

# The Doctor-Patient Relationship in an HMO

Ronald Nicholis M.D.

Health maintenance organizations are becoming more prevalent: approximately 19,000,000 Americans presently receive their health care in an HMO setting. There are several models: the staff-model HMO in which individual physicians are salaried; the group-model HMO in which the entire physician group is hired by the HMO to provide care for the HMO's population; and the independent practice association (IPA), in which the HMO pays a monthly stipend to fee-for-service physicians to provide medical care for each member who chooses that individual as his/her physician. There also exists the preferred provider organization (PPO), whose arrangement is usually that a hospital and a large number of its physician staff agree to provide services to a group of patients at a discounted rate if they use them and their facilities. It is anticipated that by 1990, greater than 85% of the physicians in this country will have some kind of relationship with an HMO. How does this change affect the physician-patient relationship?

It is obvious that the physicians are not different, nor are the patients. What is changing is the financial arrangement under which the patients receive their care. Also the patients' choices will increase. All these changes in the health care delivery system have created confusion in the minds of our patients, and this has created a strain on physician-patient relationships. This strain is enhanced because patients do not realize that there are many right ways to manage a health care program, all of which result in an equally good outcome. For years we have taught our patients techniques for receiving health care that were so costly, they are no longer viable. Our patients are confused because they believed physicians were making the best decision before, and now, because of money, they are making different decisions. In reality, there are many "best" decisions one can make which maintain quality but are different in cost. As patients become



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more accustomed to new methods for receiving care; and as they recognize the fact that quality is being preserved or improved and that costs for their health care are decreasing, they will become more comfortable and the strain will ease. Change is difficult for physicians and patients alike, but change is necessary if improvement is to occur.

Therefore, there will be superficial changes in the physician-patient relationship but the important factors which describe the relationship will remain. These factors are caring, trust, and mutual respect.

All physicians have spent long hours for many years training to be able to provide health care advice, diagnosis, and treatment for patients. Professional principles of the highest order regulate the medical profession. Physicians are committed to providing this service irrespective of the method of reimbursement. For exam-

ple, even if financial incentives are changed from providing more money by ordering more tests, to less money by ordering fewer tests, the responsible physician will still be guided by the principles of the profession.

The HMO increases access to the physician's office by eliminating the financial barrier for a visit. It also allows the physician to practice with less concern about whether or not the patient can afford necessary care because of more comprehensive coverage. It does, however, place increased responsibility on the physician to be able to justify the costs of the care provided. By balancing these factors, the physician can provide quality care in a more cost-effective manner.

The patient-physician relationship is a very personal relationship and develops equally well in both the HMO and the fee-for-service practice. This relationship is enhanced

when the patient and the physician join together in a cooperative effort to improve the efficiency and effectiveness of the health care system. Physicians should and will remain the patient's advocate during these changing times, and patients will learn to be wiser health care consumers.

The HMO has stimulated increased health care education for patients and increased the patient's awareness of responsibility for his/her own health care costs. These advances will ultimately strengthen the American health care system and lead to the discovery of many new health care innovations, providing a better product for the consumer's dollar.

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### **The Physician and the Hopelessly Ill Patient: Legal, Medical, and Ethical Guidelines.**

Published by the Society for the Right to Die, 1985

This extremely useful handbook is the culmination of a project sponsored by the Society for the Right to Die. The project began with a conference in which ten physicians met to discuss the physician's responsibility toward hopelessly ill patients and from which came an article which was published in 1984 in the *New England Journal of Medicine*.

This article is reproduced in Section I of the book. It addresses both the patient's and the physician's role in decision-making, emphasizing that the patient has the right to make decisions about medical treat-

ment, but that the principal obstacle to the patient's effective participation is lack of competence. As a patient's ability to make decisions becomes progressively decreased, the relationship with the physician becomes increasingly important. Communication with the patient and the patient's family remains the cornerstone of the physician's role.

The physician's role, as outlined in the article, is primarily to provide diagnosis and prognosis, to offer treatment choices and explain their implications, and to assume responsibility for recommending a course of treatment. This role in treatment decisions is the most difficult because of personal bias, fear of legal liability and, more recently, consideration of monetary costs to society. The article outlines reasonable approaches for a variety of situations in which physicians share the responsibility for deciding whether to forego life-sustaining treatment for the hopelessly ill.

Section II deals with specific questions which relate to the legal aspects of allowing persons to die. Examples of these questions are: What is the legal basis of the patient's right to refuse treatment? What is the preferred method for determining what the patient wants?

Section III gives a state-by-state summary of living will legislation and case law, which can provide a context for individual decisions that must be made. Appendices include statutory citations, case citations, general form for living will declarations, current opinions of the Ethical and Judicial Council of the American Medical Association, and "Do Not Resuscitate" guidelines.

This handbook is concise and clear, with attention given to laws in particular states. It would be a helpful addition to any physician's library.

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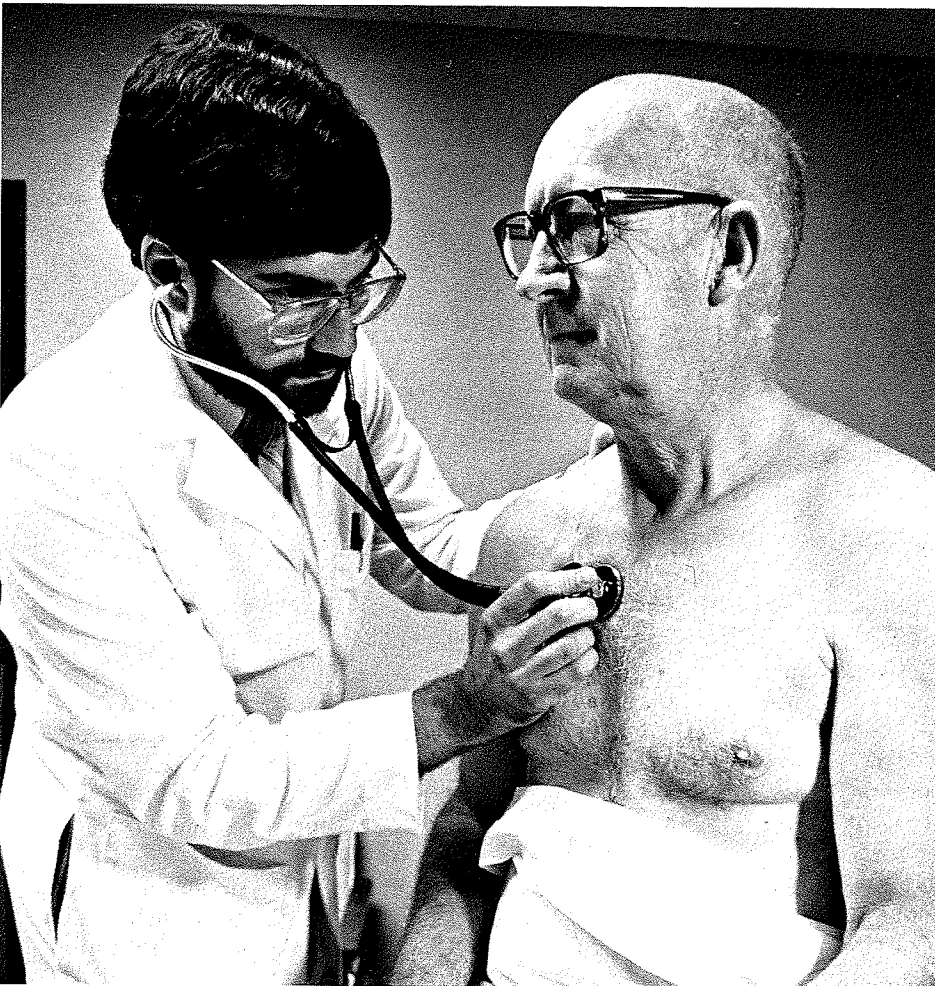


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