

Medical Predictions for 2017

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INTRODUCTION

The administrative control of medical “care” by the Third Party Conglomerate will continue to exceed the cost of the US Defense Budget and reach about one-fourth of the Gross National Product by 2020--and the public will still not be able to find out how many desk clerks are employed by Medicare, Medicaid and the other medical system parasites in the Third Party Conglomerate who tell physicians how to practice the conglomerate’s pretense of the Art and Science of Medicine. Because of parasitism on physicians, the Third Party Conglomerate will employ the largest number of non-medical workers in the US. To return to the traditional Hippocratic medical practice model would put millions out of sham unnecessary “work”.

Medical schools will withdraw from and close their medical educational systems unless purchased for 2.5+ billion dollars apiece by the communist socialist Third Party Conglomerate tyrants.

Half of all physicians will withdraw and go into law schools replacing the current capitalist money-making fascist pseudo-profession “law” with “Legicare”--a clone of the “medical” Third Party Conglomerate (but selling “legal” rather than “medical” insurance), with complete codification, regulation, determination and payments of any and all activities by all in the legal system including judges, prosecutors, attorneys, and employed bureaucrats from the White House to pharmacists and secretaries. The total “cost of the law” for the country will finally be known and something done about it. Medical fees will continue to pale compared to the arbitrary thievery of legal fees--the people need cost protection from the law more than from medicine. The attached “Anti-Corruption Amendment” will be added to the US Constitution, but is unlikely because those in the law are incapable of “providing for the common good” when it comes to regulating themselves as they have self-enrichingly regulated others.

Medical students will be finally told what has happened to the Medical Profession. They will no longer be willing indentured servants, will resign, but complete their education by joining the other half of all physicians who will provide, fee-at-time-of-service only, Neighborhood Health Services out of large medically equipped buses as scheduled for routine visits every month. Computer-phone contacts with patients will enable unity, efficiency and effectiveness. Medical records will be Hippocratically totally closed again so that non-medical fascists cannot take over again. Patients will be taught health care self-responsibility themselves, no longer needing the administrative ordure from the gang of Third Party Conglomerate desk-phone-paper bureaucrats who never changed a band-aid.

All patients needing more than Neighborhood Health Services will be referred to the nearest offices of the CEOs of local Third Party Conglomerate which have replaced traditional Hippocratic Health Care system. As Saul Alinsky would do, all citizens with questions and problems will be sent to the CEO’s outhouse to wait all days until serviced completely. Hundreds will show up with reading material and their own folding chairs until completely attended to by the Conglomerate know-it-alls. The same will happen to those politicians refusing to pass the attached Anti-Corruption Amendment.

Physicians will cure the current delusion and cancer of law worship. The law will recognize that it can more reasonably regulate the weather than medical care. All laws governing health care will be repealed and ignored as unethical, anti-social, anti-medical, anti-patient impositions outside the area of expertise of law, since it impinges on and destroys the Learned Profession of Medicine. The Art and Science of Medicine are too inexact and complex for rigid unchanging laws which are routinely dated, routinely unreasonable for many patients, necessarily ignored, and forgotten about as medicine changes and is filled

with exceptions and contradictions, which the law will no longer decree as “illegal,” “criminal activity,” or some other pompous stupid money-making legalism. All in the law will get their health care from the offices of the CEOs of local Third Party Conglomerates.

All physicians possible will be maliciously over-criminalized and incarcerated after refusing legal counsel (which cannot be trusted, so you are likely better off trying to do it yourself), because the law is usually nothing but a contemptible Scrabble Game of Legalisms run by money-first fascist chauvinists, the most convincing liars in the world, and mini-gods (called “judges” who only listen to conviction-rate eager prosecutors and malicious investigators both of whom should have all they claim confirmed by audio-cameras) bereft of truth and justice. Still, the law does reduce chaos by organizing lies and evil.

State Medical Boards will be done away with as non-Hippocratic self-deluded, self-righteous, pseudo-medical, arrogant, legal paper-work maniacs, from whom most determinations should be overturned because of baleful lack of decent Constitutionally required “due process.”

Medicine will cure law worship, and the “Anti-Corruption Amendment” will be adopted. In addition, my engineering paper “How the World Turns Evil--Abortionism” will become common knowledge so the people will understand how this evil culture which destroyed the Learned Professions came to exist, how the current unconstitutional establishment of law worship will end, and how the Medical Profession can be born again with the Oath of Hippocrates in charge. And, I should add, the Divinity Profession will be allowed free exercise again for the Loving God as the Founders prescribed.

For physicians, the “right to life” will be rejuvenated as the “right to a natural death” for all who are “created equal.” All will have the right and obligation for a natural death. “Lethal force” will be a legal process as it has always been--This means that abortion, suicide and euthanasia will be only done by those in the legal system. That is, judges, prosecutors, politicians, and attorneys in that Justice Center’s sphere of involvement would be required to rotate performing the procedures (on a full average week load basis at least once a year?) so that income will be reasonably distributed. Clearly, the procedures have been confirmed as safe, simple, easily done with low probability of complications especially for assisted suicide and euthanasia. Abortion is perhaps the most complicated, but anyone who knows how to have sex, could easily master the machines for early abortions consistent with good legal practice. Justice centers would provide easily accessible (almost “drive through”) clean, comfortable, warm, quiet, relaxing rooms with good

social-service-like attorneys offering support and assistance while the judges et al demonstrate the acme of their legal powers--lethal force. All procedures are to be routine courses in all law schools--(only 4 days would likely be required--one day each for assisted suicide and euthanasia; 2 days for abortion), with one day of observing the lethal force practice at the Justice Center. Naturally, those with conscientious objection would be excused, but teachers at local law schools would be required to perform abortions, assisted suicide and euthanasia to help implement justice at the Justice Center as well as get their share of the income, i.e., legal ethics require equal opportunity for money. Physicians will be available whenever the lawyers and judges fuck up as they always do.

All Third Party Conglomerates must be ranked in the following manner – each one of these carefully thought out categories can comprise a formula for understanding which health insurance companies in the United States should be allowed to exist. I have written many companies for this information – they have it – they don’t want to tell it – they are power-corrupt criminals and soviets and nazis!

The following numerical categories must be provided and explained by every health insurance company:

1. DOAR - Days on Accounts Receivable: On average, how many days does it take to pay bills?
2. IDR - Income/Disbursement Ratio: What is the company’s annual income compared to the annual payments for health care?
3. PPIFFS - Percentage Payment in Full First Submission: What is the percentage of payments in full for first time received billings?
4. PTPP - Percentage Transferred to Patients: What is the percentage of billings transferred to patients and not paid by the insurance company?
5. PRB - Percentage Reworked Billings: what percentage of bills require re-work?
6. ARTR - Average Rework Time Required: What is the average rework time required for payment?
7. PDPR - Percent Denials Phone Repair: What percentage of denials require phone call to repair?
8. PDWR - Percent Denials Written Repair: What percentage of denials require written repair?
9. TDP - Time from Denial to Payment: What is the average time from initial denial to full payment?
10. APP - AveragePayment Time: What is the average time to pay bills after initial receipt?
11. PL - Percent Lost: What is the percentage of claims “lost in transit” or “not on file?”

12. What is the administrative time for subscriber payment versus provider payment?
13. PPZ - Percent Paid Zero: What is the percentage of claims not paid or paid at zero dollars?
14. PAPPP - Prior Authorization Percent Performance People Profit: How is "prior authorization" managed - Percent used? Performance type and efficiency? Qualifications of people involved? Profit provided to company by obstructing health care with sham "preauthorizations" or reviews prior to care?
15. PD/SC-R - Provider Disbursement/Subscriber Collection Ratio: What is the ratio of administrative staff and time to pay bills from physicians versus administrative staff and time to collect monies from subscribers?
16. IE - Incentive Equality: Are incentives for prompt payment to physicians also offered in the same way for prompt payment by subscribers?
17. ASSO - Alter Stable Systems Opportunities: How often is the payment system changed besides whenever most physicians have figured it out?
18. PIG - President's Income Grab: What is the health insurance company's president's income grab, i.e., how many health care dollars does the president of the company take for salary?
19. EVIL - Executive Value Insurance Loss: What is the executive value insurance loss, i.e., how many health care dollars are spent on administration and all non-medical and or non-direct care "services?"

20. DUCKA - Doctors Under Contract Kissing Arse ("Quacking" for short): How many non-practicing physicians are employed by the company to maintain the facade of medical care? Who are they (Please send CVs)? Do their medical schools all know what these graduates are doing?
21. NME - Non-Medical Employees: How many employees have no formal clinical and/or academic medical education? This constitutes what percent of all employees? Are certified copies of education certificates made available?
22. For office waiting rooms to inform patients where and how their health care dollars get stolen and might get recovered, please provide copies of all administrative employee manuals.

REFERENCES

1. Nigro SA. (2011). List of Pharmacy Customer Rights to replace Ohio Administrative Code. 4729-4735.
2. Nigro SA. (2012). Health Savings Accounts: the Real Answer to Quality Medical Care, Social Justice Review. 111-113.
3. Nigro SA. (2012). Medphobia.
4. Nigro SA. (2015). AMERICAN JUSTICE--a new OXYMORON. J Psychol Clin Psychiatry. 3(1): 00119.
5. BUKHARIN. (2014). criminal and victim...like the rest of us in a totalitarian society.