

Payers Share the Responsibility for Decreased Quality Among Care Transitions

James McGrath

To the Editor—The January/February 2012 issue of NCMJ, as well as 3 recent discussion articles in The New England Journal of Medicine, focused on issues related to care transition, particularly hospital readmission rates [1-3].

Left out in all of this discussion, and in other discussions regarding costs of our current medical care system is, in my mind, the culpability shared by payers of services. Payers have relentlessly cut reimbursement for primary care services over the past couple of decades while, at the same time, implementing and requiring procedural changes and staffing requirements in primary care offices which necessarily raise office overhead.

The net effect of these changes has been the near universal withdrawal of primary care physicians in both hospital and nursing home care. This withdrawal was occasioned not by lack of interest or skills, but simply because the continuation of such services is not cost effective.

The payers of services should not be allowed to escape their culpability in forcing changes in the practice of primary care which have made it more difficult for patients and their

families to negotiate the system, have reduced care quality, and have increased costs. NCMJ

James McGrath, MD Yadkin Valley Community Hospital, Yadkinville, North Carolina.

Acknowledgment

Potential conflicts of interest. J.M. has no relevant conflicts of interest.

References

1. Berenson RA, Paulus RA, Kalman NS. Medicare's readmissions-reduction program—a positive alternative. *N Engl J Med*. 2012;366:1364-1366.
2. Joynt KE, Jha AK. Thirty-day readmissions—truth and consequences. *N Engl J Med*. 2012;366:1366-1369.
3. Epstein AM, Jha AK, Orav EJ. The relationship between hospital admission rates and rehospitalizations. *N Engl J Med*. 2011;365:2287-2295.

Electronically published October 12, 2012.

Address correspondence to Dr. James McGrath, Yadkin Valley Community Physicians, 624 W Main St, Yadkinville, NC 27705 (James.McGrath@yadkinhospital.com).

N C Med J. 2012;73(5):419. ©2012 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2012/73530

North Carolina's Mental Health System: We Are Devolving, Not Evolving

Assad Meymandi

To the Editor—I write to take exception to the title of your May/June 2012 issue, Are We on the Right Path? North Carolina's Evolving Mental Health System. The correct verb is *devolving*, not *evolving*. For nearly 50 years, I have been involved in various capacities with the North Carolina mental health system. At no time have the services to and for our patients been as chaotic, sparse, and erratic as they are today. Fifty years ago in North Carolina we had a system in place that was truly superb. At the Dorothea Dix Hospital, in the late 50's and early 60's, patients had predictable, excellent, and academically cutting edge treatment available to them with ready access. We have certainly *devolved* and not *evolved*. NCMJ

Assad Meymandi, MD, PhD, DLFAPA Raleigh, North Carolina.

Acknowledgment

Potential conflicts of interest. A.M. has no relevant conflicts of interest.

Electronically published October 12, 2012.

Address correspondence to Dr. Assad Meymandi, 3320 Wake Forest Road, Suite 460, Raleigh, North Carolina 27609 (emeymandi@nc.rr.com).

N C Med J. 2012;73(5):419. ©2012 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2012/73532