

HOUSTON CHRONICLE

[Houston doctor: The sneaky reason American medical bills are rising](#)

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A relatively new source of rising health care costs is causing concern among physicians like me. Large health systems are buying up independent physician practices left and right. The doctors continue to provide the same health care services, usually in exactly the same place. But then they charge more for those services.

Many doctors, worried that rising costs make it harder for our patients to get care, are calling for action from Congress.

Hospitals are buying other hospitals, of course, but they're also quietly buying small physician practices. More than half of physicians today work for health systems and hospitals. That means patients are getting less care in their regular doctor's office and more at what hospitals deem "outpatient departments" — which, according to Medicare rules, can charge more.

It's important to note that this shift hasn't been shown to necessarily increase the quality of care that patients receive. It does, however, increase the cost. One study found that, on average, when a physician's office was acquired by a hospital system between 2007 and 2013, the prices increased by 14.1%.

This clearly isn't fair. Our current system allows, and actually incentivizes, big hospitals to buy up independent doctors' practices, slap a new sign on the front and start charging more. Your local physician may now be owned by a large hospital or health system, while that hospital or health system charges you more for the same service.

People seeking the health care they need to live and thrive shouldn't be charged differently just because of where they receive care. It just makes sense that the same service should cost the same price. But that's not the case.

In 2023, Medicare is charged 194% more for a transthoracic echocardiogram with image documentation in a "hospital outpatient department" than in a regular lone doctor's office. For an epidural injection in a lumbar or sacral region, Medicare is billed \$255.89 if the service was provided in a physician's office, but \$740.88 when provided in a hospital outpatient department.

It's not just Medicare recipients who pay more. When hospitals acquire physician offices, they often bill privately insured patients an additional "facility fee." When they tack on this fee, the average price for a biopsy jumps from \$146 to \$791. In Texas, an ultrasound nearly quadruples in price.

These increases are happening as hospital CEOs make billions, at the expense of patients across Texas and the whole country. Meanwhile, rising health care costs mean higher premiums for everyone.

High premiums and out-of-pocket costs don't just hurt people's pocketbooks, they also hurt their health. Every day, physicians see how patients' concerns about health care costs keep them from seeking the care they need. Understandably, when patients see new fees on their bill, or a higher bill with a hidden fee, they become concerned about future bills, too. They may opt to skip their next appointment or screening. Their cancer or arthritis may worsen. These conditions, once manageable, become harder to treat. When our patients with medically refractory epilepsy are unable to complete studies required in an epilepsy surgical evaluation, they risk brain injury or even death from seizures.

It doesn't have to be this way. Our leaders in Congress can take action now to help fix this unfair practice. All leaders should be able to agree that patients should get the same service for the same price. Congress can find bipartisan solutions to move our system toward site-neutral payments

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Doctors, patients and all people across Texas should be advocating fairness and calling on our leaders in Congress to enact site-neutral payment policies. Let's ensure that Texans and all Americans get the care they need.

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