

## The Impact of the Election at the Bedside

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The politics of health care was a big part of the recent presidential election. Every physician throughout America is well aware of this, and our interests as professionals mirror those of our patients. Compared to the 2008 election, health care and Medicare were top issues for double the number of voters this year.<sup>1</sup> Our president and Congress will have important work to do over the next four years. While politicians will undoubtedly change the landscape of medicine, what impact will policies have on the care of individual patients? As I sit in the exam room with patient after patient—15 minutes here, 20 minutes there—how will health care reform really affect them? Or will it? What will change in the exam room and at the bedside as the Affordable Care Act (ACA) is fully implemented?

Last month, I saw a 22-year-old man with a torn rotator cuff who works part-time as a medical assistant and plays on a local YMCA baseball team. He is scheduled for orthopedic surgery to his left shoulder in mid-November. His job offers no benefits for part-time employees, so as he keeps looking for full-time work, he is covered under his parent's insurance. The ACA provision to cover children under their parent's insurance until age 26, al-

ready in effect, has allowed him to have this surgery covered by an insurance plan. The individual mandate with government subsidies for those with limited incomes would allow him to have it after January 1, 2014. The ACA has helped and will continue to help this patient of mine.

I see a patient at least once a week who cannot afford medicines to treat chronic conditions like diabetes. Insulin is not on any of our \$4 reduced-cost programs, so those with more advanced conditions who need insulin the most suffer the most. These patients are also likely to have the highest burden of underlying cardiovascular, renal, and cerebrovascular disease. Again, insurance coverage will help to remedy this unfortunate situation and thereby help prevent a myocardial infarction or stroke—both of which are clearly more debilitating and more expensive to treat.

I work in a federally qualified health center—and my next open appointment is five weeks away. I rarely see a patient for an acute condition because I am all booked up seeing the chronic ones. The acute concerns go to the emergency room (ER), and when I see them in “ER follow-up” four to five weeks later, they all lament that they did indeed try to call for an appointment but

that nothing was available. The ACA has already put millions into training physician assistants, and we have hired three where I work to help improve access for both the patients we have now and the many who will become newly insured in 2014. Receiving acute care in an office setting is three to five times less expensive than when delivered in an ER. The ACA will expand access to this office-based care.

Policy rarely has an immediate effect on the individual doctor-patient relationship, but the ACA will allow me to improve access, continuity, and medication adherence; focus on prevention; and likely get reimbursed more for providing evidence-based high-quality care with the use of an electronic health record. It has already started to affect who I see and what I can do at the bedside and in the exam room. The ACA is a huge piece of legislation, but it is already impacting many of my patients, one individual at a time. This is exciting. The continued focus on health care reform throughout the next four years will be important for the health of our nation.

### References

1. Blendon RJ, et al. Understanding health care in the 2012 election. *N Engl J Med* 2012; 367:1658-61.