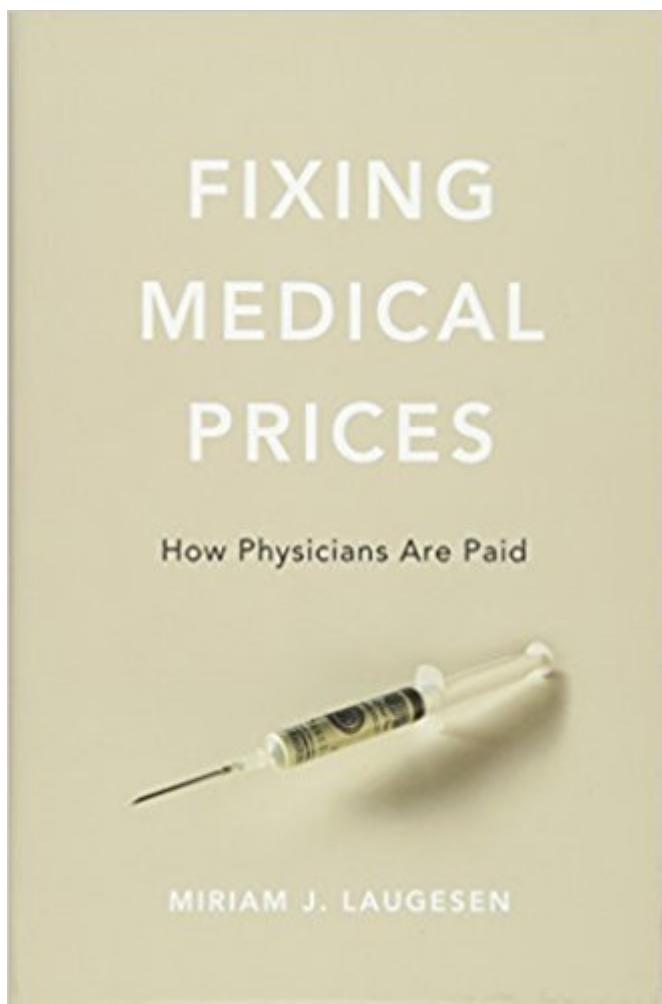


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# Fixing Medical Prices: How Physicians Are Paid



## Synopsis

Medical care prices in the United States are not only the most expensive in the world, but there are wide variations in what physicians are paid. Doctors at the frontlines of medical care who manage complex conditions argue that they receive disproportionately lower fees than physicians performing services such as minor surgeries and endoscopies. Fixing Medical Prices goes to the heart of the U.S. medical pricing process: to a largely unknown yet influential committee of medical organizations affiliated with the American Medical Association that advises Medicare. Medicare's ready acceptance of this committee's recommendations typically sets off a chain reaction across the entire American health care system. For decades, the U.S. policymaking structure for pricing has reflected the influence of physician organizations. What Miriam Laugesen's rich analysis shows is how these organizations navigate the arcane and complex work of this advisory committee. Contradicting the story of a profession in political decline, Fixing Medical Prices demonstrates that the power of physician organizations has simply become more subtle. Laugesen's investigation into the exorbitant cost of American medical care will be of interest to those who follow the politics of health care policy, the influence of interest groups on rate setting, and the medical profession's past and future role in our health care system.

## Book Information

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## Customer Reviews

In *Fixing Medical Prices: How Physicians Are Paid*, Miriam Laugesen opens the "black box" of policy choices embedded in the nation's health financing system. Her thorough analysis of

physician pricing exposes how seemingly technical decisions on physician prices are actually highly politicalâ •riddled with conflicts of interest and largely immune from public accountability. Policymakers and the public owe Miriam Laugesen a debt of gratitude for shining a light on fundamental policy flaws. We now have no excuse for failing to correct them. (Judith Feder, Georgetown University)Our medical prices are too high. Moreover, these prices are grossly misaligned with what Americans really need. Warped prices reflect the arcane political economy of our \$3 trillion medical system. In this beautiful book, Miriam Laugesen combines the rigor of political science with the granular knowledge of health services research to illuminate these pathologies. Most importantly, she provides a road map to do better. This is an important book. (Harold Pollack, University of Chicago)Combining interviews, thoughtful historical perspective, and statistical analysis, Miriam Laugesen offers the best study yet on the politics of physician payment in the United States. A weak administrative apparatus in Washington makes the power of the House of Medicine all the more formidable. The results of that processâ •including the power of specialty doctors and the weakness of primary care providersâ •should interest and trouble us all. (Daniel Carpenter, Harvard University)Will people still care about these issues for the next four years? I hope so, because this is the best book I know of on Medicare pricing and its influence on pricing throughout the broader U.S. health care system. (Tyler Cowen Marginal Revolution 2016-12-01)In Fixing Medical Prices, Miriam Laugesen takes a deep dive into the weeds of U.S. medical pricing policy to uncover problems with how Medicare sets physician payments. (Kathleen M. Haddad Health Affairs 2017-03-01)

Miriam J. Laugesen is Associate Professor in the Department of Health Policy and Management at the Mailman School of Public Health, Columbia University.

Outstanding! This book has instantly become the definitive book on the physician-run system that "fixes" what doctors get paid, if only because there are no other such books anywhere. However, this book fully deserves that wonderful description because it is scholarly, exhaustively researched and referenced, highly pertinent, and admirably circumspect. Anybody with any interest in healthcare access should read this book -- which really means everybody. Professor Laugesen has devoted her academic life to this project and has enlisted hundreds of expert collaborators from academia, academic medicine, private practice, government, commercial health insurance, a cross-section of healthcare providers at all levels, consumer groups, etc etc. Most remarkably, she had the full cooperation of the American Medical Association. Even the most seasoned health policy

experts will doubtless learn something new from this detailed analysis. This is a subject in dire need of attention, as very few people have even the slightest idea about who the key players are in healthcare financing, never mind how they behave. As Baby Boomers age and become increasingly dependent on access to healthcare services, the importance of this book will only increase over time. An instant classic.

I have spent my career as a physician watching entrepreneurial doctors manipulate the coding and reimbursement prices of procedures to maximize their incomes. Indeed, conflicts of interest and protection of misvalued procedures dominate. An example is sedated endoscopy for acid reflux (aka EGD); this massive, almost useless industry costs America tens of billions of dollars a year. And while a newer, safer, less-expensive, and equally-effective examination procedure (transnasal esophagoscopy, TNE) exists, gastroenterologists continue to advocate the old procedure while falsely maligning TNE. If there is one obvious take-away from Fixing Medical Prices, it is that independent and transparent (medical coding and pricing) oversight is needed. The Independent Payment Advisory Board (IPAB) should be expanded, empowered, and adequately funded by Congress to provide a critical eye towards sensible values for medical services. Fixing Medical Prices is an extraordinarily important book. Dr. Laugesen clearly shows that the fox in the henhouse still makes all the henhouse rules— which accounts in large measure for high-cost and poor-quality U.S. health care. This book should be the flash point for anyone and everyone interested in positive change within our health care system.

Pricing of health care has been an interest of mine for more than a decade and the role of the RUC is central to how prices are set in health care. The RUC is the most important group that almost no one has ever heard of. This is the most comprehensive work I have encountered which provides background into the origins and evolution of the RBRVS and the role of the RUC. Coming from working in the health care environment, much of what is carefully documented in this work regarding the role of the RUC has been circulating in rumor form for more than a decade. The author needs to be lauded for bringing this into the public domain. I have already gifted two copies to colleagues. More gifts to come... My issue is what to do with the information provided? Absent using markets to set prices, the choices are all less optimal. The RBRVS is predicated on a flawed concept of value, that being the objective or intrinsic theory of value where the value of any good or service is based upon the inputs required to produce. The world is hard pressed to find example of where such an approach has worked and many where such an approach to set prices failed, generally

spectacularly. However, the prospects for unwinding this pricing fiasco are almost nil. There are few constituencies who are interested in unwinding this and no alternatives to transition to a different state. Clearly movement to a single payer system (where I believe we are heading) will simply co-opt the current method of valuing services. A single payer system will not likely lead to anything different. This is already happening in closed systems such as the VA and other integrated systems. Productivity is measured in work RVU's, a derivative of the RBRVS. The sins and warped assignments of value which come as a consequence of the perverted RUC translate into low measures of productivity for physicians who use their heads. At the most basic level, the RUV perverts what we assign value to and value itself, both directly and indirectly. Services that are undervalued become rare to non-existent which creates a double whammy, no longer having a constituency to lobby for them.

This is an outstanding examination of the evolution of the RBRVS system, and how political and not scientific considerations quickly evolved to dominate physician payment policy, and in turn contributed to the current healthcare cost crisis and fundamentally distorted the physician workforce over the past two and a half decades.

Very good synopsis of the process however, the author's intermingling of personal deduction is presented as fact as well. The unknowing reader is easily misled to conclusions that are not supported by fact but are representative of the Author's deductions.

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