

Archival & Historical Committee
March 17, 2012
Gaylord Palms Resort & Convention Center
Kissimmee, Florida

Interview with
Joseph P. McNerney, DO, FACOFP *dist.*
(ACOFP President 1999-2000)

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Committee Chair: Dr. McNerney, We appreciate you being here today.

Dr. McNerney: Good Morning. Thank you for having me.

Committee Chair: We'd like to start off by asking you how you found osteopathic medicine and how you started with the ACOFP.

Dr. McNerney: Well I was kind of born into it. I was born at S. S. Still Hospital in Des Moines, Iowa. My mother was an OB nurse before she ran into me at that hospital. My father was an Osteopathic Internist and was a past president of ACOI. He taught at the school for years and years and years. So anyway, I was somewhat born into it. In fact, I was one of those doctor's kids that for a while rebelled against it and then decided: Oh yeah, that's what I need to do so...

Committee Chair: Tell us about your education. Where'd you go?

Dr. McNerney: Des Moines for medical school, Drake University for bachelor in biology, and did my internship at Des Moines General, and I went into practice.

Committee Chair: What year did you go into practice?

Dr. McNerney: 1981.

Committee Chair: What was the environment like?

Dr. McNerney: Well, I was in a town of 951 people and the environment was 24/7/365. The healthcare environment really didn't affect me much at that stage.

Committee Chair: Did your town of 900 know what an Osteopathic physician was?

31 Dr. McNerney: No, they didn't know what a physician was. No, there had been no doctor in
32 that town for some time and there weren't any for about 20 miles in either
33 direction.

34 Committee Member: What town was this?

35 Dr. McNerney: Wall Lake.

36 Committee Chair: Spell it.

37 Dr. McNerney: Wall, W-A-L-L Lake, L-A-K-E, Iowa.

38 Committee Chair: How long did you stay there?

39 Dr. McNerney: Ten years.

40 Committee Chair: How did you choose that?

41 Dr. McNerney: Well that's an interesting story. I put myself through college and med school
42 and I had two kids so money was a little tight. A good friend of mine from
43 school was from a town not too far away from where I ended up. The little
44 hospital where his father (who was also a DO) worked at was looking for
45 family docs for the hospital. We made an arrangement, and they helped me
46 pay my third year tuition. The agreement was that I'd come out and practice
47 utilizing that hospital. So, I planned to go into rural medicine anyway because I
48 felt that was the broadest scope. I really wanted to do about everything I could
49 do that I had the capability of doing. So, I've been looking around at different
50 areas until that focused me in on that area.

51 Committee Member: Did you do OB and stuff like that?

52 Dr. McNerney: Yeah. Oh yeah. So we were checking out different towns in that area that
53 expressed interest in having a physician and we went through this town and in
54 rural communities in Iowa, the alleys are all dirt alleys, gravel, or something.
55 In this little town, every alley in town was paved. I thought: That's unusual.

56 There must be some money in this town, and sure enough there was. So that's
57 sort of how I picked it, but...

58 Committee Chair: You make the statement "24/7/365." For the younger people in the future that
59 will read this interview, describe a typical day or week in your first two years
60 of practice.

61 Dr. McNerney: Well, there really isn't anything typical because everything happens. So, I had
62 a defibrillator in my office. They called me at the same time they called the
63 ambulance. When I'd get there first I might use a portable defibrillator that I
64 happened to find somewhere, and give them the juice. Within six months, I
65 was the county coroner. I got to do those things which I found out was on a
66 rotational basis.

67 Not long after I'd been there, it was winter. Winter in Iowa can be pretty
68 brutal, so it was like 15 billion below zero in a true blizzard. You couldn't see
69 as it was snowing like crazy. I got a call from an elderly woman and she said
70 her son had been in a snow mobile accident and asked if I could come see him.
71 I went up to see him. It was hard to get there even within just a couple blocks
72 in a little town, and I got there and her son had been in a snowmobile accident
73 with a compound comminuted fracture of his femur. So we called the
74 ambulance and I rode to the hospital with the ambulance because it was so bad.
75 I was there for three days.

76 Committee Member: Was it snow?

77 Dr. McNerney: We couldn't get out. Yeah, with the snow and wind, we tried to get a helicopter
78 to come in and they couldn't fly. They couldn't fly fixed wing. There was a
79 small airport in Carroll, Iowa. They couldn't and wouldn't even send an
80 ambulance because it was so bad, so I had to sit with him for three days, but he

81 survived and did well and managed to stiff me for the bill but - - which is a
82 whole other story.

83 Committee Chair: What time of day did your day - - what time did your day begin and end?

84 Dr. McNerney: Well my hospital was 28 miles from town. I'd leave at about 7:00 in the
85 morning, drive down to the hospital, make rounds, then come back. Eventually
86 I had a satellite office in a town of about 300, so depending on the day, I might
87 stop there for the rest of the morning and then go to my office in Wall Lake.
88 But you never knew. I drove home one night. It was dark. It was probably
89 7/8:00 when I drove in and shut the garage door. It was an attached garage to a
90 big old house, the 'Brown house' because all the houses had names in that little
91 town. People who had lived there named Brown built it, so I got out of the car
92 and I started to walk up the steps that led into the house. There was a woman
93 sitting there on my steps in the dark who turned out to be one of my patients
94 who had some psychiatric issues. But anyway, she was depressed and so I had
95 to take care of her before I got in the house. I was doing something on the roof
96 one day and the ladder fell. So I thought: Well that's great, I wonder how I'm
97 going to get off the roof.

98 Committee Member: You stood on the roof?

99 Dr. McNerney: And it just so happened that two kids drove up in this convertible and one of
100 them has a big, white towel around his hand, holding it while the other one
101 hops out and he says, "Doc, can you sew so-and-so up?" And I said, "Well
102 maybe, but you will have to put the ladder up so I can get down."

103 Committee Member: I'm in a bit of a predicament.

104 Dr. McNerney: But it was an interesting time and I learned a lot.

105 Committee Chair: When you did that, where did you go after your ten years?

106 Dr. McNerney: Fairfield, Iowa. I had gotten divorced during that time and remarried and my
107 second wife whom I really wanted to be with. When you're in the country and
108 you're it, family is second. Family has to be second because everybody else
109 comes first. The first thing that kind of drove me to think about leaving was:
110 my daughter, Marte had her birthday. So for her birthday, she loved Disney
111 movies and we took her to the closest movie theater in Carroll, which was 30
112 miles away. I happened to be on call for the hospital. So we're in the middle of
113 the movie when I get called. I had to load them all up, leave the movie, and go
114 to the hospital. It really wasn't anything too dramatic, but was something I had
115 to do and that kind of got to me. Another kind of interesting, funny, and scary
116 story occurred when my wife was pregnant. One of the other doctors at this
117 little hospital was her OB, another family physician, and at 26 weeks she had
118 some abdominal pain and a little spotting. So she went to see him on a Friday
119 and he was concerned, so he decided he needed to send her to the
120 perinatologist in Omaha, which was 90 miles away while I was in the office. It
121 was only an appointment, she wasn't in a lot of pain and she was just a little
122 spot. It wasn't a lot, wasn't like she was really bleeding. But anyway, he sent
123 her down to Omaha and then he left town because I was on call that night. So
124 now I'm in Wall Lake. My wife's in Omaha with pre-term labor at 26 weeks, so
125 I wasn't able to get there till Monday and she did fine. But on Monday or on
126 Sunday, I called her and I said, "Well I'll come down as soon as I'm off call
127 tomorrow." And she said, "Ah, just see your patients in the office and then
128 come. I'm doing fine." I said, "Okay." I did have a full schedule, so I saw my
129 patients and went down. When I got to the hospital, I swear to this day she set
130 it up, but she denies to this day that she set up, but when I got to hospital, I
131 went in and greeted her and she said, "You know my nurse is from a small

132 town in Nebraska and her father was a physician." And I said, "Oh yes." She
133 said, "Yes, you have to meet her." So a few minutes later in came the nurse and
134 she said, "Oh, you're the small town doctor." And I said, "Yes," and she said,
135 "Well my father's a physician in a small town in Nebraska." She said, "You
136 know, there were two doctors in our little town of 5,000," which was five times
137 bigger than my little town. But anyway, so naturally you think probably one
138 took care of roughly half and the other took care of roughly half, and she said,
139 "The other doctor died when I was about 10 and I went to the funeral with my
140 father and we were sitting there and I looked around and she said there wasn't
141 anybody in the church. There were maybe 50 people in the church." And she
142 turned to her dad and she said, "Dad, that's what they think of you." And that
143 kind of hit me - right between the eyes. Then I decided certain things come
144 first, like family, so I was at that point kind of committed to leaving. A friend
145 of mine who was a year ahead of me in school called me up and said, "Hey,
146 we're looking for somebody, you want to come check out Fairfield, Iowa?"

147 Committee Chair: How big is Fairfield?

148 Dr. McNerney: Ten thousand, a huge town.

149 Committee Chair: Big step.

150 Committee Member: Joseph, how did you get involved in the politics of ACOFP or ACGP at the
151 time, and who were some of your mentors that groomed you for some of the
152 politics?

153 Dr. McNerney: I was in a small state, Iowa, and we did not have a large ACOFP or ACGP
154 chapter at the time. In fact, they weren't doing very well, but a guy named Bob
155 Good, who ended up leaving family medicine going to Sun Coast and doing an
156 internal medicine residency, kind of recruited me to join up which I did. He
157 had the first positive, from a cash flow standpoint, convention for ACGP in

158 Iowa and he said, "Joe, I want you to do this next year." So then I was
159 convention chair, organized the program, and did all right. I recruited a bunch
160 of pharmaceutical people and we ended up with like 60 booths at our little
161 convention and we made a fair amount of money, so I could financially got
162 them going. And then the other wonderful thing is as you move up, then you
163 get to mentor others. So I brought Dana Shaffer and Kevin De Regnier and
164 some of those people into the ACOFP and then when I went in to IOMA,
165 which is the AOA chapter, they eventually ended up their too. But - - so
166 anyway, that's kind of how it started.

167 Committee Member: Were you begging [*sic*] the state society also as far as a contributor and
168 holding offices or any...

169 Dr. McNerney: Yeah, I was president of IOMA in '91, I think, '90/91, somewhere in there.

170 Committee Member: Who were some of your mentors, Joe?

171 Dr. McNerney: Bob Good D.O. was a mentor early on; E. Lee Wallace D.O., a guy named Gary
172 Hoff D.O., who was a cardiologist in Des Moines. Then I got involved in a
173 little higher level with Marcelino Oliva D.O. and some of those people
174 including Royce Keilers D.O. my fellow sponsor. Marcie came to our state
175 convention of IOMA when he was AOA president. He walks in and nobody
176 was there. Nobody had greeted him, and I'm like... And I had met him. I didn't
177 know him very well and I said, "Hey, Marcie, how are you?" And he said, "Hi,
178 Joe". So then I asked him and asked what he was doing. He said, "I don't
179 know." So I took him out, took him around and showed him the hospital and
180 took him to the college and had him meet the president and had a good time.
181 We had a good time at that meeting. I'd known a lot of the AOA people just
182 because of my father being chairman of the board in Des Moines. A lot of the

183 Michigan people had gone to Des Moines, so Bill Anderson and I knew them
184 from early on, including Bill, Sikorski and some of those folks.

185 Committee Chair: How'd you get on to the board? When did you get onto the board? And then
186 tell us about the ascendency.

187 Dr. McNerney: Nobody knows how I got on the board.

188 Committee Member: I remember what you did.

189 Dr. McNerney: So...

190 Committee Chair: What year about?

191 Dr. McNerney: '90 or '91, '90.

192 Committee Member: Yeah, about '90.

193 Dr. McNerney: '91 maybe. It was Washington, wherever that was, '90 or '91. Anyway, I'd
194 known Joe Namey. One of his sons, Sam, was in my class in school and - - so I
195 had asked him to be my sponsor, and that's a whole different story, but that
196 didn't end up working out, but maybe we'll talk about that story later. But
197 anyway, I was in Washington and we were in between meetings and sessions
198 and I was standing out in the entryway there, and I saw way down the hall Joe.
199 You couldn't miss Joe. You couldn't miss him. So I see him way down the hall
200 and he's - - I can tell he's kind of squinting to see and he saw me and he said - -
201 gave me a big wave and so then I waited for him to come down. He came up
202 and he grabs my hand and he shakes my hand and he says, "You're going to
203 Bermuda." And I'm like: What the hell is that? What the heck does that mean?
204 So anyway, he said, "You're going to go on the board," and I said, "Great."
205 And I had been - - I had gotten on the NOF board, National Osteopathic
206 Foundation board, so I mean I knew what a board was. Now I'd been - - and I
207 was president of IOMA I think at the time or going to be president, so I was
208 starting to build some of my credentials and... So anyway, when the Congress

209 came, Joe used to go up there and he'd pull a matchbook out of his pocket and
210 say, "The nominating committee has met and we decided that..." And so then
211 he announced the people and he said, "And for board of governors, Joe
212 McNerney." And I remember to this day, everybody looks around like: Who
213 the heck. They're all looking around. So I stood up and that was that; and
214 Michael was president, Avallone, and I had no clue that this was going to
215 happen, so Jane was at home. I'm at the meeting, so I called Jane, I said,
216 "You've got to come to Washington." And she said, "What do you mean I got
217 to come to Washington?" I said, "Well, they just put me on the board of
218 ACOFP. You have to come." So we got a plane ticket, which was quite
219 expensive at the last minute, and I said, "And you got to bring a tux," because I
220 didn't have a tux. I wasn't going to wear a tux, no reason to wear a tux so... I
221 remember after... That was a good convention in Washington.

222 Committee Member: It was great.

223 Dr. McNerney: And after the meeting was over, Michael took us all back. In those days there's
224 a big podium and the board all sat up on the... The ACOFP board and the
225 AOBFP board both sat up on the stage on two big tables. So anyway, after the
226 meeting, Michael took us all behind the curtain and we're all lined up like
227 ducks in a row and he's got a little bag, one of our bags that we gave out, and
228 he says, "I want you to know that now you're all on the train," and he pulls out
229 engineer caps out of his bag and gave each one of them an engineer's hat, so he
230 always used to say that you're on the train.

231 Committee Member: What was your presidency like, Joseph?

232 Dr. McNerney: Oh, it was great. A lot of things happened, probably the watershed thing was
233 we changed executive directors during my term, but...

234 Committee Member: From George Nyhart to...

235 Dr. McNerney: Betty Warner.

236 Committee Member: ...Betty Warner.

237 Dr. McNerney: And the best part about it is just going out and seeing all the wonderful people
238 that we have in our profession is just amazing. All those people out there doing
239 their work every day and all the things they're doing and there into so many
240 varied things that you never hear about and it's just really great and they treat
241 you like a prince when you're the president, for the most part, but - - so it was
242 great.

243 Committee Member: Give specific examples of good times, bad times, were there disappointments
244 for you during that presidency?

245 Dr. McNerney: I was in Kansas City for the Missouri meeting. They had it on the riverboat
246 casino. I don't know which one it was, Harrah's, I think, Harrah's, and I'd just
247 given my little spiel and so afterwards of course you have got to kiss babies
248 and shake hands. So I came down off the stage and I'm talking to a couple of
249 people and from 50- or 60-feet away, I see this short blue haired elderly
250 woman looking at me and she starts almost a run, but she was maybe 80. She
251 comes chugging right up to me and she looks at me and she says, "Are you Joe
252 McNerney?" And I said, "Yeah." And she said, "Are you Ruth McNerney's
253 son?" And I said, "Yeah." And she grabbed me and hugged me, and I said,
254 "Are you one of those nurses from Grove City?" And she said, "Yes," and the
255 story is that a bunch of nurses from Grove City College where they had a
256 nursing program (I think there were four - - three or four, four, I think.)
257 decided to all go to Rocky Mountain Osteopathic Hospital in Denver. So they
258 all went out there. They didn't know from osteopath or that it was an
259 osteopathic hospital. They all went there, and my mother really didn't like one
260 of the gals and she didn't get along with her as she caused some problems. I

261 mean I'm sure it was a two-way street, but she left and went back home to
262 Grove City. And a couple of months later, she got a call from one of the other
263 nurses and she said, "None of us really liked Denver or Rocky Mountain. We
264 all went to Des Moines," and they were all at Still Hospital, and she said, "We
265 need an OB nurse," and my mother was - - had been an OB nurse in her short
266 career, what was it, six months or I don't know. So anyway, she got the call and
267 went to Des Moines. After she called, my mother packed up and went to Des
268 Moines and they were all at Still Hospital and every one of them married a DO
269 and they kept in touch over the years. This gal who I met in Kansas City had
270 married a DO that went from Des Moines to Davenport and then they retired in
271 the Ozarks, which is in Missouri, and so he was getting his CME, I guess.
272 Anyway, it was interesting - - it was fun.

273 Committee Member: Joe, what were some of the highlights or your theme of your presidential year
274 and maybe some of the disappointments that you saw during that time that
275 maybe you look back at it?

276 Dr. McNerney: Well my theme was starting new chapters. I called it the "De Novo Initiative,"
277 and I think we started ten new chapters when I was president, state chapters, in
278 the West and the South, so that was the main - - that was my theme, and I think
279 that's been beneficial. And the hardest thing but probably the best thing, was
280 the executive director thing. We found out that - - several things, but our
281 finances were not in the shape that they've been portrayed and so we felt we
282 had to make a change, and it wasn't easy because George was a very likeable
283 fellow and he was a good front man for the organization, always dressed well
284 and he spoke well and he knew lots of people. He had been an executive in the
285 pharmaceutical industry before he came and so we had a lot of contacts in the
286 pharmaceutical industry because of George. George had done a good job in

287 that regard, but our finances were in such terrible shape and some of the things
288 that he did were not so good and then the more we checked into it, it's like an
289 onion. The more you peel the onion, the more you start to cry. We found out
290 that maybe he was spending a little too much time at Arlington Racetrack and
291 not at the office. When I visited the office, we had spent about \$100,000 on a
292 new software program. We always have had problems interacting with the
293 AOA Department of Education. That's kind of critical because that's what we
294 do. Carolyn Swallow, I think, was the Department of Education leader at that
295 time at the AOA and they were going to the new software program and I said,
296 "If we got the same software program, could we interact so that we could get
297 information and share our information with you and make it all better?" And
298 she said, "Yes," and so I cajoled the board into buying a software program.
299 That's when I was vice president or president-elect. Well when I made my visit
300 to Chicago or the office, I was wandering around the office and I went by a
301 storage room and I looked in and I saw a box with that software program in
302 cellophane sitting on the shelf and so then I asked a few questions. In fact,
303 there was an update to that software program sitting in the cellophane...

304 Committee Member: Never opened.

305 Dr. McNerney: ...on the shelf and we'd spent a lot of money. The whole purpose was to help
306 with our interaction with the AOA, so that was just one of the things, but there
307 were several things and financially we were in a much different position than
308 we'd assumed so...

309 Committee Chair: Tell us about Mary.

310 Dr. McNerney: About what?

311 Committee Chair: I'm sorry, Betty. Tell us about Betty. Let me restate that. Tell us about Betty
312 Warner. Spell her last name.

313 Dr. McNerney: Betty, well, Betty was an interesting person. We had a search after, and the
314 search was kind of - - or this process of changing executive directors was
315 somewhat divisive to the board. That was the negative part of it. It had to be
316 done, but it really - - it tore up the board because... I don't know what the vote.
317 It was unanimous in the end, but it was like nine to six or nine to - - eight to
318 four, whatever it was, but anyway. So there were some people that really were
319 committed to George and so that kind of tore up the board. So we had initiated
320 a search committee. The search committee was to bring back two names to the
321 executive committee and they brought back two names and the executive
322 committee interviewed those two people and actually Betty was not my pick,
323 but the other person was my pick. He was a Latino gentleman who'd been the
324 executive director of the CRNA Association and he was a fellow that had
325 lobbied to get independent practice payment for a nurse anesthetists back, I
326 don't know when that was, and that actually was a pretty major coup. It hurt
327 anesthesiologists because CRNAs now are trying to go on their own, and he
328 also he had established a relationship with the association and a professional
329 liability company that about 80% of the CRNAs have had their liability
330 insurance through and they got a rebate on every principal, so they were awash
331 in cash as an association, just those two things were enough for me. And he
332 was well dressed and presented himself well and he was a minority, which was
333 really a positive thing in those days because we were a bunch of old white
334 men. We needed some influx of other people. So anyway, he was my pick. The
335 board then interviewed those two and the board recommended Betty. Now at
336 the time and afterwards for a while or at least, I thought this was just because
337 of the - - all the divisiveness and this was kind of an anti the president vote.
338 But I think what it really was, the Latino gentleman didn't interview very well

339 with the board, apparently, so they didn't see what I saw, okay. I wasn't there.
340 The executive committee excused ourselves from the board. So anyway, I
341 ended up with Betty Warner and she was a talented individual and very bright,
342 but was probably not a very good leader.

343 Committee Chair: Tell us something about a couple of the characters, Joe Namey. Describe Joe
344 Namey for the people of the future.

345 Dr. McNerney: Well Joe Namey was an icon and there won't be another one. He was also a
346 little bit of a character, and we have less characters today than we used to
347 because of everything being PC, et cetera. But Joe was just totally committed
348 to our profession and to family practice and he was chair of the AOBFP for
349 years, but he also basically ran ACOFP for years. There was a nominating
350 committee, but he was chair for years and basically what he wanted happened
351 at the nominating, and he came to every one of our board meetings, just not so
352 much to interact but just to let us know that he was there. He didn't stay for the
353 whole meeting, but... So he was quite an individual, but one thing that I took
354 from him and I will die with, was when we were at an AOA convention when I
355 was with IOMA as vice president or past president, and there was a lot of
356 controversy going on at that time about who was going on the board. There
357 was Lee Wallace from Iowa who had been turned down a couple times and we
358 felt the last time was a little dirty, so to speak. So the executive director got all
359 upset, called a meeting without consulting with anybody else of all the small
360 states and Namey heard about it and he came up to me. He was a rotund, obese
361 gentleman, but he was starting to lose a little weight. He had false teeth which
362 would clatter when he got going too fast and so he got this far from my nose
363 and he said, "What is going on with you guys? You're executive director is
364 running it." He said, "This is our organization. This is the doctor's organization.

365 AOA is the only thing we have left. This is our organization. Don't ever forget
366 that." So... And I have always kind of taken that to heart. So, yes, we need
367 staff and the staff are wonderful and they do good things, but the policy and the
368 direction has to come from the doctors so...

369 Committee Chair: Mike Avallone.

370 Dr. McNerney: Mike was... Speaking of characters, Mike had a lot of character, some
371 good/some not so good.

372 Committee Chair: Tell us more.

373 Dr. McNerney: He's most famous for his nicknames. Everybody had a nickname, some of them
374 not very positive, but some were. But he ran the convention committee for
375 years and did an excellent job, some of those conventions were just
376 phenomenal. His whole deal was to give the members something, to give them
377 what they want. It was about the members, and I think that's why he stayed as
378 convention chair so long because he was really focused on doing things for the
379 members and their family. In his time, we had a fun night and some of those
380 were just unbelievable and it was all about the family, so it was generally
381 oriented towards the family and the docs.

382 Committee Chair: You had some experience on convention quite a bit. Would you tell us about
383 the relationship with the pharmaceutical industry and convention?

384 Dr. McNerney: Well because of George really, this was his strength, we had pretty good
385 relationship with the pharmaceutical industry. In fact to the point we - - one of
386 our summer retreats was at Research Triangle Park and we were at - - who it
387 was then, they've changed so many times, Burroughs Wellcome. I can't
388 remember whether they were Burroughs Wellcome, and we had our board
389 meeting in their boardroom and we got to meet all the higher ups and
390 specifically the executive committee got one on one face time with their

391 president and people like that, so we had connections with the highest levels of
392 the pharmaceutical industry, which was invaluable because that gave us the
393 ability to present our projects and needs to them. Jo Ann Ruston and George
394 were all about that and then Joanne's son, Russ, came on and was involved
395 with conventions and he also was very good at connecting with the
396 pharmaceutical industry and getting the leadership of the organization in face-
397 to-face contact with the leadership of their organizations, which I think was
398 very good at the time. So if we thought we needed a big program, it was going
399 to be expensive, we'd go to the higher levels and they'd say, "Okay, well we'll
400 get so-and-so and then we get in touch with those people." So when George
401 left and then Russ left and Jo Anne died, I think most of that evaporated,
402 unfortunately.

403 Committee Chair: Did you... Looking back on that, did you see any undue influence of the
404 pharmaceutical industry on the individual physician?

405 Dr. McNerney: Not on the individual physician. Our meetings had a lot of - - the topics were
406 the drugs of the day, so to speak, but other than that I don't think so.

407 Committee Member: What was the medical environment at that time? Was it during HMOs?

408 Dr. McNerney: HMOs were getting going, not a lot, but, yeah, they were starting to take off
409 and more regulation, starting to see more regulation and more government
410 influence.

411 Committee Member: How was the ACOFP involved and were at the table trying to stop that?

412 Dr. McNerney: Well I think...

413 Committee Member: Where were the medical professions?

414 Dr. McNerney: I think part of our problem was that we tried too hard in some areas to stop
415 that. In particular, guidelines and pathways and anything like that, we
416 screamed and yelled about. "You're not going to tell us how to treat our

417 patients. We need to treat our patients. We're the doctor, carrying for our
418 physicians, don't give me guidelines. This isn't communism. Leave me... Let
419 me take care of my patients, don't tell me." And I think we screamed and yelled
420 so much that we turned them off and they excluded us then. We weren't at the
421 table, so all the pathways and guidelines, et cetera, got made up by nursing and
422 regulators and there weren't too many physicians at the table and the ones that
423 were probably came from academic institutions, so the clinical people I think
424 really got cut out because of our - - we were so hard on them. I mean we really
425 were against that whole idea, not understanding what the real basis of it was.
426 The real basis is to prevent errors because people die in our field while under
427 our care in the hospitals because of our errors. There's just no question about it.

428 Committee Chair: What do you see as the future of family medicine and the ACOFP? Let the
429 record reflect he's rubbing his head.

430 Dr. McNerney: Ed McMahon, Johnny Carson thing.

431 Committee Member: Johnny Carson.

432 Committee Member: Cue card.

433 Dr. McNerney: He had the envelope, but he always knew what was in the envelope. So
434 anyway, what was...

435 Committee Chair: The question... The Great Carnac.

436 Dr. McNerney: Yeah, it might've been Carnac. What do I see? I don't know. I'm a little
437 troubled by what I see right now in students, residents, and the attendees, so
438 I'm hoping that things change. But technologies are a tool and unfortunately
439 sometimes it seems to be more than a tool. It seems to be the director of what
440 happens rather than a tool and so we have to... I'm not against technology in
441 any way, shape, or form, but we just have to be careful that we don't allow
442 ourselves to be used by the tool instead of the other way around. So I'm really

443 concerned about that because there's no question on how they're not as
444 concerned or interested in physical examination and history as we were and I
445 think that's a great disservice to our patients and in the end the only thing that
446 matters is the patient. Not us, the patient, because they're going to be sick
447 people whether we're there taking care of them or not and our whole deal is to
448 care for the ill and if we don't keep focused on that thing, I don't care what the
449 government or anybody else is doing, if we're not the patient's advocate, if we
450 don't care for people, we're going to go. They'll find somebody that does care
451 because that's what people want. They want to be cared for. That's what they
452 deserve and so I'm a little concerned about that right now. But I'm also positive
453 because from a mathematical and financial standpoint, there's no way they're
454 going to be able to care for the number of people they're going to have to care
455 for with the resources they have without going to primary care and primary
456 care is family medicine. Internal medicine isn't primary care. OB isn't primary
457 care. Primary care is family medicine, period, end. Well, the internist does not
458 go into general internal medicine. Even the ones that don't do fellowship,
459 which is very - - a very small percentage anymore, it's about 12-to-15% on the
460 allopathic side and probably about the same on ours. We think it's a little more,
461 but I don't think it is from Michigan statewide campus system numbers. Very
462 few are not going into fellowships. The ones that don't are going into
463 hospitalist medicine. They're not primary care. They're in a hospital all the
464 time, so we're the only ones left and we need not to give it up and not to get
465 away from it. That doesn't mean that I don't think we shouldn't have some
466 varied interest and CAQs. I think those are fine, but we have to remember:
467 We're the primary care givers. You can't just refer everything to the "ist", the
468 cardiologist or the gastroenterologist or the orthopedist or whoever it is. We

469 can take care of a lot of things and should be. Instead of just... And so we've
470 been kind of pigeonholed into this... Our guys have been pigeonholed into this
471 churning mode where the only way that they can make a living and stay ahead
472 of it is to see more patients because we've been controlled.... Since Medicare,
473 our fees have been controlled and its now even more tightly controlled. Now
474 all the insurances are tied to Medicare reimbursement. Maybe you get,
475 depending on where you are, 85 to 115 or 125% of Medicare, but it's based on
476 Medicare. It's all controlled and so the only way you can enhance your
477 reimbursement if your costs are going to up is to see more patients. Well when
478 you see more patients, your time with the patient goes away, so how do you
479 handle that? Well you don't interact, you don't find out about them. You don't
480 develop those interpersonal relationships that you need and you also refer more
481 because you don't want to take the time to go through all the dynamics you
482 have to go through to come up with a diagnosis, so we've been turned into
483 churners. You might as well have an old wooden churn. But anyway, I think
484 there has to be a big shift to primary care for us to have affordable care in
485 America. I'm concerned that the ACO thing is being taken out mostly by
486 hospitals because they're not our strongest ally. They're places. Hospitals are
487 places. They're not people.

488 Committee Chair: I want to thank you for being up early, but mainly for all that you've done for
489 the profession. Those of us who have been with you or who are following have
490 seen you as somewhat of an icon and certainly a leader in things the profession
491 and especially the ACOFPs a better place today because of battles and
492 leadership that you have brought to the table and we'd like to thank you.

493 Dr. McNerney: Well we hope so. That's my second momma.

494 Committee Member: Thank you very much.

495 Dr. McNerney: You're welcome.