

# Birmingham Internal Medicine Newsletter

*Where Caring Is Our Specialty*

## A Letter From John Farley, MD

By: John Farley, MD

As a fourth generation physician all I've ever known is to provide kind, skilled, and compassionate



care to my patients. When I chose to become a primary care doctor, I had no idea of the challenges I

would face. I didn't realize that I would only get paid for a face to face visit with a patient and that there was no payment for managing my patients between health-care visits. I found this to be, and still do, a very strange concept....we are only paid to "put out fires" when we see a patient and are not compensated for

managing the health of our patients throughout the year. Our "health" care system is actually a "sick" care system which rarely promotes wellness and prevention. As a result of this, I have found myself all too often reacting to a patient's medical crisis after it has already happened rather than being incentivized to try and prevent that crisis from happening in the first place.

Until recently a lot of insurance plans, including Medicare, did not pay for yearly wellness physicals and would only pay for a visit if there was a diagnosis of some illness. Thankfully, that has begun to change in the past 2 years. Unfortunately we are still not paid to manage our patients 24 hours a day, 7 days a week to

prevent medical crises and to intervene early in a disease process before it worsens. The doctors who are compensated the most are the ones that perform procedures...usually to fix whatever has already broken and which may have been prevented in a true "wellness" system. These doctors make 3 to 5 times the amount of money that a primary care doctor receives which allows them the staff, resources, and medical assistants to allow a level of service we could only hope to provide. They do deserve a higher level of pay, as they have often done additional years of training, but it is that imbalance which causes many of the frustrations you have had with timely service with your primary care provider.

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### Special points of interest:

- "Some [physicians] have become so disillusioned that they have left the practice of primary care altogether."
- "We desperately need malpractice reform so that we are not ordering unnecessary tests for fear of being sued."

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## May Is National Stroke Awareness Month

By: Elisabeth Bottom, RN

Did you know almost 80% of strokes can be prevented? It is important to educate yourself on risk factors and things you can do to prevent or lower your risk of having a stroke.

Risk factors include having high blood pressure defined as a BP greater than 140/90, excessive alcohol intake which includes drinking greater than two alcoholic beverages daily, tobacco use, diabetes, a sedentary lifestyle with poor diet, and a history of a TIA (transient ischemic attack).

Moderate alcohol intake (2 alco-

holic beverages for men and 1 alcoholic beverage per day for women) has actually been shown to be beneficial in reducing the risk for cardiovascular disease and stroke. Smoking cessation reduces ones risk by half and working on the diet and starting a formal exercise program decrease the strains on the circulatory system. Diabetes, if present, significantly increases the risk of heart disease and stroke and should be addressed vigorously by patients and their person physician. Occasionally patients have experienced a TIA (transient ischemic attack )-

sometimes called a "mini-stroke" with symptoms lasting minutes to 24 hrs. Up to 40% of people who have TIA's may have a stroke. If you think someone is having a stroke act *FAST* and call 911.

**F- Face**- ask the person to smile. Does one side droop?

**A- Arms**- ask the person to raise both arms. Does one arm drift downward?

**S- Speech**- Ask the person to repeat a simple phrase. Is their speech slurred or strange?

**T- Time**- if you observe these signs call 911 immediately.

## A Letter From John Farley, MD

By: John Farley, MD

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*“Several primary care physicians, many in the local area, have chosen to pursue an exclusive model of Boutique Medicine requiring that patients pay upwards of \$1500 dollars a year to have them on retainer.”*



As a result of this financial inequity, I've struggled my entire career to be able to afford enough staff to run my office, answer the phones, and provide the first class customer service to match my first class medical skills. All of the doctors at BIMA get frustrated on a daily basis with the knowledge that we strive to be excellent and compassionate doctors yet our customer service is not always what we want as our resources are so limited. We all get a sick feeling when a patient tells us he left a phone message and it wasn't returned or they could not get a live person on the phone in a timely manner; trust me, that is not the level of service we want. The fact is, just as many families do every month, we struggle to pay our staff, rent, and bills. We as primary care doctors have no pricing power....I may be ranked as one of the top doctor's for Internal Medicine in Birmingham (Birmingham Magazine) and provide excellent quality care...yet my per patient reimbursement is exactly the same as any other internist in Birmingham. The only way to make a reasonable living in primary care is to see as many patients as possible each day. This results in shorter office visits, less time to discuss wellness and prevention, and most certainly early physician burn out. I've tried adding doctors at BIMA over the years but several of them have been burnt out by the volumes of patient visits necessary to cover their shared costs. Some have moved to greener pastures as either a specialist or hospital employed doctor or have become so disillusioned that they have left the practice of primary care altogether. The end result of this

is the state in which we find our current health care system and frankly portends dimly for the future as we consume more and more of our resources for other health needs.

The solution is not easy nor obvious but I can tell you as a practicing primary care doctor for 17 years, we need to reorganize the way our system works and truly change to a health and wellness care system from the current sick care system where all the financial incentives to providers are for treating illness and not preventing it. An analogy would be if the aviation industry, rather than continuing its successful strategy of investing in prevention and training to prevent airplane accidents, decided instead to just pay out damages for airline accidents when they occurred. We desperately need malpractice reform so that we are not ordering unnecessary tests out of the fear of being sued; yes, we as physicians, both consciously and subconsciously orders these tests which can cost a small fortune. This is money that could be better spent on prevention. We at BIMA look forward over the next few years to changing the way the way health care is delivered by enhancing our services by pursuing an inclusive, rather than exclusive model of medical practice. Several primary care physicians, many in the local area, have chosen to pursue an exclusive model of Boutique Medicine requiring that patients pay upwards of \$1500 dollars a year to have them on retainer. We at BIMA have a philosophical problem with this exclusionary model and are actively working towards becoming

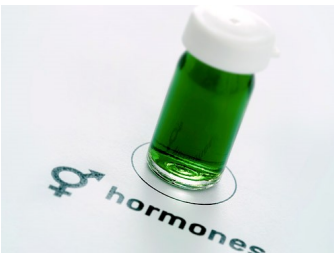
what is becoming know as your “medical home.” This medical home is an emerging nationwide concept whereby we are available to be there for you when you need us most. While with our current reimbursement it would be impossible for us to hire the number of employees that would allow us to answer on the first ring, we do have a recently launched web based portal that allows us an unprecedented level of connection with our patients. For one small yearly fee, which comes to slightly more than \$3 a month, we have implemented a solution that allows us to serve you better. For those of you who are already using this service we say “thank you” for allowing us to be your medical home. For those of you only now hearing about this concept please be looking for an email in the coming weeks that will allow you to become more knowledgeable about this emerging concept.

In closing, let me be very clear about one thing. There is not a moment in my life that I am not thankful for the honor of serving as a physician nor is there any other job that could bring me the joy of being able to have a relationship with people that being a primary care doctor has given me. I want you to know that the BIMA doctors and I have no plans to give up practicing medicine; rather we are going to take the lead in trying to fix a broken health care system. All we ask is that you consider making this small investment in yourself and in the kind of healthcare you truly deserve. Thanks for trusting us with your most important asset as we build a true "HEALTH" care system!

## The Real Truth About Bioidentical Hormones

By: Tammy Leong, MD

There is much interest among women concerning the use of bioidentical hormones. But are they really better for you? The compounding pharmacies lead you to believe that compounded hormones are a safer and more natural alternative to prescription drugs. They often claim that they will help you lose weight by regulating hormonal imbalances. Some have also maintained that they can prevent breast cancer or Alzheimer's Disease. These claims have spurred these compounded hormones to become a billion dollar industry.



This is now a major cause of concern for the FDA and other organizations that deal with hormonal therapy, such as The American College of Obstetrics and Gynecology and the American Society of Reproductive Medicine, among others. It is important to know that the FDA does not approve or regulate these drugs. As a result, the drugs may actually be putting you in danger.

FDA approved products have been rigorously tested in clinical trials. The results of these studies are routinely published in the medical literature and critiqued by a wide variety of sources. The manufacture of these drugs is overseen by the FDA to ensure that they are produced correctly. On the other hand, compounded

hormonal products do not undergo the same testing, are not standardized, and are not required to list the same safety warnings of FDA-approved hormones. They are regulated by the state boards of pharmacy. On the surface, this may seem like a good thing, but it is important to realize that each state has different laws and methods of oversight. Often times, the dosage is not monitored, purity is not tested, and the effectiveness of the drugs are not proven. Different batches of the same drug may vary in potency (strength), which can affect potential side effects and symptom control.

Many of the claims of compounded hormones are unproven or completely false. Some compounding pharmacies have been issued warnings from the FDA due to these false or misleading claims.

The dose and selection of particular hormones at a compounding pharmacy are often based on saliva testing to "individualize" hormonal therapy. However, the results of these tests are generally inaccurate and do not reliably reflect the actual level of hormones in the body. In fact, even blood levels of testosterone and estrogen are inaccurate in the lower ranges, as seen in menopause. Hormone therapy is not something that lends itself to individualized therapy; this is best used for drugs that have a very narrow range of effectiveness or safety. There are no accepted ranges of hormone levels in menopause. If labs are done, they should be used to evaluate safety rather than dosage.

In one survey of quality control,

the FDA analyzed 29 compounded hormonal products from 12 different pharmacies. What they found was that 10 of the 29 products (34%) failed at least one of their tests. Additionally, 25% of the products actually contained lower levels of the drug than was claimed. In contrast, less than 3% of 3,000 FDA approved compounds failed these same tests.

Many women do not realize that there are actually several FDA-approved bioidentical hormones that are in widespread use in the United States today. Estrace is one of these products, and it has been available since 1975! If you decide to use hormones, it is currently recommended that you use the lowest dose that controls your symptoms for the shortest period of time. Discuss with your doctor whether one or more of these bioidentical preparations are right for you.

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*The physicians at Birmingham Internal Medicine Associates, P.C., all share a philosophy geared toward a fuller relationship between doctor and patient and believe that providing quality and compassionate care means forming a true partnership with patients. When you visit Birmingham Internal Medicine Associates, P.C., you will receive the most technologically advanced care available. The needs of the patient come first in everything we do, and our goal is to develop lasting relationships through good communication. You will also receive something more -- a partnering relationship with your doctor that will last a lifetime.*

*Internal Medicine specialists treat the entire patient rather than a particular organ system. Our mission is to diagnose and treat illness in adults with emphasis on wellness and illness prevention. Areas of particular interest include heart disease, diabetes, osteoporosis, high blood pressure, high cholesterol, kidney disease, arthritic disorders, and lung diseases.*

*In addition to our physicians, we have a highly trained and courteous staff of medical and administrative personnel who are willing to assist you in any way possible. We look forward to providing for your medical needs, now and into the future.*

## **MD Minute**

**By: S. Jason Smith, MD**

“But what are you going to do about my pain,” comes the question at the end of a deliberate discussion about the patient’s ever worsening low back pain. It has been bothering him for months and most certainly is of the non-surgical variety, euphemistically described as degenerative disc disease but most certainly a more burdensome reality to this patient than just a worn out back. Invariably it is at this point, occurring many times amongst numerous patients and their differing expectations and subjective limitations, that the discussion about adding more powerful and potent medications comes to pass. Usually by the time this conversation begins, an ever elaborate menu of treatment options have been explored, a synergistic cocktail of epidural

blocks, Tylenol and NSAIDS, physical therapy, muscle relaxants, and for the lucky few whose insurance will cover it, a formal pain management evaluation and an individualized treatment plan. The physicians who specialize in pain management are happy to take care of these individuals, usually as long as a procedure based treatment plan is effective. More often than not, however, the meagerly reimbursed work of managing these narcotic pain medications gets shifted back to the patient’s primary care physician. Addiction is obviously the most concerning complication and stands foremost in the physician’s mind when contemplating true narcotic medications for non cancer related chronic pain. Most addict-like behaviors are usually the result of a patient

having a natural withdrawal from short acting narcotic pain medications (i.e. Lortab) that are initially given solely as the treatment for one’s chronic pain. Medications such as Oxycontin, Fentanyl, and Avinza (long acting Morphine), despite the media fascination with diversion and abuse, can be appropriately and compassionately given to these individuals to prevent short acting withdrawal and give a solid base of pain relief. As with any potential substance of dependency, including food, tobacco, alcohol, sex, etc, there are patients whose individual traits and personality lend them to abuse and over consumption. It is the enlightened physician who considers this rare result yet forges ahead with a personalized medication plan knowing full well that

no perfect medications for pain exists at this time. Our greatest duty as physicians is to alleviate suffering even when the tools of that charge are imperfect and by necessity unwieldy in their implementation. We bare the risk of harm for the hope and belief that we can truly alleviate the suffering in the patients for whom we care so much. It, amongst many of the other imperfect choices we face each day when caring for our patients, are what makes are jobs as physicians both meaningful and enriching. Amongst the frustrations of reimbursement and the insurance driven loss of our professional autonomy, it remains one of the many situations that truly highlight the caring and deliberation that comes with practicing as one’s personal physician.