

A Patient-driven Surgeon Under Threat

Nancy Lobby, D.O.



A 70-year-old patient phoned Dr. Nancy Lobby's office earlier this year to schedule back-to-back appointments: one for herself, the other for her 92-year old mother. They needed to be seen together because her mother, born before the Great Depression, can no longer drive. The call was more in hope than expectation: Nancy Lobby, D.O. typically sees 35 to 40 patients a day, while remaining on call for other patient emergencies. For a single non-emergency appointment, availability is usually a question of weeks, not days. Yet Dr. Lobby moved around other commitments, as well as her own schedule, so the mother and daughter could be seen quickly and seen together.

In a field that saves lives and cures disease, such small acts of kindness seem unremarkable—except, of course, to those who receive them. It is upon a foundation of these sort of stories—and the referrals that tend to follow—that a doctor builds a practice in a community for twenty years, as Dr. Lobby has done in Palm Beach County Florida.

It is a county that is home to nearly 1.5 million people—and only two female urologists. In a male-dominated field, Dr. Lobby sees mostly female patients, many of whom prefer to have

intimate screenings and check-ups performed by another woman. Her patients span generations —parents bring in children; children refer their parents—and she enjoys decade-long relationships with others. Chronic conditions are relatively common in urology, and Dr. Lobby estimates she sees most of her patients more than once a year. As she treats recurring conditions, she also performs emergency surgeries, treats bladder cancer, and handles delicate and intensely painful situations—passing a kidney stone, acute urinary tract infections.



And yet her patients, and her community, risk losing Dr. Lobby's services. As COVID-19 hit, Dr. Lobby operated part-time but paid her staff full-time. While she treated some patients by phone during lockdown, telemedicine has its obvious limits in urology. She cut her salary to avoid having to do the same to her staff and put the stimulus grant from the Department of Health toward their salaries.

Now Dr. Lobby faces the prospect of accruing significant debt to simply stay open. Today, she sees about one-third of the patients she did prior to the pandemic—some are too scared to go to the doctor, others unable to afford their surgery or appointments given the financial impact COVID-19. On top of this strain, Dr. Lobby, like surgeons across the country, is facing Medicare payment cuts that threaten her patients' timely access to surgical care. The cuts, introduced by the Centers for Medicare & Medicaid Services (CMS) and set to take place in January 2021, could force Dr. Lobby to take fewer Medicare patients, leading to reduced access to care for her older patients and lower their quality of life, what she has worked throughout her career to protect.

Reduced demand due to COVID-19, coupled with these looming Medicare payment cuts, leave Dr. Lobby with unpleasant—and unavoidable—choices: continue to serve her community at costs she can't sustain financially and limit the quality of care she can provide to older patients, or pursue other options and reduce the number of female urologists in Palm Beach County by 50 percent.