Comments on 'The Worst Doctor in the Worst Clinic'

I liked your editorial entitled "The Worst Doctor in the Worst Clinic." (*WMJ.* 2010;109[3]:123-124.) Even more so, I am glad that you published it. It needs to be said, many times and in many ways.

The primary care environment continues to get worse. In my practice, we were just told that we were getting an "increase in salary at the expense of the specialists." When I looked at the numbers, however, we are in reality seeing approximately 15% to 20% more patients to make 10% more dollars compared to 4 years ago; ie, we are getting paid less per unit of work. Primary care is going to hit a crisis point in this country, and just creating more residency slots and underserved area funding, as highlighted in the new health reform bill, is not going to fix it.

As noted in Dr Frey's article, the solution is not to just pay primary care doctors more, it is to pay them differently. We went into this profession to take care of patients, not do office visits. And we want to do it in a thorough, thoughtful and proactive fashion, rather than a piecemeal, reactive, and recovery fashion.

The best idea I have come up with to accomplish this agrees with Dr Frey's suggestion: pay primary care docs a dependable salary, perhaps through a per-patient-per-month approach, and then allow innovation and time for paperwork, phone calls, e-mails, population health initiatives and other efficient care measures.

We need to get paid to take good care of patients, not just see them in the office. Then we will see real advances in provider and patient satisfaction, costs and outcomes.

Thanks for spreading the word.

Paul Hartlaub, MD, Brown Deer

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I have read the *Wisconsin Medical Journal* since 1946 and am writing to congratulate you on your editorial in the June issue. It ranks first in my opinion of all that I have read, since it pinpoints one of the saddest changes that has occurred during that time.

I look back with pride at when we at the Marshfield Clinic adopted the philosophy that we all worked hard and pay should be based on that, not productivity. So we adopted in 1953 the so-called equal salary plan, with all doctors, after a few years, getting the same salary. It was what made us successful, but outside pressure in radiology brought it to a close in 1980.

The only important thing today is to use your editorial to change or modify the system. The only way I see to accomplish this is by the profession. I would hope that the Wisconsin Medical Society would accept this challenge, set up a study group charged with coming up with a compromise solution and then taking that to government, which is the only organization with the power to make this vital change. Primary care physicians have been the backbone of good medical practice forever, and if we can't work out a program to pay them properly, our quality by all measures will fall.

Congratulations, and thank you for highlighting a vital issue to the future of medicine.

Russell J. Lewis, MD, Marshfield

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