FOREWORD:
A BOOK'S JOURNEY

Several years ago I made a decision to write a book about geriatric health care delivery from the perspective of a *practicing* primary care physician. There comes a point in our lives when we just have to say what is on our minds. And in 2012 I hit that point. I have written fiction before, some of it published, and I wrote a fairly extensive thesis on health care delivery in college, but since then my career has been anything but academic. You may say that I am a down and dirty doctor living in the trenches; I work seeing patients five days a week, often ten hours a day, while I am on call 24/7 365 days a year, typically answering messages continuously throughout the day, including immediately before turning off my lights at night and immediately after tuning them on in the morning, and sometimes in between. I am the medical director of a few long-term care facilities, I run a busy practice, and my computer is on day and night and through the weekend, whether I am preparing talks that I give weekly to nurses and patients, or deciphering Medicare's new rules, or completing notes or other mandatory tasks, or putting my practice's financial house in order. In my opinion all of these roles and responsibilities make me singularly qualified to offer insight into geriatric health care delivery and the role of Medicare. But whenever I pick up a newspaper, watch TV, listen to the radio, or attend a conference, no one like me ever utters a word. Rather we hear from self-proclaimed "experts"—doctors with the title of professor, academics who see patients rarely and whose focus is elsewhere, health care economists, media personalities, politicians—some of whom may have earned the right to put MD after their name, but none of whom has the hard-knocks experience and pragmatic knowledge that so many of us practicing primary care doctors possess. So, that is why I decided to write a book. Working primary care doctors have been left in the dark for too long, and because of that the entire system has suffered.

My professional journey began in Massachusetts, when my wife and I left Charlottesville, Virginia, after completing our Internal Medicine residencies, with our six-month-old son in tow. I joined a small practice in Taunton, an experience that taught me how to be a doctor. Two years later, a second son now added to our family, we moved to Columbia, Maryland, to the house in which we still live, and truly began our professional careers. I joined a five-doctor practice at a retirement community, a wonderful job in which I would spend the next fifteen years. We had a beautiful daughter and watched our three children thrive, and along the way I grew as a geriatric physician. Five years ago I decided to start my own practice, primarily because I wanted to be my own boss and practice medicine my own way. To a large extent, that is exactly how it has played out, with bumps along the way, many of them placed by the very "experts" who contend they are "fixing" our health care system. And as my practice has grown, and my responsibilities have expanded, I am fully immersed in the geriatric health care delivery system. That is when I started to sense a disturbing disconnect between what all the experts in health care were saying

from their academic and intellectual perches, and what I and my primary care colleagues were experiencing in the real world that exists far beneath their perceptions.

The Affordable Care Act (ACA or Obamacare) and novel reforms being heralded by Medicare promised a great deal to those of us in primary care. From my perspective, these programs heralded a new appreciation of primary care; all the experts touted primary care doctors as the most important linchpins of any successful health care reform. Even our president discussed primary care in only the most glowing light. But then reality set in. More paperwork, more regulations, new mandatory programs that were time-consuming and expensive, the threat of government audits with potentially large fines; all of this struck us hard in primary care, and all had been engineered by "experts" in the name of reform. Doctors dropped out of Medicare, others (concierge doctors) eliminated insurance completely and charged patients a fee. Hospitals started buying small practices that could not otherwise survive. Workloads increased and overhead costs escalated, most of it not related to patient care. Many of us feared for our futures. One doctor who sits high in ladder of CMS (the Centers for Medicare and Medicaid Services) told me that practices like mine would essentially be extinct in the next five years. And so I wondered why there was such a large gap between what the experts were promising us and what the reformers were actually delivering to us. In reality I knew the answer. And that is what started filling the pages of my book.

A wave of discontent has been simmering in primary care, and much of that has found its way into my book. Two Daily Beast articles from April, 2014 highlight what many of us in the trenches have known for a long time.[iii] Begins one of the articles: "Doctors are miserable, patients are miserable, and there's no end in sight. It's time to revamp the health-care system from the ground up—starting with primary care." The article contends that health care delivery has been co-opted by "thought leaders" including academics, consultants, and policy experts, while 82 percent of practicing physicians like me "feel powerless to influence the profession." One primary care doctor interviewed, who supports a movement to drop out of insurance completely and simply charge patients a membership fee, states that the system is so broken that it cannot be fixed. "'I always say you can't polish a turd. That's what most pundits and consultants are trying to do: hence the advent of Accountable Care Organizations (ACO's) and patient centered medical home constructs. These do nothing to address the culture. They simply impose more restrictions, mandates, and parameters on dangerously stretched physicians." This is a sentiment with which many of us who practice medicine absolutely agree.

The author states that nine out of ten doctors discourage others from joining the profession, and that many "doctors feel that America has declared war on physicians—and both physicians and patients are losers." The ACA has codified a system where primary care doctors are the workhorses with no power to impact change. They are judged by productivity and patient satisfaction scores, which have little relevance to quality care. "But the primary care doctor doesn't have the political power to say no to anything—so the 'to do' list continues to lengthen. A stunning and unmanageable number of forms…show up on a physician's desk needing to be

signed. Reams of lab results, refill requests, emails, and callbacks pop up continually on the computer screen. Calls to plead to insurance companies are peppered throughout the day. Every decision carries with it an implied threat of malpractice litigation. Failing to attend to these things brings prompt disciplining or patient complaint. And mercilessly, all of these tasks have to be done on the exhausted doctor's personal time." To me this is an ideal description of a good day; what I love about practicing medicine—spending time with my patients—often takes a back seat to the meaningless busywork we are told me must complete, much of it driven by the ACA and Medicare's reforms. Concludes the article: "To be sure many people with good intentions are working toward solving the healthcare crisis. But the answers they've come up with are driving up costs and driving out doctors."

When I completed my book in the winter of 2013, and I wrote a query letter to send to editors, I decided to try my luck with the academic press. I was elated that almost immediately I heard from the editor of a major university-affiliated press, which happened to be the home of some of the most forward thinking academic doctors involved in health care delivery research. After reading my manuscript and talking to me a few times, she gave me the good news in March of 2013 "I am very pleased to let you know that we would like to offer you an advanced contract for your book." She told me that an academic reviewer would look over the book and recommend changes, and that she would send me the contract within a few weeks.

A month later, while I was at the Chesapeake Bay for spring break with my wife and daughter, the editor emailed me again. The academic reviewer, it turns out, slammed the book, and because of that the editor withdrew her contract. The reviewer stated that while at a recent conference of medical directors he learned, in contrast to my book's allegations, that in fact CMS was reforming geriatric health care, and that I was out of touch. "A speaker from CMS spoke about a multitude of programs funded through the Innovation center. Real change is happening. There are robust models of Accountable Care Organizations and Medicare is simply not headed for Dr. Lazris' simplistic model of co-pays for specialists," he wrote, expressing a sentiment that contradicts my own experience with Medicare reform and that of other working primary care doctors whose real-world experiences are relayed in forums such as the *Daily Beast* articles that I cited above. It was clear from some of his comments that he had not even read my book beyond perhaps a few lines here and there. Ironically, another practicing geriatric physician friend and I were at the same conference and left with just the opposite impression than did this academic reviewer, who seemed to have no real understanding of these innovations and how they impacted us in primary care. I fully knew that it was not I who was out of touch. But it was he who was judging me and latching on to Medicare's new reforms as some theoretical savior.

The editor, who still wanted to publish my book, worked with me in "fixing" it. We changed the structure, added references, and sharpened the themes. I spent the entire summer working on the manuscript; my son helped me with literature searches, and I dug up hundreds of articles I had read. By October I was able to send the new draft back to the editor. She responded: "The revised manuscript is excellent—you did a great job—it's much tighter, more

focused, and very powerful throughout." She promised to find better reviewers this time. It took her a while, and I received my verdict in January 2014

The first two reviewers had some reservations, primarily with regard to the book's audience and marketability, but overall had favorable comments. One of them wrote: "I thoroughly enjoyed reading this manuscript. The scholarship is thorough and largely accurate. He writes clearly, is well organized and uses case examples appropriately to illustrate his thesis." The second one wrote: "Superior documentation with a mix of the very newest coming out of the geriatric literature as well as more classical references over the past two decades…He is on target, and this material, which is reaching a small readership of geriatric physicians, needs to gain prominence in both clinical practice and national discussions."

The third reviewer, however, was not as kind. From the first word of his critique, he hammered the book, calling it crass, abrasive, unprofessional, and offensive, the very antithesis of a good academic book. "Dr. Lazris' manuscript reads primarily as a denunciation of the care of the elderly in America, as he perceives it, as well as prolific criticisms and attacks on the current medical establishment, Medicare, physicians, hospitals, the pharmaceutical industry, politicians, hospice, and the general public." Much of his review was even harsher than that. At that point, the editor dropped me from consideration.

However hurt and offended I was by the review, and by my entire unsatisfactory experience with this academic publisher, it did wake me up to a certain reality. Many academic doctors, such as the ones who had decimated my book, live in a very different world than I and so many of my hardworking primary care colleagues. These are the people who make policy, who study health care delivery from their stuffy offices, who advocate the new reforms without having actually experienced them, and then who ultimately judge us. When studies show that 82 percent of practicing physicians feel powerless to influence our profession, it is because people like this bury us under their theoretical constructs and fail to involve us in any reform. In fact, they would probably be very averse to tasting our reality, because that would disrupt the neat and simplistic perceptions to which many of them blindly adhere.

I sent my query letter to a couple of mainstream publishers, but without a professorial title or any expert status, I fully knew that it would end up in someone's trash. That is when one of my patients told me to self-publish; he had done it before, and he felt that Amazon was better than an established publishing house. Others with whom I spoke agreed. At that point, my decision was made.

In truth, this is not an academic book, as much as it is supported by evidence and research. It is a book reflective of a brewing anger among those of us who actually practice geriatric primary care, those of us who have been trampled on and muffled. It is a story seen through my experienced eyes, however jaded they may be. Perhaps it is a bit crass, perhaps it may offend. But in many of our opinions, the academic, political, and policy communities have

let us down, and we in primary care have been stranded. As copious "reforms" are thrust on our laps, hampering us from effectively taking care of our patients, we know that there is a better way. My book is an attempt by a practicing primary care doctor to lend a voice to the Medicare debate. It is incredulous to us that we are not driving the entire process and instead are left in the shadow of others. But my hope is that a certain truth will emerge from these pages, and the public will no longer be willing to accept the status quo. Those who script policy often do not know what is really transpiring within the world that they are trying to change, and this book s largely devoted to revealing that hidden truth. Until they know what is wrong in the current world of geriatric health care delivery, something that we in primary care live with every day, it is not possible for anyone to make it right. The machine that drives us can either facilitate what we do or stand in our way, and right now it teeters on the brink of doing neither. It is up to us in primary care, and the patients for whom we care, to make our voices known and influence the conversation.

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[i] http://www.thedailybeast.com/articles/2014/04/29/the-health-care-system-is-so-broken-it-s-time-for-doctors-to-strike.html

[ii] http://www.thedailybeast.com/articles/2014/04/14/how-being-a-doctor-became-the-most-miserable-profession.html