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Daniel Carlin M.D.;

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Obamacare and You

WITH THE BEST PRIVATE DOCTORS ON YOUR SIDE, YOU MAY THINK OBAMACARE WON'T AFFECT YOU OR YOUR FAMILY. YOU'RE PROBABLY WRONG.



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→ The Patient Protection and Affordable Care Act, better known as Obamacare, will take effect on January 1, 2014. Obamacare represents a sweeping change in how our healthcare is delivered and paid for, but its fundamental impact on the health of our nation is an energy westign.

paid for, but its fundamental impact on the health of our nation is an open question. Many high net worth individuals aren't even thinking about that question in the false certainty that their medical care won't be affected.

By making health insurance effectively universal, the legislation is aimed at correcting a flaw in our system: lack of access to effective primary care. Good primary care saves a lot of lives and money; its beneficiaries are less likely to get seriously sick or use emergency rooms for unmanaged episodic care. The money to pay for Obamacare

is predicated on these savings and a handful of new taxes.

There's just one problem: There are nowhere near enough primary care doctors in our system to take on this mission. After decades of diminishing pay, burdensome paperwork and excessive regulation, many of my colleagues in family practice, ob-gyn and internal medicine are discouraged and starting to close their doors to Medicaid and Medicare patients. Depending on which survey you read, nearly half of the primary care doctors remaining in the U.S. are contemplating leaving Medicare/Medicaid

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for good within the next two years. In the same time frame, Obamacare will add 30 million new patients to this mix. Add the impending arrival of some 76 million aging baby boomers to Medicare and we may run hard aground on this issue, with millions of patients driven to emergency rooms as their default provider.

I've spoken with plenty of high net worth people who don't believe that this crisis could affect them: they can easily afford health insurance—and sometimes go without it altogether—and typically have a top-notch family doctor and access to the best specialists. But if enough primary care doctors opt out of Medicare/Medicaid, the government may have to find a way to compel them to participate—for example, requiring that all physicians licensed in the U.S. devote a percentage of their practice to Medicare/Medicaid. That

requirement would surely add to the exodus of doctors while putting new strains on those who remained.

As a result, the abundant resources you take for granted today may not be there tomorrow. Here's what you can do to prepare:

- You need a doctor on your side right now. One of your first priorities should be to build a trusting relationship with your primary care physician. If you don't have a doctor now, get one.
- An executive health program is worth the investment. If you haven't had a comprehensive physical exam within the past year, get one now. It should include a broad profile of lab work and tests. to establish a base line for your health across all your systems. I like programs based in big hospitals; they have the ability to expedite follow-up on anything that merits more exploration and can easily share the results across departments.
- Organize your information. You should have on file a personal health sheet that lists your important medical, demographic and insurance information. At a minimum, it should include whom to call in a crisis, your doctor's information, your medical history, allergies and current medications. If you really want to do it right, include a copy of your EKG and living will.
- Make a list. Your doctor should have a calendared checklist of your health milestones and important numbers to track. In doing so, you will substantially negate the big three predictors of an early exit: your genes, your weight and your choices (especially regarding cigarettes, alcohol and carbohydrates).

All of us will feel the arrival of Obamacare. Now is the time to get ready.