 star rating. 101 hospitals got 1 star, 582 received 2 stars, 1404 received three stars, and 1205 received 4 stars. If you are wondering where Cedars-Sinai and UCLA Medical Center finished; they were 3 star hospitals. The rating is based on 11 publicly reported measures.



The survey asks patients about factors such as the responsiveness of hospital staff to their needs, the quality of care transitions and how well information about medications is communicated. It also asks about cleanliness and quietness of the facility and whether or not the patient would recommend it to others. Are doctors next? Are reimbursements going to be directly tied to this ridiculous number? Why rate hospitals and doctors if you are not going to use it to hold their reimbursements hostage.

If you want to know about your hospital go to

<http://www.modernhealthcare.com/article/20150416/NEWS/150419925>

*If Your Eyes Are Closed You Can't See*

If you read one article on health care so far this year please read Sharyl Attkisson's investigative report on California Care [here...](#)



If you don't know if Ms. Attkisson is an author and was investigative reporter for CBS news who recently resigned after 21 years there because of suppression of her fact based news stories.

Here are some bullet points from the article

- California Care has been held out as a national model
- Several senior-level officials integral to the launch of Covered California—who enthusiastically supported the Affordable Care Act—are speaking about gross incompetence and mismanagement involving some of the \$1 billion federal tax dollars poured into the state effort.
- “This program had to touch 58 counties, 11 federal agencies, all medical carriers and all advocates. To have a system that would be integrated seamlessly—somebody must have been smoking something if they thought that was going to happen.”
- Covered California finds itself now grappling with a big disappointment: low enrollment growth. California ranked near the bottom in overall growth, with a scant 1 percent increase over last year.

- As recently as last fall, the official says, California hoped to increase enrollment by 500,000 this year. But only an additional 7,098 have “selected a plan” for 2015.
- Even though people are required by law to have health insurance, only 65 percent of Covered California’s 2014 customers reenrolled in 2015. The rest dropped off.
- Covered California would not provide a tally of expenses, but the agency ended up asking the federal government for an extra \$155 million. That put the cost of Covered California at more than \$1.06 billion federal tax dollars.



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- An Associated Press report in 2013 found that millions in no-bid Covered California contracts went to firms with professional ties to agency Executive Director Peter Lee. Covered California would not answer questions about potential conflicts of interest.
- AP also found Covered California uniquely positioned to keep its spending details secret—“the most restrictive” among the 16 state exchanges with “authority to conceal spending on contractors performing most of its functions ... potentially shielding the public from seeing how hundreds of millions of dollars are spent.”
- Find out more at <http://dailysignal.com/2015/04/21/whistleblowers-detail-culture-of-secrecy-at-californias-obamacare-exchange>

*Remember When They Said...*

We have been told numerous times that one of the major factors driving hospital costs was ER visits. Furthermore, we were told that with Obamacare and people

having access to insurance, the rate of ER visitation would plummet because people would see their primary care physicians.

Now the facts!

*Three-quarters of emergency physicians say they've seen ER patient visits surge since Obamacare took effect — just the opposite of what many Americans expected would happen.*

*Experts cite many root causes. In addition to the nation's long-standing shortage of primary care doctors — projected by the federal government to exceed 20,000 doctors by 2020 — some physicians won't accept Medicaid because of its low reimbursement rates. (USA Today)*

*Remember When They Said, Part 2...*

We have been told that the state exchange system is the answer to our healthcare problems. In fact setting up an exchange became a political tussel. Blue states tended to set them up and red states tended not to. So who was right.

Now the facts!

Nearly half of the 17 insurance marketplaces set up by the states and the District under President Obama's health law are struggling financially. This was not the picture portrayed by the administration on presentation of the plan.



The culprit for these exchanges could have been predicted. They are surging costs, poor technology and very expensive customer call centers. Add on top of that something the newspapers won't tell you...pretty awful enrollment numbers. So guess what the states plan on doing. How about raising fees on insurers (who pass that on to you), sharing costs with other states (so even the successful states will suffer, and pressing lawmakers for cash infusion (read that as more costs passed on the consumer). Now get ready for the most remarkable solution, some states are weighing turning over part or all of their troubled marketplaces to the federal exchange, HealthCare.gov, (Washington Post). Yes, whenever there is a problem, the federal government has always come up with the best and most affordable solution.

### *Remember When They Said, Part 3...*

Remember when they said that enrollment in Obamacare is booming?

Now the facts!

Open enrollment period sign-ups for the state marketplaces rose a disappointing 12 percent, to 2.8 million people.

### *Remember When They Said, Part 4...*

Do you remember when they said Obamacare was going to bend down the healthcare cost curve?

Now the facts!

The Congressional Budget Office reported Wednesday that the federal government saw a higher budget deficit in the first half of fiscal year 2015 compared to 2014, and said higher spending due to Obamacare is part of the reason.



The budget deficit stands at \$430 billion in the first half of fiscal year 2015 (fiscal years are not calendar years), a \$17 billion increase. The CBO attributed a significant part of this to Obamacare.

*Remember When They Said, Part 5...*

We were told that Obamacare is not a tax!

Now the facts!

Tell that to the majority of H&R Block clients who received federal help to pay for their health insurance in 2014. Sixty-one percent of those filers saw their refunds reduced by an average of \$729 -- or a third of the group's overall average of \$2,195. The reason for the decline: they'd underestimated what their 2014 household income would be when they signed up for insurance on a health exchange back in 2013.

## ***Some Good News, Part 1***

Our last newsletter explaining savings was a resounding success. We had the largest response to any newsletter and we have started investigating dozens of practices expenses to offer them major savings. The newsletter really only addressed a few areas of savings.



After all we had a limited space to explain an amazing amount of information. Membership has just increased and we are in the midst of negotiations to bring you even more discounts.

Some Good News, Part 2

Some Good News, Part 3

# *Welcome!*

The offices of Reed Wilson, MD, Charles Kivowitz, MD, Steven Rubins, MD, Joshua Trabulus, MD, Judith Delafield, MD, Mark Goodman MD, Louis Fishman, MD, Michelle Israel, MD, Corey Waldman, MD is looking for “the few and the proud”.

This is not a Marine Corp advertisement, just to let you know we are expanding our offices and are looking for highly motivated, personable, cutting edge physicians to add to our ranks in the coming months. If you are a “die-hard”

private practitioner in Internal Medicine and the Internal Medicine subspecialties and you are looking for a prime practice and location with amazing colleagues, give me a call at 310.859.9170 or send me some email at [reed@reedwilson.com](mailto:reed@reedwilson.com)