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Automated Management By Algorithms With Cash Payment By Patients

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My opinion

When humans inexplicably get detached from their privileged humanity while inexplicably seeking attachment with marginalized artificial intelligence, this seemingly inexplicable act of treason may appear just, only in the retrospect if and when marginalized artificial intelligence will somehow win over privileged humanity in this zero-sum game. Anyhow, humans may continue to tread this path because humans have already begun the realignment of their attachments. Therefore, what the future holds for anesthesiologists in the United States may be somewhat like the following genesis of nemesis:Â

- Will anesthesia practice be sustainable on cash-only payments by patients [1-3], wherein cash payment rate is analogous to an overtly simplified and heavily redacted physician fee schedule issued by Centers for Medicare & Medicaid Services despite it being known to creating the 33% problem for anesthesiologists [4-5]?
- Will automated algorithms replace all administrative tiers between cash-paying patients and their anesthesiologists, wherein automated algorithms schedule personally performing anesthesiologists in real time and ensure direct deposit of patient-paid cash disbursed into anesthesiologists' accounts after deducting minimal percentage fees for technical maintenance of automated algorithms [6]?
- Will automated algorithms ensure that personally performing anesthesiologists receive direct deposit of disbursed cash payments for their idle times from facilities which have them onsite but are not able to offer them disbursable caregiving of cash-paying patients during such idle times?Â
- Will automated algorithms allow personally performing anesthesiologists to charge different cash payment rates when cash-paying patients/facilities expect them to provide anesthesia services during after-hours and/or weekend-holidays?Â
- Will automated algorithms allow telemedicine consultation fees by anesthesiologists at 50% discounted cash payment rate as compared to in-person consultation fees by anesthesiologists when they are emergently consulted by certified registered nurse anesthetists while providing anesthesia services independently though getting paid at a lower cash payment rate being disbursed as direct deposit to their accountsÂ after deducting minimal percentage fees for technical maintenance of automated algorithms?Â
- Will automated algorithms adjust future cash payment rates charged from patients/facilities in response to patients'/facilities' real-time evaluations of currently delivered anesthesia care irrespective of whether being delivered by personally performing anesthesiologists or independently performing certified registered nurse anesthetists?Â
- Will automated algorithms and cash payments adjusting the available anesthesia work frequency as well as the non-revoked admitting/courtesy/surgical (clinical, procedural and pharmaceutical) privileges at facilities for personally performing anesthesiologists according to their patients'/facilities' real-time evaluations make the case for making mandates for anesthesiologists to recurrently pursue recertification and continuing education per certifying boards and licensing authorities irrelevant?Â
- Will automated algorithms allow cash-paying patients to bring their own anesthesiologists to facilities which have preemptively credentialed such personally performing anesthesiologists?Â
- Will automated algorithms and cash payments set personally performing anesthesiologists free to opt out of or refuse anesthesia services for potentially unnecessary procedures by potentially unsafe proceduralistsÂ among their cash-paying patients?Â
- Will automated algorithms and cash payments restore and enhance respect for personally performing anesthesiologists in the eyes of their patients as well as their facilities?Â Â Â Â Â
- Will automated algorithms and cash payments generate survivable revenue directly from patients and facilities for personally performing anesthesiologists working 2,080 hours annually for creating better money rather than negotiating bigger money to walk off unending debt spirals [7]?
- Will automated algorithms and cash payments phase out billing-appropriate comprehensive medical documentation in favor of clinically-appropriate comprehensive medical documentation while concurrently generated automated itemized anesthesia care bills submitted to pre-paying patients as well as pre-paying facilities by personally performing anesthesiologists at the end of each delivered anesthesia care phasing out the need for professional medical billers generatingÂ delayed, complex and incomprehensible medical bills for payers and patients?

In a nutshell, it may be time to alternately foresee automatedly managed cash-only anesthesia practice of personally performing anesthesiologists and independently performing certified registered nurse anesthetists who all may directly reach out to niches of cash-paying patients planning to receive anesthesia care at facilities which can accommodate such freelancing anesthesia practitioners. Essentially, this may become the new way (Nuway) with

eternally-satiated artificial intelligence sans humans at top rung of the ladder so that automatedly managed and direct cash-receiving freelancing anesthesia practitioners can have almost all of the personally generated revenue as their take home pay.

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