

MEditorial November 2011

“Plumbing”

I admire plumbers and other tradesmen. My own father was an electrician. These vocations are honorable and, like surgery, their work has definable goals and satisfying solutions. Results are more predictable than in the human body, since the “engineering systems” in buildings are better understood and less open to “randomness”.

I should have learned more from my dad. In a way, I wish our school systems had more vocational tracks for high school students, since it is increasingly unclear all students are suitable for college or “professions”; and likewise, traditional college grads are finding it hard to jump start a career with a liberal arts background and few tangible skills. Also, vocational education ties in with our country’s economic need to have a higher “manufacturing to service industry” ratio. We need our young people to know how to make and fix things.

That much said, we had a plumbing problem in our home. A copper supply pipe broke [“pinhole leak”] in the ceiling over a bathroom, causing water damage behind several walls before we noticed and shut off the main valve. I called a plumber. Now I realize I could have price shopped and perhaps saved 30% or more. A local non-corporate plumber [or handyman] may have been more eager for the work at a reasonable fee. Having to control the situation from afar, “over the phone”, in essence, did not lend itself to getting multiple estimates. For perhaps three hours of work, including tearing out a piece of ceiling, partial pipe replacement (it was in a “difficult area”), and testing the system cost me \$1100. A small percentage of this may be reimbursed by my insurance. Obviously the plumber himself likely made less than 25% of this sum. “Should have had [in your house] copper pipe type 'L' instead of the flimsier type 'M' which leaked”, said the plumber. [I guess I will ask about that in advance, next time I am about to purchase a builder’s home!]

Now again, plumbing in a near emergency is important and valued, but I ask you, what is its relative value compared to “human plumbing” or the urologic surgery,

for example, I do? One could argue that the relative values reflect what the market will bear; and prices adjust according to supply and demand. In medicine this is not true, since patients (the receivers of a “product”) are rarely aware of the price of services they receive and in essence, will take what they want/can get, so long as their out-of-pocket is affordable and minimal. We doctors are mostly paid by insurance companies and the government (Medicare, etc.); and the reimbursements for our services (prices) are basically fixed, with some variance by geographical areas and supply-of-provider issues [were there only one urologist in Newport Beach, he/she would be extremely busy, would not accommodate all kinds of problems and probably disenroll from participating in any contracted payment system].

This leads me to share with you some “EOB’s” or “explanations of benefits” which both patient and doctor receive from payors after a medical service (in this case, surgical) are rendered. These all recent examples in my practice.

A patient with a very large prostate obstruction , failing repeated voiding attempts after going into acute urinary retention despite maximal medication therapy, underwent open surgery done through the bladder [“open prostatectomy”] , to “clean his pipes” of a mass of benign prostate tissue. His retention did nicely resolve after recuperation from the surgery. The 1 hour 15 minute operation--with an extra half-hour writing postoperative orders and speaking with family-- as well as the “all-inclusive” three months (including 2-3 days in the hospital) of postop care at no additional insurance company reimbursement payed our practice \$950. With the patient’s copay of \$190, this added up to \$1140. What I personally “saw” of that \$1140, after paying office overhead and income/other taxes, was in the vicinity of \$370.

A man with aggressive bladder cancer had me remove his entire bladder and create an ileal conduit (means of removing urine from body via a small intestinal “pipe” to a stomal appliance on the abdominal skin). Surgery took 4.5 hours. He had no major postoperative complications and went home 6 days after surgery; and has done quite well. He is likely cured of a potentially lethal cancer without the need for further oncologic therapies. Insurance payment to me was \$2350

with patient's copay @ \$470 for total of \$2820. As in the prior example, after "the necessary accounting", that equated to \$910 in my pocket.

Yet another (also grateful) patient had his post-radical prostatectomy/post-irradiation (prostate cancer) urinary leakage immensely helped by my artificial sphincter operation, to put an internally inflatable "cuff" around his urethral "pipe" so as to occlude it until each time he feels the need to void, @ which time he presses a scrotal button to release the cuff's grip. One hour operation. One day in the hospital, three months "gratis" included postoperative care, no complications. His HMO insurance paid me \$950. Patient had no copay requirement. In actuality, money I "took home" from this operation was \$310.

The pipes in my home work fine now. Leakage is gone and the homeowner's insurance company restoration people are there to assess water damage/structural integrity. The patients I mentioned have had their plumbing systems fixed to the best of my ability. They all seem happy. Hey, I do not mind being called a "human plumber" or part of the "stream team". Not everyone can fix a pipe, toilet or septic tank. Far fewer have the cognitive and technical training, experience, and skills to decide on whether to operate and how; and accomplish this task in generally "risky" patients, efficiently and remarkably few complications. In all seriousness, what do the medical payments to doctors NOW say about the quality of doctors and their willingness to work hard on behalf of their patients in the FUTURE?