PANEL ON HEALTH CARE REFORM—IMPLICATIONS FOR GERIATRIC PATIENTS

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If 30 million potential new patients are given access to health insurance, how are hospitals, clinics, and clinicians going to meet the increase in demand for healthcare without decreasing the quality of care or access to their Medicare patients?
Is it a social justice responsibility of the health care professional to support expanded health insurance coverage for the uninsured?
Given that the number of physicians specializing in geriatric medicine has been decreasing yearly since 2000, how will hospitals meet the increasing demand for inpatient care for Medicare patients? Who will become the primary care givers of an aging population increasing in number and severity of illness? How will this affect specialty care?
What is your estimate of the number of physicians who will opt out of Medicare or become non-participatory with the new healthcare reform legislation? How will your estimate affect the care of Medicare patients?
How low must Medicare reimbursement rates go before clinicians or hospitals stop taking Medicare patients? Will they even be allowed to do so by the federal government? Is it fair and ethical to stop caring for Medicare patients?
If the US government requires participating Medicare physicians to use electronic medical records (EMR) as a requisite to filing Medicare claims, what are the implications for the practice of medicine and on individual practitioners?
Healthcare reform calls for $500 billion in savings from “waste, fraud, and abuse” of current Medicare costs. What steps can be taken by hospitals, clinics, and clinicians immediately to reduce this “waste” and “inefficiencies” in how Medicare patients are cared for? Why hasn’t this been done already? What are the implications for physicians and their patients?
Who “really” will pay for the reforms of the healthcare legislation?
What are the expectations and concerns of the public and healthcare providers regarding the potential for limiting surgical procedures or medical care of Medicare patients based on determinations by governmental agencies about the “value” of this care for elderly patients?