

Theresa Barta, Lawyer and Physician's Advocate, Exposes the Truth about the Business of Health Care

DALLAS, TX — Have you ever been frustrated and confused when your health-care provider suddenly changed your medication? Do you wonder why your doctor's office is always so crowded? Or, if you are a doctor, have you been suddenly terminated by an insurance company? In *Greed on Trial: Doctors and Patients Unite to Fight Big Insurance* (Brown Books Publishing Group), successful trial lawyer and physician's advocate, Theresa Barta, exposes the truth behind today's medical landscape.

"Whether you are a doctor or a patient, you will come away from reading this book with a better understanding of how modern health care is being 'managed' in ways that serve the bottom line rather than public health," says Barta.

In *Greed on Trial*, Theresa Barta follows three true stories of doctors who fight back against the insurers/medical management companies and win. Through her page-turning narrative, Barta pulls back the curtain on the complex world of doctors who struggle to care for their patients while being told to comply with company regulations. Patients will begin to learn that doctors are not to blame for our current "health crisis."

Profit has become the priority and insurance companies ask doctors to cut corners, double-and triple-book appointments, pressure doctors to prescribe older, cheaper medication, and limit the number of tests and referrals they order. Often they threaten doctors that if they do not comply with the new policies, they'll lose their jobs or insurance affiliations.

"The abusive practices highlighted in this book are rampant in our country, and few people know about them. I hope this book will help to change that. I hope it will bring to light the fact that our doctors—whom we desperately need, especially as our population ages—are being treated like devalued pawns in today's world of corporate medicine. Doctors need our support, not our anger and resentment."

By specializing in suing insurers and health-care companies, Theresa Barta fights for good and honest doctors who strive to deliver quality health care and then find themselves terminated illegally.

"The simple fact is that profit and patient care don't go together. This system has a built-in conflict of interest. We now find ourselves in a position where patient care is dwindling and patient costs are going up."

This eye-opening book features an issue that affects everyone, from patient to medical professional, and will ultimately change the way health care is viewed.

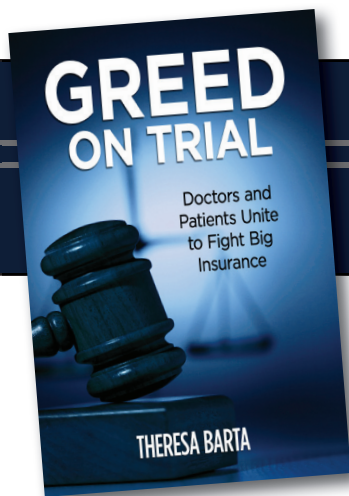
"We need to be aware that there are not only laws that protect doctors from retaliation, but also medical principles that safeguard patients' rights and protect their ability to receive health care without interference from insurers and health-care systems. We must ask ourselves, as a people and a nation, the fundamental question: Whom do we really want in charge of our health care? Those interested in our health, or those interested in our money?"

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About the Author

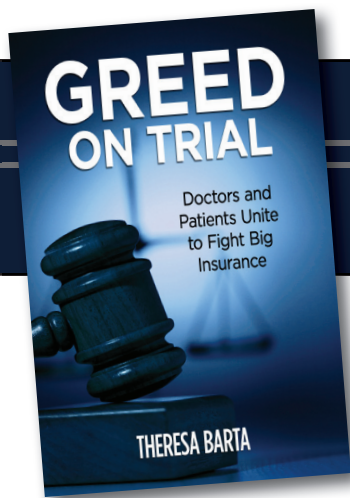
Theresa Barta is a physician's advocate. She started her law practice in 1998 and has since represented hundreds of physicians in litigation matters against insurance companies, medical groups, and HMOs. She tried one of the first cases in California under the state's anti-retaliation statute and has won many multimillion-dollar verdicts and settlements for her clients. In 2013, she was named Top Gun Trial Lawyer of the Year.

Ms. Barta began her career with the law firm of Morrison & Foerster, where she specialized in business litigation, and from there went on to work for Shernoff Bidart Echeverria, where she litigated cases in the firm's health-insurance practice—in particular, bad-faith disputes against health insurers and HMOs.

She is admitted to practice in the United States Supreme Court, US Courts of Appeal for the Ninth and Eleventh Circuits, and all of the state and federal courts in California. She holds a JD from Loyola Law School, where she graduated Order of the Coif and was a member of the St. Thomas More Law Honor Society.

Ms. Barta lives in Newport Beach, California, with her husband and two daughters.





Q&A with Theresa Barta

Was there a defining moment in school or your career when you knew you wanted to be practicing this particular type of law?

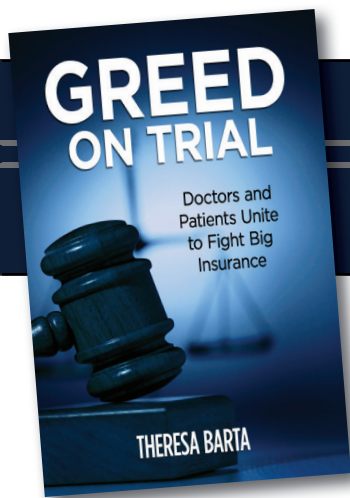
Yes. I was working on a case in which a woman/patient had stage IV breast cancer, and her treating doctor was fighting against the patient's insurance company to get her treatment (high-dose chemotherapy) covered. He was a strong advocate for her, and when the patient's lawsuit against her insurance company went to trial, I drove the doctor back and forth from court when he was called to testify. During our "LA traffic" drive time I learned that he was being punished by the insurance company, and we agreed it was likely because he was fighting for his patient. During that same time period, I was also representing twin boys (10 years old) in a lawsuit trying to get their medical care covered, and I was working closely with a doctor from Los Angeles Children's Hospital. He also shared with me the pushback he was personally dealing with from the insurance company, and it was then that I realized that the doctors needed representation just as much as the patients did.

How does the title of this book fit with the message you are trying to convey?

Perfectly. In all of my trials, I tell the jury that the reason behind the insurance company's actions (of retaliation and punishment of the doctors) is money—profits and greed! In a recent trial, my theme throughout was that the insurance company was a "for-profit" company and its sole interest was money, so it was always putting "profits over people."

How do you define your writing style? What makes this book unique from others in similar genres?

It is a quick and easy read. I combined a narrative style with dialogue, so the book reads like a novel. Most books about health care issues are very statistical and (in my opinion) go into so much detail that the reader loses interest. (In fact, I lose interest in the health care books I read, and I actually understand and appreciate what they are saying.) I wanted my book to be different—I wanted it to read like a novel with experiences, conflict, and problems the reader could personally relate to, so they would not want to put it down.



Q&A

with Theresa Barta

What makes this a timely book to which people can relate?

Health care laws are changing even as I write this. Those changes are not necessarily addressing the real problem—i.e., that insurance companies have too much control over doctors and the health care system. As a consequence, many doctors are leaving the practice of medicine and not enough people want to become doctors, so we are on the verge of a medical crisis—who will be there to take care of everyone (especially the aging baby boomers, who are a very large census)?

Did you learn any valuable insight about yourself as a lawyer, your processes, and/or your practice during the creation of this project?

I learned how really interested people are in the topic of “how doctors suffer at the hands of insurance companies.” Everyone at every step of the process told me, “I had no idea that this goes on” and “this is so interesting, but upsetting.”

Who do you feel can benefit most from this book?

Anyone who has ever been, or will be, a patient—in other words, everyone.

What is your over-arching goal for this book as it releases? What is the number one thing you want readers to take away from *Greed on Trial*?

That we all need to be very, very concerned about how much control health insurance companies have in health care and the fact they are “for-profit”—which means that their interest/focus is not the patients, but their own profits.



Excerpts from *Greed on Trial...*

Chapter 19

I wasn't expecting a "smoking gun" in this case, but I got something close to it, and it came out of the blue.

We were near the trial date, and I finally had all the documents and information I needed from First Choice. I was working hard to organize it all, trying to stitch it together into a simple "story" that a jury would understand.

One Monday afternoon, I came into my office after a hearing, and my secretary told me a woman had called a couple of times asking for me. She said this woman had "something important" to tell me related to a case I was working on, but she'd refused to leave her name or say which case.

The next day, the same woman called again, but unfortunately I was on the phone at the time. My secretary asked her to hold, but she hung up. It seemed to my secretary that this woman was afraid of something.

By the end of the week, the woman hadn't called back. I was concerned. What did she know? Which case was it about? Why hadn't she called back?

That Saturday, I was in the office, preparing for the trial, when the phone rang. I grabbed it fast, before it went to voicemail.

A woman's voice spoke hesitantly. "Is . . . is Attorney Barta available?"

"This is Attorney Barta," I said.

"I . . . I don't quite know how to say this. I . . ."

"Is this the person who called before?" Silence. "Ma'am, I just want to assure you that our conversation will be absolutely confidential unless you tell me otherwise."

That seemed to relax her. "I work as a clerk for First Choice," she blurted out. "I answer the phone and process the Requests for Authorization we receive from doctors outside our network. I don't do the authorizing, just the processing. I . . . I don't know how to say this, but . . . I feel really terrible about what First Choice is doing to Dr. Han's patients."

I listened in silence as she marshaled the will to continue.

"Well . . . it all started one day when my supervisor came into the office and saw a pile of requests on my desk from Dr. Han. She picked them up, walked over to the shredder, and said—to the whole office, not just to me—'From now on, this is where all requests from Dr. Han will go.' Then she shredded the requests and told us all, 'You are not to give his phone number or address to anyone.'"

The caller went silent. I still didn't prod her. I've found that sometimes the best way to encourage people to talk is to say nothing at all.

Excerpts from *Greed on Trial...*

Chapter 19 (*continued*)

“This has been going on for a long time,” she said, “and I know it isn’t right. One day, a young woman called me at the office—oh God, Attorney Barta!—she actually pleaded with me for ten minutes, telling me how important it was for her to see Dr. Han. And I felt terrible, just terrible, for her. I just can’t do this anymore.”

The mystery caller gave me permission to tell Dr. Han what she had told me. She also gave me her home phone and contact information.

She called me the following week and said she had spoken to other clerks in the department. They also felt bad about what they had been asked to do and were supportive of her coming forward. I told her that I would like to call her as a witness at trial, as well as the other clerks, and that if I subpoenaed them, they would be obligated to come to trial and tell the truth.

“I’m relieved, frankly,” she said. “I want the truth to come out.”

So did I.

I was growing eager to take this thing to trial.

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“Do you think you’re a good doctor?” I ask.

“I believe I am. I’ve had the highest patient satisfaction ratings of any doctor at the medical group, irrespective of specialty. I’ve never had any complaints about my patient care. Lots of doctors refer their patients to me. If I weren’t a good doctor, they wouldn’t do that. But most of all, my patients often tell me they love me. And I love them. They’re like family to me. In fact, that’s what probably got me in trouble with the defendant.”

“What do you mean?”

“Well, I was always putting my patients first, which meant I sometimes had to fight for them to receive the best treatment. I saw this as my ethical responsibility, even if it rubbed some people the wrong way.”

“And how did you do that – fight for your patients?”

“When policies were created that were not good for patient care, I spoke up against them. Most of these revolved around prescription medications. I prescribed the medications I believed were best for my patient, not just those on the list of preapproved medications that management pressured us to prescribe.”

Excerpts from *Greed on Trial...*

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The ones who suffered the most were patients. It just wasn't possible to give them the time they deserved with a triple-booked schedule. If you have three patients to see every fifteen minutes, and you're supposed to give each of them ten minutes, well, that's just not possible without rewriting the laws of physics. But of course you weren't supposed to bring that up with the bosses. The unspoken message was that any doctor who couldn't keep up with the workload could be easily replaced.

He hated the relentless pace, but he needed the job. He had three kids- one already in college and twins who would start next year – plus a mortgage, car payments, and an endless stream of bills to pay each month. He knew that doctors could no longer survive financially by working for themselves, so he needed to work for a large group. And all of the large medical groups were becoming increasingly similar in terms of their demands.

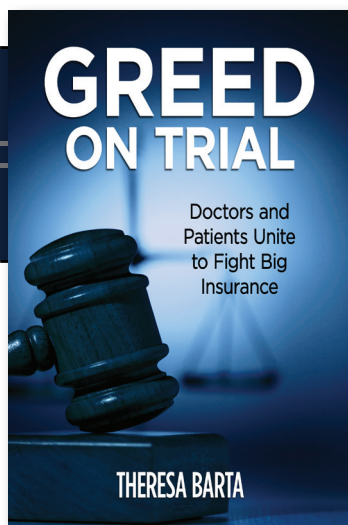
Ira Dowd still loved practicing medicine- meeting with patients, figuring out the best treatment options, and helping them heal. But he wished he could practice the way he had been trained.

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A little background here. In the “old days,” doctors owned their own practices. They owned the buildings, employed the staff, accepted payments from patients, and paid their bills. Then, as health insurance began to dominate the health-care landscape more and more, doctors began to form medical groups. The advantage to this arrangement was that large groups of doctors had more bargaining power with insurance companies when negotiating fees. These medical groups grew larger and larger. With the kind of money that was eventually involved, it was only natural that corporate America would want to stick its fingers into that pie.

The problem for corporate folks is that there are laws in many states that prohibit the “corporate practice of medicine.” In other words, legally, it's not permissible for medical groups to be owned by non-doctors. The idea is that doctors shouldn't be pressured by businesspeople when making medical decisions. The corporate practice of medicine, it is believed, would undermine the physician-patient relationship and interfere with the independent medical judgment of the physician.

Since a corporation can't own a medical group, they get around the law by forming these health systems. The system becomes the entity that negotiates with the insurance company for dollars. The system then turns around and contracts with a medical group to provide the medical services. I believe it's the “corporate practice of medicine,” just set up in a way that's technically legal.



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SYNOPSIS

In today's medical landscape, insurance companies call the shots. In order to make a profit, insurers and health-care corporations often enact policies that require cutting corners on patient care. They ask doctors to double- and triple-book appointments and reduce the amount of time spent with each patient. They pressure doctors to prescribe older, cheaper medications and to limit the number of tests and referrals they order. Often, they threaten doctors that if they do not comply with the new policies, they'll lose their jobs or insurance affiliations. Despite these threats, in striving to provide excellent medical treatment, good doctors resist these new policies. And in turn, they can find themselves terminated. That's where Theresa Barta steps in. A highly successful trial lawyer, Barta specializes in a very particular type of law: suing insurers and health-care companies who terminate doctors illegally and unethically. *Greed on Trial* brings Barta's work to life, following three actual cases from her files. In each case sits a doctor who was wrongfully terminated after rebelling against insurance policies in order to provide appropriate medical care to a patient. And in each story, we watch Theresa assemble her evidence, plan a strategy, and take the case to trial. *Greed on Trial* is an eye-opening book about an issue that affects everyone: insurance company abuses. Once you read it, you will never look at health care the same way again.

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