

# Rewriting the **Default Future**

*Eventus WholeHealth  
CEO and AMGA Board  
Chair reflects on health  
care's past and future*

By Grace Emerson Terrell, M.D., M.M.M., FACP, FACPE

Several year ago, when we were moving my in-laws into their new house, I came into possession of a marvelous treasure. My father-in-law, Dr. Eugene Terrell, had apparently written a letter to me in 1989 (when I was in medical school) that he never mailed. In 2015, the letter was found in the back of a chest of drawers, and I read it for the first time.

Like me, Eugene is an internist, and when he wrote the letter, he was terribly discouraged about where the medical

profession was headed. Discouragement is a mood I've rarely seen him display, so the dark tone of this letter was somewhat shocking to me. Also shocking was how prescient it was. I'm sharing it with the AMGA community in 2021 because I believe we are facing a critically important time in health care, and we must learn from the past and prepare for the future.

In 1993, I finished my internal medicine residency, gave birth to my second daughter, Robyn, and hung up my shingle and joined my mother-in-law and father-in-law at Quaker

Internal Medicine. Joining their practice was an extraordinary experience, including work in the outpatient, inpatient, and nursing home settings.

A couple of years into medical practice, with two children under the age of seven, I became part of a group of forward-thinking physicians who formed Cornerstone Health Care, a group practice formed from the merging of Quaker Internal Medicine with 15 other practices. That started an amazing journey for me, which has included leading Cornerstone for 16 years as CEO, during which time we grew to over 90 practices and became the first National Committee for Quality Assurance (NCQA) level 3 medical home in North Carolina, one of the earliest adapters of electronic health records, and winner of the AMGA Acclaim Award.

I have been honored to be CEO of CHES, a population health management company; Envision Genomics, a rare disease technology startup; and now, Eventus WholeHealth, a multispecialty medical practice dedicated to integrated care for medically vulnerable adults. I have been privileged to contribute to federal policy work on payment reform, work in healthcare innovation via the Oliver Wyman Health Innovation Center, and serve as a member of AMGA's Board of Directors. Most of all, I have been privileged to practice internal medicine all these years as the primary care physician for a group of patients who put their trust in me to help keep them healthy and treat their medical illnesses.

So, it is a very good thing that Eugene did not mail his letter to me when I was in medical school, but finding it later in life offered me some perspective.

# Medicare Put Me Out of Business

## I'm Broke

### Advice to My Medical Student Daughter-in-Law

**W**e were the original good guys. Keep the cost of medicine down, treat people based on need and not on ability to pay for medical care. We were frequently the last ones in the community to raise fees. One vivid memory stands out to haunt me. We ended the conversation at our year-end planning session with, "Let's wait until next year to raise fees, we can get by until then." My partner, board certified in internal medicine and neurology, kept his neurologic work-up and consultation fees more in line with internal medicine fees. We kept a low-profile fee schedule but were able to raise fees when necessary. Needless to say, when Medicare froze our fees, we were already behind in our charges.

In spite of all this, our group gradually increased to a total of seven. Two neurologists, one pulmonary specialist, and four in general internal medicine. Our expenses rose dramatically along with our number of Medicare patients. Collections fell in spite of two full-time insurance clerks who stayed months behind trying to master paperwork, learning coding, follow-up checks, refiling claims, and experiencing long delays. In

the midst of all this, our new business manager, hired and sent to many courses in mastering the Medicare nightmare, suddenly died.

My world really started falling apart when we could not afford to rehire the last bright new young internist and he left for greener pastures. After our fourth pay cut, the pulmonary specialist says, "I can do better than this on my own," and moved down the hall. The two neurologists with their higher fee profiles announced they were better off leaving. The three of us left, all over 59 years of age, one over 70 and one a female tied down with her 92-year-old mother.

Can we start over? Can we avoid the mistakes and not go broke again? Maybe if I follow some of my advice.

My advice to our top-of-her-class in Duke Medical School daughter-in-law who wants to join us and whom we would dearly love to have:

1. Don't come back and join our group. You will be pegged into our low fee profiles, jeopardizing your ability to financially survive without the 80+ hour work weeks I know so well.
2. Don't go into general internal medicine. You don't get paid to spend long hours preventing

disease by teaching patients how to stop smoking, lose weight, eat properly, etc. Let them smoke. You get paid to treat their bronchitis and emphysema. Keep them fat. You get paid to treat their diabetes and hypertension. Don't worry about cholesterols. You get paid to treat angina and heart attacks. You lose money spending time keeping them healthy.

3. Do go into medical fields that do lots of procedures such as cardiology, neurology, gastroenterology, etc. I recently saw a bill to a patient in excess of \$1,000.00 for a less-than-one-hour EGD. I would have treated her for years for that kind of money. So, learn all the procedures you can. You get paid for those.
4. Don't go to post-graduate medical courses. Instead, go to courses on how to do insurance and medical coding in order to get paid for the work you do. Learn to play the game with the yearly Medicare rule changes. (Last year's rules did not work either.)

5. Charge all you can. Don't try to hold down cost. "They will get you," at the best you can do.
6. Don't take Medicare patients. They take longer, pay less, and you lose money on every one.
7. Don't get needed lab work on Medicare patients. You lose money every time.
8. Don't take these old nursing home patients. You don't get paid enough to treat them, much less for all the time on the phone away from paying patients in the office or after hours at home.
9. Last of all, if you do get stuck with Medicare patients, get quick histories, do limited exams, get them in and out in a hurry. You can't afford to treat three to four chronic diseases along with their acute illnesses. You don't get paid for all the time it takes.

I'm bitter, disappointed, depressed, and tired of starting over. I love all of these people—they are appreciative and lovely to work with.

It's the system that got me.

I have another letter to share with you, one I have written to my daughter Robyn, who is a first year medical student at Campbell University School of Medicine.

March 19, 2021

Dear Robyn:

I've previously shared with you the letter your Granddaddy wrote to me in medical school he did not mail. He was clearly suffering from burnout when he wrote it. He was 59 years old at the time, same as me now, and bruised from the financial challenges he faced in his 30-year-old medical practice. Boy, he sure was right about the problems the fee-for-service payment system was going to cause over the course of the coming years. But I disagree with a lot of what he wrote back then.

When I opened my medical practice the year you were born, I had the privilege of seeing patients at the office, hospital, nursing home,

and on house calls. This was before the advent of hospitalists, SNFists, and Big Medicine. I got to do deep, real medicine—acute care, chronic care, critical care. From skin biopsies, LPs, thoracenteses, stress tests, Swan-Ganz catheters, and those dreaded flex sigs—I saw the best and the worst of old-fashioned medicine. There was no care coordination back then, no records in the ER when we admitted patients for our call partners, no measures of outcomes. Call was terrible—seven doctors, eight nursing homes, the ER, the so-called "unassigned" (uninsured patients), and non-stop phone calls after hours and on weekends



from patients I did not know, requesting refills and inappropriate antibiotics for coughs and colds. We've improved some outcomes—from CABG to stents to statins to the recent focus on genetics and the social determinants of health, getting closer to preventing heart disease—no longer the No. 1 killer in the U.S. There are fewer diabetic foot amputations now, AIDS has gone from a death sentence to a treatable chronic disease, and many cancers are more treatable, sometimes curable. We are closing in on curing the scourges of cystic fibrosis and sickle cell anemia. The advent of specialist medicine has greatly improved outcomes in cardiac care, complex neurological disorders, and has decreased the incidence of colorectal cancer far more than those flex sigs I used to do. With the internet, I have access to the latest medical knowledge in real time now. As we gradually turn from fee-for-service medicine to alternative payment models, we are seeing improvements in care. There is payment for care coordination now and transitional care from one care setting to another. Team-based care is commonplace now—and better.

I am thrilled you have decided to become a physician. When you finish medical school, you will be part of the healing profession, which, in one form or another, is as old as humankind itself. To be a physician is a privilege. You will be honored by people sharing the most intimate details of their lives with you. You will be there to shepherd them into life, through a serious illness, and, sometimes, at the very end of their life. You will be there in moments of great joy and terrible suffering and will sometimes be their only source of comfort or care.

I have heard my whole medical career that most physicians do not want their children to go into medicine. I never bought into that. Being a physician is one of the greatest of honors. It is a life of service to others. It is an art grounded in science. It will challenge your intellect and challenge your heart. I have no doubt, Robyn, that you are up to the challenge. Over the course of your career, there will be far more changes in the practice of medicine than I have seen in mine. Artificial intelligence, genomics, population-based payment models, the internet of things, and virtual care options will likely alter

your medical practice in ways we can't even conceive of yet. But a few things will be no different for you than they were for your grandmother and grandfather when they began medical school in 1949, nor for me in 1985.

First, no amount of artificial intelligence-driven computer power can replace the healing powers of empathy. Second, all the genetic sequencing information in the world will not help a child with intellectual disability if their environment does not provide them with resources and care.

So, as you continue your own journey over the coming years, here's a few bits of advice I want to share with you:

1. Always remember being a physician is not about you—it's about your patients.
2. You are part of a team and, often, not the most important member of the team. Have enough humility to learn from everyone.
3. Patients are people first. They have families, communities, lives. Do not talk about "the interesting leukemia case in room 707." He is a person with leukemia who is worried about what will happen to his children if he doesn't make it through induction therapy.

4. Be sensitive to the impact your tests and therapies will have. Do you know how much they will cost your patient? You may bankrupt her. She may lose her house. Her children may go hungry.
5. Go through your career with the point-of-view of a design thinker. How can you redesign the system you are working in to make it better?
6. Take care of yourself so you can take care of others. Pay attention to your own physical and mental health. Recognize when you feel burnout. Get help.
7. Group practice is the best model of care. An integrated medical community can provide higher quality, more efficient care than a solo cowgirl.
8. Isaac Newton was right: "We have seen so far because we are standing on the shoulders of giants." You will see far.
9. Clay Christensen was also right: "Decide what you stand for, then stand for it all the time."
10. Never, ever settle for your default future.

Love,  
Mom

### It is in our power to eliminate our default future. We do that by choosing to rewrite it.

All of us have a default future. That's the future that happens when we passively let things play out. In 2020, some of the consequences of that approach have had devastating consequences, including the death of more than 550,000 Americans from the pandemic, the worst financial crisis since the Great Depression, and a staggering decline in life expectancy, with highly variable death rates based upon ethnicity, income, education, and other social determinants of health.

It is in our power to eliminate our default future. We do that by choosing to rewrite it. We put language to our alternative future, formulate a vision of that future, and create a good strategy to get to that future. Strategy is not a goal, a hope, or an aspiration. Strategies solve real problems. A good strategy is much like the practice of good medicine. It requires making an accurate diagnosis, creating a guiding policy for problem solving, coherently administering tactics, focusing on risks and how to mitigate them, and understanding the competitive

advantage of the chosen strategy taken. And it requires leadership.

As we muse about the past and speculate on the future of medicine, we need to be very mindful of the power we have to shape a future for the healthcare delivery system that is more person-centered, equitable, and sustainable. I am very invested in the work necessary to shape our industry's future into one my daughter can thrive in. I encourage all of my AMGA colleagues to reflect on the traumatic events we've just experienced together in 2020 as being the future we defaulted to—when we did not address the risk of global pandemic, social inequities, and payment system reform—and now has become our present reality. Let's work together to build the healthcare system we want for all of our children. [GRJ](#)

**Grace Emerson Terrell, M.D., M.M.M., FACP, FACPE**, is CEO at *Eventus WholeHealth* and chair of the AMGA Board of Directors.